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What Your Patients Can Ask For

Patients' Rights for Doctors and Hospitals

A free guide from DoctorLawyer Academy, an initiative of DoctorLawyer™ Medicolegal Consulting Services
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Law as read on the dates shown in section 13. Law currency re-checked on 2 November 2026: no later amendment to the Maharashtra rules was found, and the 2002 Conduct Regulations remain the ones applied.

How to use this guide

Patients increasingly arrive aware of their rights. Many have seen a charter on a hospital wall or online. This guide sets out, right by right, **what a patient may ask you for, what the law and the national charter say, and what to keep on file.**

Three kinds of source sit behind patients' rights in India, and they do not bind in the same way:

1. **Laws for all of India**, each with its own reach: the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 (the "Conduct Regulations", which bind registered doctors of modern medicine; the National Medical Commission's 2023 conduct regulations were notified and then held in abeyance, and as read on 28 October 2026 the 2002 Regulations apply), Supreme Court judgments, the Consumer Protection Act 2019, the Bharatiya Nagarik Suraksha Sanhita 2023 (BNSS), and special Acts such as the HIV and AIDS Act 2017 and the Mental Healthcare Act 2017. Practitioners of AYUSH systems, dentists and others are governed by their own regulators; check theirs.
2. **State law on clinics and hospitals.** This differs from State to State. Some States and Union Territories apply the Clinical Establishments (Registration and Regulation) Act, 2010; others, including Maharashtra, have their own laws. This guide sets out the Maharashtra Nursing Homes rules that bear on each right and, for States where the Clinical Establishments Act 2010 applies, the relevant central provisions. Check your own State's law, and the latest Maharashtra amendments.
3. **The national Charter of Patients' Rights and Responsibilities**, adopted by the National Council for Clinical Establishments (updated 23 August 2021). **The charter is guidance, not itself a law.** Its first thirteen rights were sent to States and Union Territories for adoption in 2019; the remaining items were approved for inclusion in the Minimum Standards under the 2010 Act;

whether those standards have been notified for your State is for you to check. It becomes binding only where your State has put it into notified law or rules. Everywhere else it shows what patients now expect, and a patient or complainant may rely on it, but it does not by itself bind you.

Each point below carries a tag:

- **Law: all India** applies wherever you practise, within the reach stated.
- **Law: Maharashtra registered nursing homes** applies to premises registered under the Maharashtra Nursing Homes Registration Act, that is, places that receive patients for treatment **and nursing** (in practice, places with beds), including maternity homes. It does not reach a clinic that only sees outpatients. Whether a day-care or procedure clinic falls within the Act depends on whether the premises receive patients for treatment and nursing (section 2(4)); if in doubt, check your registration position.
- **Law: other States, where it applies** applies only where your State's law says so.
- **Charter** the national charter: the standard, binding only where adopted.

One principle of safe practice runs through every right: **what the patient understood governs, not what you meant to say or what the form says.** This guide teaches it as good practice. In a dispute the courts ask whether the patient was told enough to give a real consent (*Samira Kohli*); a signed form is evidence of that, not a substitute for it.

The "Keep on file" lines are practice suggestions unless a legal source is named beside them.

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1. To be told: the illness, the plan, the risks and the expected cost

The patient may ask: what is wrong, what you propose, what is likely to happen, what could go wrong, and roughly what it will cost.

What the law and the charter say:

- **Law: all India** A valid consent rests on the patient being told what is proposed; see right 2 and *Samira Kohli*.
- **Law: all India, paid services** Under the Consumer Protection Act 2019, "deliberate withholding of relevant information" counts as a deficiency in service (section 2(11)(ii)). Services free to everyone fall outside the Act (*V.P. Shantha*).
- **Charter (i)** information on "the nature, cause of illness, proposed investigations and care, expected results of treatment, possible complications and expected costs".
- **Law: Maharashtra registered nursing homes** the same list, for admitted patients (rule 11-Q(a) of the Nursing Homes Registration (Amendment) Rules, 2021).

Keep on file: a note of what was explained, in which language, and to whom; any written estimate and its revisions.

