



**ORTHOSPORTS** مركز الطب الرياضي  
MEDICAL CENTER وجراحة العظام  
THE SPORTS MEDICINE SPECIALISTS الأخصائيين في الطب الرياضي

## Patient Bill of Rights

Being a valued patient in Dubai, you and your family have the following Rights:

1. Fully understand and practice all your rights. If, for any reason, you don't understand them, please contact the manager.
2. Full disclosure of health services cost and information related to all services provided by the facility.
3. Receive impartial care and respect of your personal values and beliefs from all staff without discrimination.
4. Receive comprehensive medical care aiming at reaching proper medical diagnosis and treatment of your illness and/or your injury.
5. Know the name and specialty of the physician responsible for your care.
6. Receive comprehensive information about your diagnosis, proposed treatment, and changes in your health status and causes of such changes, alternative treatments, probabilities of treatment success or failure, therapy advantages, possible problems related to treatment and expected results of ignoring the treatment in a simple understandable manner.
7. Have an interpreter (upon availability) if the language presents a barrier to understanding details of your comprehensive medical care.
8. Give your written General Consent for treatment at the clinic.
9. Give your written informed consent before any surgery, minimally invasive procedure, anesthesia, transfusion of blood and blood products, or any other medical procedures that entail your written consent after receiving all information that you may need. This must include the procedure benefits, available alternative and all possible risks.
10. Participate in your care decision-making. Orthosports Medical Center encourages patients, parents or legal guardians to participate in planning and implementing the treatment with nurses and physicians.
11. Obtain a medical report and a copy of medical test results from the Medical Records Section (upon your request).
12. Enjoy privacy during the performance of all examinations, procedures, and treatment at the clinic.
13. Refuse the treatment. Thus, the treating doctor must inform you of the medical consequences of your refusal. You shall sign a form with your decision.
14. Refuse examination or follow-up of your treatment details by any person not directly responsible for your care. For persons who are not directly involved in your treatment, they must have your prior permission to attend your case discussion, examination and treatment.
15. Be protected during treatment from any physical, verbal or psychological assault.
16. Have a family member or guardian as an escort depending on your availability and your health status.
17. Receive an itemized bill explaining all charges.
18. Complaints and suggestions on services can be submitted through the manager in the clinic or through eComplaint.
19. View your medical records under the supervision of the treating doctor or medical team staff.
20. Orthosports Medical Center respects your right of appropriate assessment and management of pain through well known therapies and provides you with all necessary information in this regard.