

# PATIENTS RIGHTS DECLARATION

## NOTICE AND DECLARATION OF MY FOURTEENTH AMENDMENT RIGHTS AND THE 1991 PATIENT SELF-DETERMINATION ACT

I, the undersigned, hereby declare in writing the following natural and God-given rights, as reserved to the people under the Fourteenth Amendment of the Constitution of the United States of America and the 1991 Patient Self-Determination Act which gives me the rights as follows:

1. I reserve the right to seek and ask for healthcare counsel, advice, information, recommendations, assessments, evaluations, tests and/or treatments, regimens or modalities in integrative or natural medicine from a doctor, therapist, nurse or other healthcare provider of my choice for any health reason or purpose.
2. I reserve the right to select or reject individuals as my personal healthcare advisor whether they be a Medical Doctor, Psychiatrist, Osteopath, Chiropractor, Dentist, Nutritionist, Dietitian, Herbalist, Pharmacist, Nurse, Therapist, Iridologist, Priest, Pastor, Rabbi, Minister, Counselor, Relative, Friend, or anyone from the general citizenry who has or has not any formal training, claimed knowledge, education, insights, or qualifications to be my healthcare advisor.
3. I reserve the right to Freedom of Choice in Medicine in its most liberal construction including the right to choose: my own diet, purchase or use of any treatment, therapy, regimen, modality, herb, food, health product, nutritional supplement, or prescribed medicine for any health condition I have or may have as evaluated by myself, my doctor, psychiatrist, therapist, nurse, or other healthcare provider of my choice.
4. I reserve the right to accept or reject any treatment for myself, my children and my immediate family. I reserve the right to accept or reject any and all treatment, therapy, inoculation, medication, foods, or prescriptions.

The enumeration in this declaration of these rights shall not be construed to deny or disparage others retained by me or my right to amend this declaration at any time.

### Constructive Notice

Notice is hereby given to any person or persons who receive a copy of this DECLARATION and who acting under color of any law, intentionally interferes with the free exercise of my rights reserved under the Fourteenth Amendment of the Constitution of the United States of America, an enumeration in this document that they may be in violation of Section 1, under the Due Process Clause as defined by the Supreme Court in the *Cruzan* case as well as possible violations under the First, Fourth, Fifth and Ninth Amendments and the Patient Self-Determination Act.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Copies of this DECLARATION may be shared with appropriate local, state, federal authorities, healthcare providers, insurers, school officials or any other parties as needed in relationship to help protect, support, insure, or enforce my Private Rights.