

John Robert Doe's DECLARATION OF PATIENT RIGHTS

Please insert the following statement into my medical record:

As the patient in our doctor-patient relationship, I am entitled to the right of informed consent.¹ To make an informed decision regarding the tests, treatment or medication I receive, I need to know both the benefits and the risks. This would include the side effects or adverse reactions of any medication - including vaccines - that you might prescribe.

I also reserve the right to seek a second opinion.

My refusal of any test, treatment or medication should not be charted as me being non-compliant, but as me deciding the benefits don't outweigh the risks.

NOTE

You can use this declaration to defend against any accusation of failure to adhere to the current "standard of care", should I refuse any procedure or treatment considered "standard of care", which many physicians have concluded are not always the best course of action for ALL patients.²

For your protection, keep a copy of this declaration in your personal office files.

John Robert Doe

Name

April 8, 2017

Date

¹ For confirmation see: <https://medlineplus.gov/patientrights.html>

² For confirmation see: *Modern Medicine at the Crossroads*; Journal of American Physicians and Surgeons, Fall 2015