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The Obligation of Medical Cost and Risk Information Transparency by Private Healthcare Providers in Indonesian Legal Construction

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ABSTRACT

This normative legal study examines the legal framework governing the obligation of private healthcare providers in Indonesia to transparently disclose medical costs and risks to patients. Employing a qualitative literature review and statutory analysis, the research investigates three main issues: the legal construction of this obligation, the convergence between the informed consent principle in health law and the information transparency principle in consumer protection law, and the effectiveness of existing law enforcement mechanisms. The findings indicate that the obligation is robustly constructed through Law Number 44 of 2009 concerning Hospitals and Law Number 17 of 2023 concerning Health, which integrate cost estimates into the informed consent requirement. This medical law framework is significantly strengthened by its convergence with Law Number 8 of 1999 concerning Consumer Protection, creating a hybrid legal duty. However, enforcement effectiveness is suboptimal due to reliance on patient complaints, high evidentiary burdens in certain legal pathways, and a lack of proactive supervision, despite the availability of administrative, civil, and criminal sanctions. The study concludes that while the normative foundation is solid, its practical realization requires regulatory refinement, enhanced institutional oversight, and widespread public legal awareness to ensure that transparency becomes a consistent practice rather than a mere legal formality in Indonesia's private healthcare sector.

INTRODUCTION

The development of healthcare systems in many countries shows a significant increase in the participation of the private sector. Private healthcare providers, operating with independent capital and management, function within a business paradigm that prioritizes efficiency and profit. Within this paradigm, the relationship between service providers and patients often goes beyond a purely therapeutic relationship, entering the realm of complex service transactions. Patients, in this position, are not only recipients of medical services but also consumers who expend financial resources. This shift in dynamics raises fundamental questions regarding the balance of power and information between the two parties. Information asymmetry becomes a characteristic feature of this relationship, where service providers possess far more comprehensive technical knowledge and cost information compared to patients (Lumbanraja & Sjaaf, 2023). This imbalance underlies the necessity for a clear legal framework to protect patients' rights as consumers while also safeguarding them as recipients of healthcare services that directly affect their physical and psychological integrity.

In health law and consumer law, the principle of informed consent, or consent to medical action after adequate information has been provided, has long been recognized as an ethical and legal cornerstone (Himawan et al., 2024). Such consent is considered valid only when it is given based on a clear understanding of the nature, purpose, alternatives, risks, and benefits of a medical procedure. This legal doctrine originates from the principle of patient autonomy, namely the individual's right to determine what may be done to their own body. Legal dynamics and controversies regarding exceptions in healthcare services demonstrate that

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the regulation of informed consent continues to evolve alongside social changes and societal needs (Saputra et al., 2023). However, the traditional implementation of informed consent principles has often focused primarily on explanations of medical risks and clinical procedures. Meanwhile, information regarding costs an essential component, particularly in commercially oriented private healthcare services has frequently not received equal attention in early informed consent legal discourse. In fact, unexpected financial burdens can have serious consequences for the well-being of patients and their families, creating a dual burden: health problems and economic hardship.

The focus on cost transparency in private healthcare services gains a strong legal basis when linked to consumer protection (Sari, 2021). Law Number 8 of 1999 concerning Consumer Protection in Indonesia, for instance, guarantees consumers the right to obtain accurate, clear, and honest information regarding the condition and guarantees of goods and/or services. Healthcare services provided by private entities clearly fall within the definition of services under this law. Therefore, the obligation to convey information transparently arises not only from medical ethics but also from binding positive legal provisions. This obligation includes detailing the costs to be charged, potential additional costs that may arise during treatment, and available comparisons or financing alternatives. Without comprehensive cost information, the consent given by patients may be considered legally defective because it is not based on a complete understanding of the overall consequences of accepting the service.

Specific regulations in the healthcare sector have also begun to accommodate these demands for transparency. Regulation of the Minister of Health of the Republic of Indonesia Number 290/Menkes/Per/III/2008 concerning Consent for Medical Actions, although primarily emphasizing aspects of medical risk, has opened room for interpretation that includes financial information as part of material information for patients. More recent developments, such as Regulation of the Minister of Health Number 4 of 2018 concerning the Obligation of Hospitals and Other Healthcare Facilities to Provide Cost Information, indicate regulatory awareness of this issue. However, this more specific regulation needs to be further examined regarding its depth, scope, and enforcement mechanisms, particularly in relation to legal sanctions for private service providers who fail to comply. This study will examine how the existing legal framework both consumer law and health law has actually formed a coherent obligation for private healthcare providers to act transparently regarding costs and risks.

