



Piñon Sleep Center

Patient Bill of Rights and Responsibilities

You the patient have the right to have all of your questions answered prior to the test being done.

You the patient have the right to assistance in completing the forms provided by the sleep program, this may include having a technologist sit with you and discuss the forms, read them to you, and or write your responses for you.

You the patient have the right to have a family member accompany you to the sleep study and stay with you until it is time for the study to begin.

You the patient have the right to feel safe when sleeping in the facility.

You the patient have the right to voice any concerns you have regarding the services, the facility or the staff.

You the patient have the right to participate in decisions made regarding your care.

You the patient have the right to personal privacy while in the facility and to know that any information gathered in the process will be kept private .

Responsibilities

You the patient have a responsibility to provide accurate and complete information regarding your present medical/sleep history, past history, hospitalizations, medications and other matters related to your health.

You the patient have a responsibility to voice any concerns that you have about the care provided to you.

You the patient have a responsibility to ask any and all questions that you might have about the sleep study and follow-up process.

You the patient have a responsibility to follow the treatment plan prescribed; and, if you are unable, or unwilling, you must notify us or your physician.

You the patient have a responsibility to accept consequences when you do not complete the sleep study or follow prescribed treatment.

You the patient have a responsibility to be respectful of the staff and your surroundings while in the facility.

You the patient have a responsibility to meet financial obligations that result from this service.

Signature: _____ Date: _____