

RESIDENT RIGHTS AND RESPONSIBILITIES

*The Armed Forces Retirement Home
Committed to Person-Centered Care*

AS A RESIDENT OR SURROGATE DECISION MAKER, YOU HAVE THE RIGHT TO:

- Receive information in a manner in which you understand.
- Be treated with dignity and respect and to be free from neglect, exploitation, mental, physical, and sexual abuse.
- Participate in all aspects of your care including care planning, choosing providers, and transitions through the continuum of care, and discharge.
- Make informed decisions about your care and refuse medications or treatment.
- Give or withhold informed consent, to information disclosures, and confidentiality.
- Be free from restraints, both chemical and physical.
- Privacy regarding protected private health information.
- An environment that promotes positive self-image.
- Sufficient information whether or not to decide to participate in research or clinical trials.
- Assessment and management of pain.
- Know the names, and titles of AFRH staff and other individuals responsible for your care.
- Formulate advance directives and participate in end-of-life decisions.
- Full financial disclosure including the right to delegate the management of personal financial affairs; and notice of a change of status in the facility.
- Medical care as authorized by 24 USC 413.
- Meet with the ethics committee.
- Discuss your concerns with your health care or interdisciplinary team.
- Exercise citizenship privileges including the right to vote.
- Receive and restrict visitors.
- Give or withhold consent to produce or use recordings, films or other images of you for purposes other than your care.
- Contact the Ombudsman: Washington (202) 541-7608 or Gulfport (228) 897-4404.
- Contact the AFRH Inspector General (866) 769-2068.

AS A RESIDENT, YOU ARE RESPONSIBLE FOR:

- Providing complete and accurate information about your health and medical status.
- Extending courtesy and respect to other Residents and staff.
- Following policies and procedures.
- Accepting consequences if you refuse treatment.
- Providing your health care team with copies of your advance directives.

RESIDENT / LEGAL REPRESENTATIVE SIGNATURE DATE

OMBUDSMAN / SOCIAL WORKER SIGNATURE DATE