

apples  
+ sense  
INSPIRING HEALTH



**PATIENT RIGHTS &  
RESPONSIBILITIES**

Welcome to Apples+Sense Dialysis unit, we are a Dialysis Centre committed to providing quality dialysis to all our clients, regardless of gender, race, religion, and cultural beliefs. Your wellness and health care are our top priority. We invite you and your family, as partners in your care and decisions, to know and understand your rights as well as your responsibilities.

## **Quality Care**

### **You have the right to:**

- Receive the best possible and safest health care available at our facility.
- A safe, smoke free environment, with safe equipment and the best comfort we can provide.

### **You are responsible for:**

- Being an active, involved and informed member of the health care team.
- Safeguarding any personal valuables you choose to bring with you.
- Cooperating with staff in carrying out your assessment, investigations and treatment procedures.
- Not smoking in the facility or building.
- Exercising care and caution in using the unit facilities and equipment.

## **Dignity and Respect**

### **You have the right to:**

- Be treated with dignity, respect and consideration.
- In case of any form of abuse, the facility has the right and responsibility to inform the relevant Kenyan Government agency / Non-governmental organization.

### **You are responsible for:**

- Treating all staff and other clients with dignity, respect and consideration.
- Refraining from the use of abusive language and violent or disruptive behavior.
- Abiding by the facility's rules and safety regulations such as hand hygiene and environmental hygiene and being mindful of noise levels and privacy.

- Ensuring you alert your caregivers of any meals or drinks brought from outside the facility that may require preservation.

## **Information**

### **You have the right to:**

- Ask questions and receive information about your health care in a language and in terms you can understand.
- Be identified by your full names and medical records number (at the minimum) other identifiers include Date of Birth, etc.
- Share your views, observations and concerns.
- Receive copies of your health records in line with the facility's policy.
- Assessment of your learning needs and education about your disease process.
- Receive timely feedback.
- Give a compliment, suggestion or lodge a complaint.

### **You and/or your family are responsible for:**

- Giving your caregivers clear and accurate information about your health, including your previous medical history.
- Asking questions until you feel you have all the information you need to make informed health care decisions.
- Wearing your identification band at all times while at the facility.

## **Privacy**

### **You have the right to:**

- Confidentiality. For your on-going care, your health information is shared among the health care team.
- As much privacy as we can provide.

### **You are responsible for:**

- Respecting the privacy and confidentiality of others, including clients, families, visitors and staff.

## **Health Care**

### **You have the right to:**

- Know and understand the risks and benefits of any investigation, medicine, treatment or decision about your health care.
- Refuse any investigation, medicine or treatment, subject to the well-being of a minor or incapacitated person. We will advise you of the consequences.

### **You are responsible for:**

- Giving your consent to treatment.
- Any medical consequences of refusing prescribed treatment.
- Following the treatment plan as agreed to with your physician or health care team.
- Notifying your physician or health care team of any changes in your health.
- Keeping or cancelling appointments scheduled with your doctor.

## **Substitute Decision Maker**

### **You have the right to:**

- Appoint someone to act on your behalf if you cannot make your own health care decisions. This is done within the context of the existing law in Kenya.
- As a minor, depending on your age, health status and competency, contribute to decisions affecting your health.

### **You are responsible for:**

Providing the name of a person who can act on your behalf.

- Making sure that person knows and understands your wishes.

## **Billing**

### **You have the right to:**

- Receive a bill and an explanation of the fee for any service provided regardless of the source of payment.

### **You are responsible for:**

- Paying all dues in a timely manner as per the dialysis unit policy.

If you have any questions/concerns about your rights and responsibilities which you need to discuss privately, please contact the management.

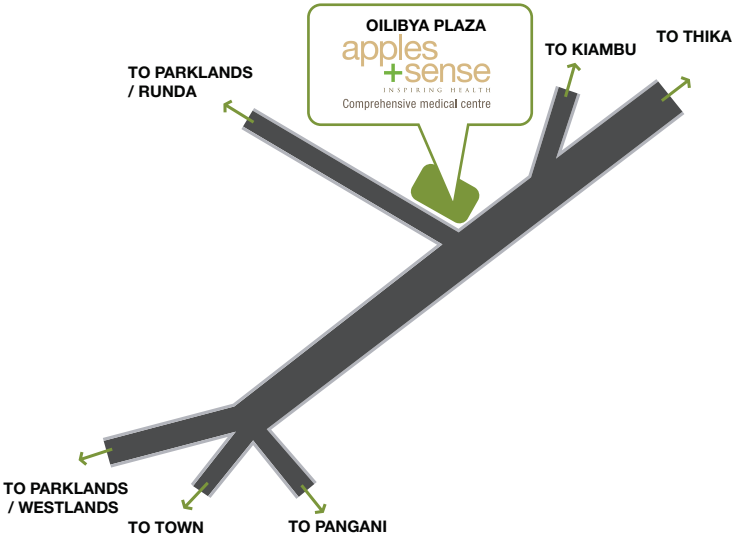
**Dialysis unit mechanism to receive and respond to complaints.**

We value you as clients and your feedback is important because it enables us to identify areas for improvement in our quest to provide quality care.

Whenever you have concerns, you may choose to make a complaint to the management in writing, by email, by calls or through the suggestion box. For more details, please contact the facility Management as follows:

**M: +254 733 945 717 / 780 367 367**

**E: [info@applesandsense.com](mailto:info@applesandsense.com)**



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