

Minto-Mapleton

Family Health Team

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RIGHTS AND RESPONSIBILITIES OF PATIENTS

As a patient of the Minto-Mapleton Family Health Team, you have rights and responsibilities. The patient-health care team relationship is fundamental in providing and receiving excellent care. This relationship must be based upon trust, honesty, respect and mutual desire to improve health outcomes.

PATIENT RIGHTS

You have the right to:

- Be treated in a kind and respectful way.
- Receive culturally-sensitive care.
- Expect that all information about your health care will be kept private and confidential in accordance with the law.
- Be given information in a way you will understand.
- Expect that your health care team will share important information with each other.
- Participate in making decisions about your care.
- Refuse care as permitted by the law.
- Know the names and roles of people involved in your care.
- Express your concerns and get answers to your questions.

PATIENT RESPONSIBILITIES

Your responsibilities as a patient are as follows:

- Be polite and respect other patients, visitors and members of the health care team.
- Recognize that the needs of other patients and families may sometimes be more urgent than your own.
- Give accurate information to your health care team to help them plan your care.
- Give your health care team the name of the person who will represent you if you cannot make decisions by yourself.
- Follow the plan of care the best way you can.
- Accept responsibility for the decisions you make about your treatment.
- Respect Family Health Team property and act in a safe and responsible way.

Situations that may result in a decision to end the relationship are as follows:

- Patient fraud such as for the purpose of obtaining narcotics and other drugs
- Threats of harm to or verbal assault towards the physician, Nurse Practitioner, staff or other patients.
- A conflict of interest that compromises the duty of the physician or NP to put his or her patient's first
- A communication breakdown that makes it impossible to provide care.

** The above list is not exhaustive and is supported by the College of Physicians and Surgeons of Ontario**

I agree by signing this document that I will show respect not only to the physician or NP but also all other associated staff and clinic property.

By breaching this contract, I understand that it could lead to termination of the relationship and as a direct result, dismissal from the Minto Mapleton Family Health Team.

Reviewed with patient on: _____

Signed _____

Witnessed _____