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2. To consent, or to refuse

The patient may ask: to decide, to take time, to say no, and to change their mind.

What the law and the charter say:

- **Law: all India** A competent adult decides. The Supreme Court in *Samira Kohli v. Dr. Prabha Manchanda* (2008): "When a patient is a competent adult, there is no question of someone else giving consent on her behalf." Outside a genuine emergency, a relative's signature does not replace the patient's own.
- **Law: registered doctors of modern medicine** Conduct Regulation 7.16: "Before performing an operation the physician should obtain in writing the consent from the husband or wife, parent or guardian in the case of minor, or the patient himself as the case may be. In an operation which may result in sterility the consent of both husband and wife is needed." Read it with *Samira Kohli*. Where the patient is a competent adult, the patient's own written consent is the consent that counts; a spouse's or relative's signature does not replace it. For a minor, the parent or guardian consents in writing. For an operation that may result in sterility, the regulation says the consent of both husband and wife is needed. Read with *Samira Kohli*, a spouse's consent never replaces the competent patient's own. What a registered doctor should do where the spouse is absent or declines is not settled by this guide; take advice before proceeding and record the position.
- **Law: all India** The courts (*Samira Kohli*; *S.K. Jhunjhunwala v. Dhanwanti Kaur*, 2018) treat consent as covering what was agreed. How far a procedure may be extended on finding something unexpected depends on the facts and the consent given; plan for it in the consent discussion and record your reasoning.
- **Law: all India** An HIV test generally needs informed consent, with pre-test and post-test counselling (HIV and AIDS Act 2017, section 5). The Act sets out limited exceptions; check them before relying on this.
- **Charter (iv), (ix)** informed consent before specific tests and treatment; the choice of an alternative treatment where options exist.

Consent problems to avoid (illustrations for learning, not drawn from any decided case; other rules not covered here may require separate consent for research or data sharing):

- One admission form signed for everything: treatment, photographs, research and data sharing.
- A frightened relative's signature on a form in a language they cannot read, with data clauses added to the treatment consent.
- A family member's signature for a competent adult who has asked that their family not be told.

Keep on file: the consent form for the specific procedure; a note of the discussion, the language used, questions asked and alternatives offered; any refusal, in the patient's own words if possible.

3. To privacy, and to a chaperone

The patient may ask: to be examined in privacy and, for a woman examined by a man, for a woman to be present.

What the law and the charter say:

- Charter (vi), (vii) confidentiality, human dignity and privacy during treatment; "presence of a female person, during physical examination of a female patient by a male practitioner".
- Law: Maharashtra registered nursing homes "Examination of female patient should be carried out in presence of female." (rule 11-Q(b)).
- Outside these, this guide sets out no binding rule. The charter is guidance, not a statute; a patient or complainant may cite it, and it shows what patients now expect.

Keep on file: the name of the person present for an intimate examination.

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4. To confidentiality

The patient may ask: that what they tell you stays with you and those treating them.

What the law says:

- Law: registered doctors of modern medicine Conduct Regulations 2.2 and 7.14: a patient's secrets are not disclosed except (i) in a court of law under orders of the Presiding Judge, (ii) where there is a serious and identified risk to a specific person or community, and (iii) for notifiable diseases, which must be reported to public health authorities.
- Law: all India HIV status and other information given in confidence may not be disclosed without informed consent, except as the HIV and AIDS Act 2017 allows (section 8).
- Law: all India, mental health Mental Healthcare Act 2017, section 23: confidentiality, with listed exceptions.
- Law: all India Some reporting is required by law: a hospital treating a victim of an offence listed in BNSS section 397 (the listed rape and related offences and acid attack under the Bharatiya Nyaya Sanhita, and sections 4, 6, 8 and 10 of the POCSO Act) must inform the police (see right 6). Other reporting duties may apply that this guide does not cover.

When someone else asks for the records. Relatives, a spouse, an employer, an insurer or the police often ask, and staff often hand records over because the request sounds official.

