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Patient Name: LOUIS LAMOUREUX
Patient Id: 1379943
Facility: CDC STERLING DIALYSIS (0684)

PATIENT'S RIGHTS

As a DaVita patient you are entitled to the following:

1. To be fully informed of your rights (including privacy rights), responsibilities and all rules governing conduct related to patient care, services and financial policies/responsibilities.
2. To be accepted for admission without regard to national origin, race, age, sex, religion, disability or other factors unrelated to the provision of appropriate medical care.
3. To be treated with respect, dignity, and recognition of your individuality and personal needs, and sensitivity to his or her psychological needs and ability to cope with ESRD, including the need for privacy and confidentiality in all aspects of treatment. The dialysis facility will make accommodations to provide for patient privacy when patients are examined or body exposure is required, for example privacy screens or curtains.
4. To receive all information in a way that you can understand.
5. To be fully informed of all services available in the facility and charges not covered under Medicare or other health insurance, as applicable.
6. To be fully informed of your right to execute an advance directive and of DaVita policy that properly executed and documented advance directives will be honored and carried out in DaVita facilities.
7. To know who your primary physician is, and to participate with your primary physician in planning your care.
8. To receive a full explanation by your physician/allied health professional of the nature of your medical status and the necessity for recommended treatment/appointment(s), including the risks and side effects and other treatment/appointment options before giving consent to treatment/appointment. This includes a full explanation of facility policies regarding patient care including, but not limited to, certain infectious diseases that may require you to be dialyzed in a separate space from other patients.
9. To be fully informed about all treatment modalities, including but not limited to, transplantation, home dialysis (home hemodialysis, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis, continuous cycling peritoneal dialysis), in-facility hemodialysis, in-facility nocturnal hemodialysis and the option of no treatment. To receive resource information for dialysis modalities not offered by the facility, including information about alternative scheduling options for working patients.
10. To be informed about and participate, if desired, in all aspects of your individualized plan of care and be informed of the right to refuse treatment and to be fully informed of the medical consequences of refusing treatment/appointment.
11. To be advised of research studies that affect your care and give or refuse permission to participate in such research.
12. To be fully informed of reasons for involuntary discharge or transfer from the facility and to be given advance written notice of 30 days unless the reason involves issues of immediate safety to other patients or teammates. These actions may result in an immediate discharge.
13. To review your medical record with supervision by the Facility Administrator or designee and at a time mutually agreed upon by you and the Facility Administrator or designee in advance.