

My Goto Dr. Now™

Rights & Conflict Checklist

Patient Advocacy Support Services

Website: www.mygotodrnnow.com

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Phone: (827) 327-0468

Member Name	_____	Date	_____
Hospital	_____	Room #	_____
Physician	_____	Advocate	_____

Patient Rights Review

- I understand my diagnosis and treatment options.
- My questions were answered respectfully.
- My privacy and confidentiality were maintained.
- I understand informed consent.

Conflict Resolution

- I requested clarification when needed.
- I requested a supervisor or patient representative if necessary.
- I documented disagreements with my care team.
- I requested a second opinion when appropriate.

Communication Log

- Date and time of concern documented.
- Staff member(s) involved recorded.
- Outcome documented.
- Follow-up requested.

Incident Notes

Questions for My Care Team

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Action Items

Follow-Up Plan

Patient Signature _____

Advocate Signature _____

Date _____

Date _____

Emergency Notice: Call 911 immediately for life-threatening emergencies. My Goto Dr. Now provides patient advocacy support and is not an emergency medical provider.