- A **relative or spouse** of a competent adult ordinarily needs the patient's authority. If the patient has died or cannot give authority, do not decide it at the desk; take advice.
- An **insurer or employer**: with the patient's written authority, and only what it covers.
- **Courts:** regulation 7.14 allows disclosure in a court of law under orders of the Presiding Judge.

- **Police:** a court by summons, or the officer in charge of a police station by written order, may require production of a document (BNSS section 94). This is a different route from regulation 7.14, and how the two sit together is not settled by this guide. Release is not automatic on an oral or informal request. Ask for the written order and note the provision relied on. Take advice before producing patient records. If you do produce them, produce only what the order asks for.
- If unsure, acknowledge the request in writing and take advice.

Keep on file: every request for records, who made it, under what authority, and what was released.

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5. To records, reports and a second opinion

The patient may ask: for copies of case papers, reports and an itemised bill, and for records to take to another doctor.

What the law and the charter say:

- **Law: registered doctors of modern medicine** Conduct Regulation 1.3.2: "If any request is made for medical records either by the patients / authorised attendant or legal authorities involved, the same may be duly acknowledged and documents shall be issued within the period of 72 hours."
- **Law: registered doctors of modern medicine** Regulation 1.3.1 requires records of **indoor** patients to be kept for 3 years from the commencement of treatment. The Regulations set no period for **outpatient** records.
- **Practice recommendation, not a legal requirement:** keep outpatient records for at least three years from the last visit (the regulation's indoor period is three years from the start of treatment), and keep records of minors, obstetric and surgical records, and any record touching a complaint or dispute for longer; for a minor, at least until the child is an adult and for three years after. The reason is practical, not statutory: a complaint can arrive years after treatment (a consumer complaint runs two years from the cause of action, and delay may be condoned), and a grievance about a child's treatment may be raised only when the child is grown. Write the period down, apply it uniformly, and settle it with advice, because your State's rules and other laws may require more.
- **Charter (iii), (v)** copies of case papers, records, investigation reports and the detailed itemised bill; a second opinion, with records provided by the treating hospital.
- **Law: Maharashtra registered nursing homes** access to clinical records "at all times during admission", photocopies of indoor papers on demand, and all reports made available for a second opinion (rule 11-Q(f), (g)).
- **Law: all India, mental health** a person with mental illness may access basic medical records (Mental Healthcare Act 2017, section 25; Rights Rules 2018, rule 6).

"Delete my records." Under the Digital Personal Data Protection Act 2023, patients will have rights of access (section 11) and of correction and erasure (section 12). **On the commencement notification as read in October 2026, the main duties on data fiduciaries start on 13 May 2027.** Check the current position, and whether it applies to your practice, before relying on this date. Even then, erasure

is required "unless retention of the same is necessary for the specified purpose or for compliance with any law for the time being in force" (section 12(3)). How this meets your duty to keep records will need checking against the final rules and your retention period. Until then, do not delete clinical records on request; acknowledge the request and take advice.

Keep on file: the date of each records request, the date copies were issued (within 72 hours), and a receipt.

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6. To emergency care

The patient may ask: to be attended to in an emergency.

What the law and the charter say:

- **Law: all India** *Parmanand Katara v. Union of India* (1989): every doctor, at a government hospital or otherwise, has a professional obligation to extend services to protect life; laws of procedure that would interfere with it "must, therefore, give way".
- **Law: registered doctors of modern medicine** Conduct Regulation 2.4: a physician "should, however, respond to any request for his assistance in an emergency".
- **Law: all India, every hospital, public or private** free first aid or medical treatment, immediately, to victims of the listed offences of rape and sexual assault and of acid attack under the Bharatiya Nyaya Sanhita, and of sections 4, 6, 8 and 10 of the POCSO Act, with immediate information to the police (BNSS section 397).
- **Law: Maharashtra registered nursing homes** emergency patients attended on priority with basic life support "without considering the financial capability of the patient", then referred with a medical referral note to a suitable nearest referral hospital (rule 11-J).
- **Law: other States, where the 2010 Act applies** a clinical establishment must provide, within its staff and facilities, what is needed to stabilise the emergency medical condition (section 12(2)).
- **Charter (xx)** emergency referral transport "will not be refused for want of any payment".

