

Appendix B: TB Patient Rights and Duties

By signing this charter, you are promised the following about your tuberculosis (TB) care while in this clinic (the healthcare worker will tick each item as it is discussed with you):

Care

- You will not be asked to pay for your sputum tests, your medical exams, or your TB treatments. All services are free.
- You will receive advice from clinic staff about your treatment and your health.

Respect

- You will be treated with respect when you come to this clinic. You will not be treated any differently because of your gender, religion, culture, your health status, ethnicity, or nationality.
- Your medical information will be shared with healthcare workers only.

Information

- You will get information about your health and risks to your children, family, friends, neighbors, and others so you can help protect them.
- You will be told about your treatment program and common risks to medicines and how to manage them.
- You will and avoid know the names of your medications, how much of each you will take, and how they work.
- Your TB card is yours to keep as a record of your treatment and will be filled out each time you come to the clinic to show you your progress.

Support

- You have the right to complain if you have any problem with your treatment.
- You have the right to seek support and advice and share experiences. You may do so at the tuberculosis clinic or other areas.

By signing this charter, you agree to the following (the healthcare worker will tick each item as it is discussed with you):

Treatment

- You will take your medication exactly as it is explained to you. You will take it every day for the entire time (6-8 months).
- You will tell us if you have any problems with your medicine, if you start feeling sick, if you miss any days of medicine, or if you stop taking your medicine for any reason.

Information

- You will tell us about your health—both in the past and now, including past illnesses, treatments, and side effects so that we can best help you.
- You will tell us about people you are close to, including your children, family, friends, and neighbors so we can see if they have TB disease.

Family and Community Health

- You will tell us if any of your family, neighbors, or community show signs of TB disease.
- You will tell others to come to the clinic if you think they have TB disease.

Respect

- You will respect other TB patients, their privacy, and their dignity.

Patient Name:	Staff Name:
Patient Signature:	Staff Signature:
Date:	Date: