

**At Shekhar Hospital, we respect the personal and unique needs and values of each patient.**

**Our expectation is that the observance of Patients' Rights will support mutual cooperation and greater satisfaction for patients and hospital staff.**

**As a Patient you have the right.**

- A. To know the name, identity and professional status of all peoples providing services to you and to know the physician who is primarily responsible for your care.
- B. To receive complete and current information concerning your diagnosis, treatment and prognosis in terms that you can understand.
- C. An Explanation is given which you can understand of any proposed procedure, drug or treatment; the possible benefits; the serious side effects, risks or drawbacks which are known; potential costs; problems related to recovery; and, the likelihood of success. The explanation should also include discussion of alternative procedures or treatments.
- D. To accept or refuse any procedure, drug or treatment, and to be informed of the consequences of any such refusal. If there is conflict between you and your parents/guardian regarding your exercise of this right, you and parents/guardian may need to participate in conflict resolution procedures.
- F. To expect that all communications and records related to your care will be treated confidentially.
- G. To supportive care including appropriate management of pain, treatment of uncomfortable symptoms and support of your psychological and spiritual needs even if your are dying or have a terminal illness.
- H. To assistance in obtaining consultation with another physician regarding your care. This consultation may results in additional cost to you or your family
- I. To request consultation with the Hospital Ethics Committee regarding ethical issues involved in your care.
- J. To be transferred to another facility at your request or when medically appropriate and legally permissible. You have a right to be given a complete explanation concerning the need for and alternatives to such transfer. The facility to which you will be transferred must first accept you as a patient.
- K. To know if your care involves research or experimental methods of treatment. You have the right to consent or refuse to participate.
- L. To examine your bill and receive an

explanation of the charges regardless of the source of payment for your care.

- M. To be informed of any hospital policies, procedures rules of regulations applicable to your care.

**As a Patient it is your responsibility**

1. To provide all personal and family health information needed to provide you with appropriate care. This includes reporting if you are in pain, or require pain relief.
2. To participate to the best of your ability in making decisions about your medical treatment, and to comply with the agreed upon plan of care.
3. To ask questions to your physician or other care providers when you do not understand any information or instructions.
4. To Inform your physician or other care provider if you desire a transfer of care to another physician, caregiver, or facility.
5. To be considerate of others receiving and providing care.
6. To comply with facility policies and procedures, including those regarding smoking noise, and number of visitors.
7. To accept financial responsibility for health care services and settle bills promptly.

By  
Director

## *Celebrating 25 Yrs. of Excellence In Healthcare*

*Silver Jubilee Year*



## *Patients Rights and Responsibilities*

**SHEKHAR HOSPITAL (P) LTD.**

*Committed to excellence*

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