Keep on file: time of arrival, what was done, when, by whom; referral note; police intimation where required.

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7. To know the rates, get an itemised bill, and buy medicines where they choose

The patient may ask: for your rate list, an itemised bill and a receipt, and to buy medicines or have tests done elsewhere.

What the law and the charter say:

- Law: all India, paid services "not issuing bill or cash memo or receipt for the goods sold or services rendered in such manner as may be prescribed" is an unfair trade practice under the Consumer Protection Act 2019 (section 2(47)(vii)).
- Law: Maharashtra registered nursing homes rates displayed at a prominent place or in printed form, in the format of Schedule III to the 2021 Rules (rule 11-Q(i)).
- Law: other States, where the 2010 Act applies rates displayed "at a conspicuous place in the local as well as in english language" (Clinical Establishments (Central Government) Rules 2012, rule 9(i)).
- Charter (ii), (iii), (xv) rates displayed in the local language and English; a detailed itemised bill; "No patient is forced to buy medications from hospital pharmacy", and tests done outside "may be accepted and facilitated".
- Outside these, this guide sets out no binding rule on choice of pharmacy or laboratory. The charter is guidance, not a statute; a patient may cite it.

Keep on file: dated copies of the rate list in force, estimates given, and the final itemised bill.

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8. To a discharge summary, to leave, to be transferred, and to the body of a relative

The patient may ask: for a discharge summary; to leave, even against advice; to be moved; and, after a death, for the body to be released.

What the law and the charter say:

- Law: Maharashtra registered nursing homes a discharge card giving diagnosis, clinical findings, investigation results, treatment given, condition at discharge and advice (rule 11-Q(h)).
- Law: Maharashtra registered nursing homes "No patient shall be detained by hospitals for non-payment of bills." (rule 11-M). The body is handed to the next of kin after any necessary medico-legal formalities, and "under no circumstances dead body should be withheld for non-payment of hospital bill or any other reason" (rule 11-L).
- Charter (x) release of the body "cannot be denied for any reason by the hospitals".
- **Leaving against advice.** A competent adult consents for themselves (*Samira Kohli*), and the same reasoning supports their decision to stop treatment. Explain the risks, record the explanation and the patient's decision, and offer a discharge summary and a referral note. Persuade, explain and record; do not detain. If you believe the patient lacks capacity to decide, that is a different situation: record why and take advice at once. Different rules apply to minors, to patients who lack capacity, to persons admitted under the Mental Healthcare Act 2017 and to persons in police or judicial custody; this guide does not cover them.
- Charter (xx) transfer or referral is not refused even where the patient is leaving against medical advice; reasonable charges may be levied; the referring hospital provides a qualified and trained person to manage the patient on the way. This is guidance unless your State has adopted it.

The bill is still owed. The charter records the patient's responsibility to "settle the agreed upon payment" (item xi) and to pay agreed fees on time. Dues are recovered by lawful means; holding a patient or a body is not one of them in Maharashtra registered nursing homes. The charter also says release of the body cannot be denied for any reason. Where your State has not adopted it, that is guidance, not a statute, but a patient or complainant may cite it. How to recover dues in a particular case is a matter for advice on the facts.

Keep on file: the discharge summary; a signed note when a patient leaves against advice, recording the risks explained (if the patient declines to sign, a contemporaneous note by two staff members); the transfer and handover note.

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9. To be treated without discrimination

The patient may ask: to be treated like any other patient.

What the law and the charter say:

- Charter (viii), (xii) no discrimination in treatment on the basis of illness or condition, including HIV status, or religion, ethnicity, gender (including transgender), age, sexual orientation, language, or geographical or social origin.
- Law: Maharashtra registered nursing homes "Person suffering from HIV/AIDS is entitled to treatment and care." (rule 11-Q(c)).
- Law: mental health establishments a person with mental illness has a right to live with dignity and, in a mental health establishment, to privacy and protection from cruel, inhuman or degrading treatment (Mental Healthcare Act 2017, section 20).
- Treatment may still differ by clinical need, and referral to a better-placed colleague is not discrimination.
- This section does not set out the anti-discrimination provisions of the HIV and AIDS Act 2017 or of other special laws; they were not checked at primary for this edition. Read them before relying on this section alone.

