



# Patients' Charter

		
PATIENTS' RIGHTS	PATIENTS' RESPONSIBILITIES	DOCTORS' CODE OF PRACTICE
I deserve respectful care from my doctors	I will maintain healthy habits & take responsibility for my health	I will provide a printed schedule of my fees for office visits, procedures, testing and surgery, and provide itemized bills.
I would like to be heard to my satisfaction	I will be respectful to doctors and medical staff	I will schedule appointments to allow the necessary time to see you with minimal waiting & listen to you without interruption
I would like to get complete information about my medical problem	I will be honest with my doctor & disclose my family/ medical history	I will encourage you to bring a friend or relative into the examining room with you.
I would like to be educated, so I can provide Informed Consent	I will do my best to comply with my doctor's treatment plan	I will facilitate your getting the medical and hospital records, and will provide you with copies of your test results.
I would like my privacy to be respected	If I am not happy, I will inform my doctor	I will explain your prognosis and further diagnostic activity and treatment in simple terms you can understand
I want confidentiality to be maintained	I will do my homework so I can participate intelligently in my medical care	I will prescribe Information Therapy and discuss your diagnostic, treatment and medication options, to allow you to make a well-informed decision
I would like my doctor to provide me with treatment options, so I can select what works best for me	I will not ask for padded bills and false certificates	I will inform you of my qualifications to perform the proposed diagnostic measures or treatments.
I expect my doctor to write the prescription legibly and explain me the dosage, do's & don'ts & generic options for the medicines	I will understand my medicines	I will inform you of organizations, support groups, websites and publications that can assist you.
I would like to be informed of hospital rules and regulations	I will be punctual for my appointments	I will not proceed until you are satisfied that you understand the benefits and risks of each alternative and I have your agreement on a particular course of action.
I would like information on whom to contact in case of an emergency	I will pay my bills on time	<b>I will display the Patient Charter prominently in my facility</b>
I would like information about medical fees	I will abide by the hospital / facility rules	
I would like a copy of my Medical Records	I will have realistic expectations from my doctor and his treatment	
	I will report fraud and wrongdoing	

Please note : This is a draft document, and DMAI is seeking your comments and suggestions . At a later date , this would be released . Please write to [president@dmai.org.in](mailto:president@dmai.org.in) / [anjoc@gmail.com](mailto:anjoc@gmail.com)

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