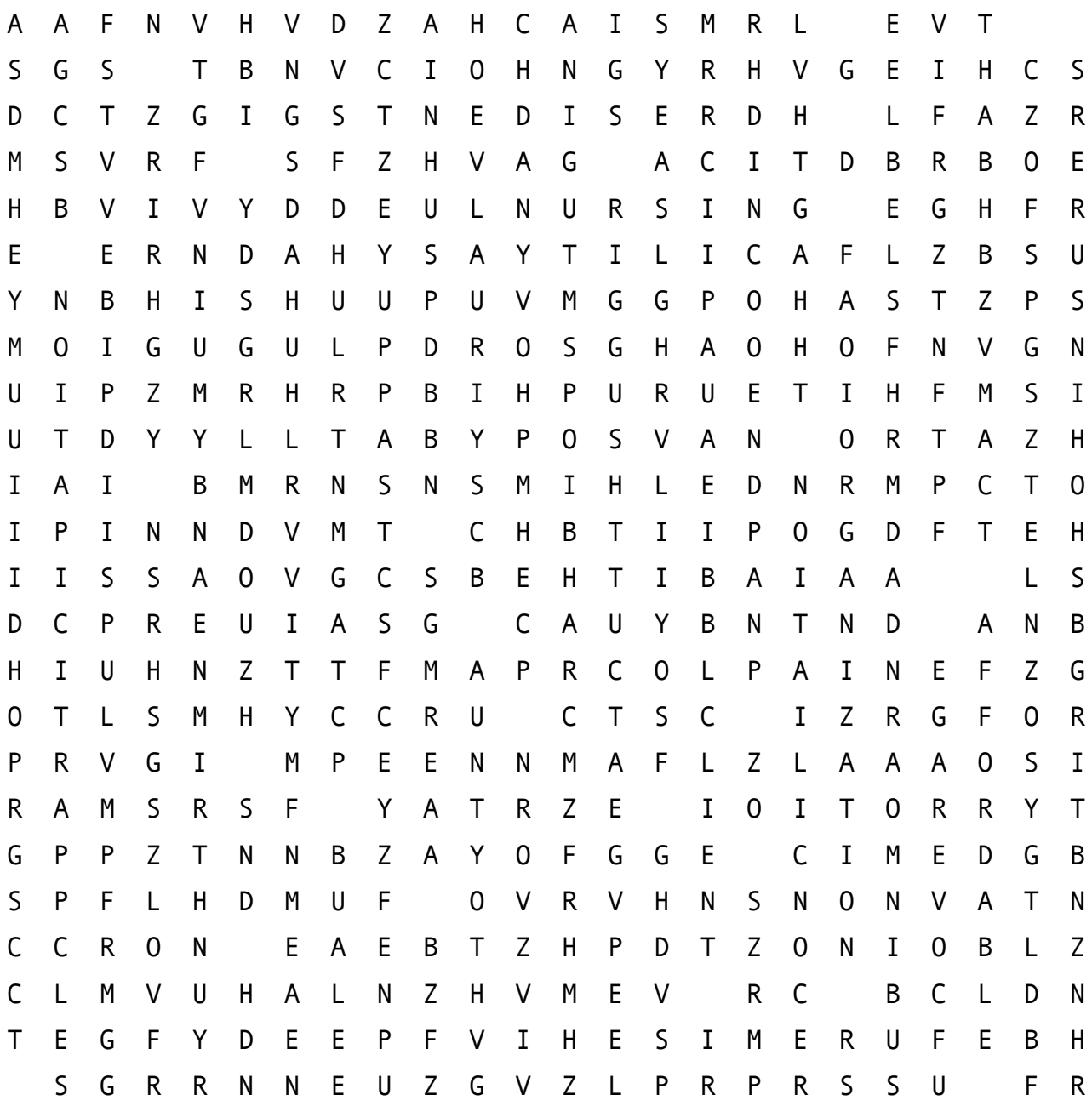
Name: _____ Date: _____ Period: _____

Understanding the Patient's Rights



RECONCILIATION
ORGANIZATION
RESIDENTS
COVERAGE
RIGHTS
CLIENT
CARE
ACT AFFORDABLE
PROTECTION
INSURERS
NURSING
PATIENT
SPOUSE
PARTICIPATION
HEALTHCARE
INSURANCE
FACILITY
OMNIBUS
HOME