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10. To complain, and to be heard

The patient may ask: whom to complain to, inside and outside the hospital.

Main routes (not a complete list):

- Charter (xix) a time-bound grievance mechanism; a named grievance officer whose contact details are displayed in the local language and English; records of grievances and action taken; contact details of the district registering authority displayed.

- Law: Maharashtra registered nursing homes a complaint register at reception (rule 11-Q(d)); the local supervising authority runs a grievance redressal cell with a toll free number, hearing within 24 hours if the patient is under treatment and within one month otherwise; every nursing home displays the contact numbers of the authority and the cell (rule 11-B).
- **The State Medical Council** for complaints of professional misconduct by doctors of modern medicine; other systems have their own councils.
- **The Consumer Commission** for paid medical services: medical services are a "service" under consumer law (*Indian Medical Association v. V.P. Shantha*, 1995). Complaints go to the District Commission where the consideration paid is up to Rs. 50 lakh, within two years of the cause of action (delay may be condoned for sufficient cause).

A complaint is the start of a process. Respond in writing, keep to facts, and consider taking advice before replying to a legal notice.

11. What patients owe in return

The national charter also lists patients' responsibilities: to give all health-related information; cooperate during examination and treatment; follow instructions; pay agreed fees on time; respect the dignity of doctors and staff; and never resort to violence. You may wish to display these beside the rights.

12. Reception display and process checklist

Not every item is a legal duty for every practice. Each is tagged.

- [ ] Patients' rights and responsibilities, in the local language and English. Charter
- [ ] Rate list for each service, dated.
  Law: Maharashtra registered nursing homes, Schedule III format; Law: other States where the 2010 Act applies; Charter
- [ ] Names, qualifications and registration details of doctors practising here, with validity.
  Law: Maharashtra registered nursing homes, rule 11-Q(e)
- [ ] Name and contact of the grievance officer. Charter
- [ ] Contact numbers of the local supervising authority and the grievance redressal cell.
  Law: Maharashtra registered nursing homes, rule 11-B(5)
- [ ] Contact details of the district registering authority. Charter
- [ ] Complaint register at reception. Law: Maharashtra registered nursing homes, rule 11-Q(d)
- [ ] A notice that patients may buy medicines and have tests done outside. Charter
- [ ] Written process for records requests (72 hours), third-party requests, and emergency patients.
  Good practice; the 72 hours is law for doctors of modern medicine

13. Where this comes from

Source	Read
Charter of Patients' Rights and Responsibilities, National Council for Clinical Establishments, updated 23 Aug 2021 (MoHFW Clinical Establishments portal)	2 Nov 2026
Clinical Establishments Act 2010, s. 12(2); Central Rules 2012, r. 9	24 Oct and 2 Nov 2026
Maharashtra Nursing Homes Registration Act 1949, s. 2(4); (Amendment) Rules 2021, rr. 11-B, 11-J to 11-M, 11-Q	24 Oct 2026
Conduct Regulations 2002, regs. 1.3.1, 1.3.2, 2.2, 2.4, 7.14, 7.16	4 to 29 Oct 2026
Samira Kohli (SC, 2008); *S.K. Jhunjhunwala* (SC, 2018); *Parmanand Katara* (SC, 1989); *V.P. Shantha* (SC, 1995)	Oct 2026
BNSS 2023, ss. 94, 397	26 Oct 2026
Consumer Protection Act 2019, ss. 2(11), 2(47)(vii), 34, 69; Jurisdiction Rules 2021, r. 3	Oct 2026
HIV and AIDS Act 2017, ss. 5, 8; Mental Healthcare Act 2017, ss. 20, 23, 25; Rights Rules 2018, r. 6	Oct 2026
DPDP Act 2023, ss. 11, 12, and commencement notification	Oct 2026

This guide explains the law in general terms for learning. It is not advice on any particular patient, bill or complaint. Do not rely on it in place of advice on your own facts. State laws differ and change: check your own State's current law.

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