

**PATIENT RIGHTS AND RESPONSIBILITIES POST TEST**

Please read the following the statement and decide if the scenario is true (T) or false (F)

- \_\_\_\_\_ 1. Patients do not have the right to review their medical record.
- \_\_\_\_\_ 2. A patient has the right to request a transfer to another facility.
- \_\_\_\_\_ 3. A patient has the right that his or her Advance Directive will be followed. If PCH cannot follow the Advance Directive then patient is to be transferred to the care of someone who can.
- \_\_\_\_\_ 4. Patients do not have the right to privacy and confidentiality.
- \_\_\_\_\_ 5. A patient does not have the right to be abusive to staff.
- \_\_\_\_\_ 6. A patient has the responsibility to tell staff about his or her medication(s) or provide staff with a way to obtain this information.
- \_\_\_\_\_ 7. A patient does not have the responsibility to provide PCH with billing information.
- \_\_\_\_\_ 8. The Patient Rights and Responsibility Policy does not apply to patients of Asian origin.
- \_\_\_\_\_ 9. A patient does not have the right to know who is providing care to him or her and the caregiver's professional status.
- \_\_\_\_\_ 10. A patient does not have the right to refuse treatment recommendations.

**ACKNOWLEDGMENT STATEMENT** By signing this completed evaluation, I acknowledge having received my training on Patients Rights and Responsibilities. I understand that it is MY responsibility to read the Self-Study Guide and answer the evaluation questions on MY own.

\_\_\_\_\_  
Printed Employee Name

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Department

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date