Thus, the starting point of this study is that the obligation of private healthcare providers to disclose medical risks and costs transparently represents a convergence between two major legal regimes: health law (with the principles of informed consent and patient autonomy) and consumer protection law (with the principle of information transparency). This convergence creates a composite and strong legal obligation. Studies on the falsification of health certificates from the perspective of criminal law and professional ethics indicate that patient protection requires firm law enforcement against various forms of violations (Hartika et al., 2023). However, its effectiveness in practice largely depends on the clarity of legal norms, the legal awareness of actors, and the available enforcement mechanisms. The vulnerable position of patients in conditions of information asymmetry, combined with the psychological pressure caused by illness, makes proactive obligations on the part of healthcare providers an unavoidable legal necessity to ensure fairness in commercial healthcare transactions.

First, there is normative ambiguity regarding the limits and scope of cost information that must be disclosed. Although legislation stipulates the obligation to provide information, such provisions are often formulated in general and non-operational terms. For instance, what elements must be detailed in cost information: does it include only the basic package fee, or does it also cover specialist fees, medications, medical devices, and unforeseen expenses? What about potential complications that require additional treatment with extra costs? This uncertainty creates room for unilateral interpretation by service providers who may minimize information to avoid patient refusal or price competition. Patients also face difficulties in claiming the fulfillment of their rights because the legal standard regarding what constitutes "adequate cost information" is not defined with precision. This situation has the potential to generate disputes between patients and hospitals, where patients feel that they are charged costs that were not previously agreed upon, while hospitals argue that all costs were implicitly communicated or represent logical consequences of medical procedures.

Second, the integration between medical risk information and cost information in the process of obtaining patient consent is often separated. In practice, explanations regarding the risks of medical procedures are usually provided by doctors during clinical consultations, while cost information is handled by the administrative or financial department of the hospital. This separation risks creating fragmented understanding among patients. A patient may understand the risk of post-operative infection but may not realize that treating such an infection, if it occurs, will significantly increase the cost of care. In other words, medical risks and financial risks should be presented as an integrated unit because the realization of certain medical risks will inevitably lead to the realization of financial risks. The current legal framework does not explicitly regulate that explanations of medical risks must be accompanied by explanations of the cost implications arising from the materialization of those risks, thereby weakening the principle of fully informed consent.

Third, the mechanisms of legal enforcement and remedies for patients harmed by the absence or incompleteness of cost and risk information remain weak. Administrative sanctions stipulated in regulations often lack sufficient deterrent effect for large-scale private healthcare providers. Litigation through the courts, whether based on breach of contract or tort, requires considerable time, cost, and effort, which are often disproportionate to the value of individual patient claims. The legal responsibility of hospitals for service disruptions resulting from failures in information systems illustrates the complexity of accountability within the healthcare sector (Yatno et al., 2023). Supervisory authorities, such as local health offices or the Consumer Dispute Settlement Agency (BPSK), may have limited authority or insufficient resources to conduct routine and effective oversight. Consequently, although patient rights are normatively recognized, access to justice when those rights are violated remains a serious obstacle. This weakness in law enforcement indirectly signals that violations of transparency obligations do not carry serious consequences, thereby potentially perpetuating non-transparent practices.

This review is particularly relevant given the increasing dominance of the private sector within the national healthcare ecosystem. Private investment in hospitals, specialist clinics, and laboratories continues to grow, offering more advanced technology and faster services. With this growth, the proportion of people accessing paid healthcare services is also increasing. In a competitive environment, commercial aspects can drive innovation, but they also risk placing economic interests above patient interests if not balanced by strong regulation. Therefore, understanding and strengthening the legal framework for transparency becomes an essential foundation to ensure that the commercialization of healthcare services does not undermine patients' fundamental rights. A comprehensive study is needed to provide a solid basis for improving policies and regulations amid the rapidly changing dynamics of the healthcare market.

The development of information and communication technology has also transformed public expectations regarding access to information. Patients today are more critical and often seek health information independently through the internet before deciding on healthcare services. The demand for transparency, including cost transparency, has become part of modern consumer expectations. Private healthcare providers that fail to adapt to these demands risk losing public trust. From a legal perspective, this development encourages the need to reinterpret the obligations of service providers not only to provide information passively when requested, but also to ensure that information is actively provided, easily accessible, and understandable. Academic studies need to respond to this new social reality by analyzing whether existing legal instruments are sufficiently responsive or require adjustments to meet contemporary demands.

At the global level, the issue of healthcare cost transparency has become an important agenda in discussions concerning the sustainability of healthcare systems and equitable access. Catastrophic healthcare expenditures can push families into poverty. Cost transparency represents a crucial initial step in enabling patients to make financial plans and rational choices, thereby ultimately contributing to overall healthcare cost control. Patients' intentions to visit hospitals are influenced by various factors, including viral marketing and word-of-mouth communication, which highlights the importance of reputation and public trust (Taufik et al., 2022). Thus, legal studies concerning the obligations of private healthcare providers in this matter are not only significant for the individual relationship between patients and service providers but also have a macro dimension related to the efficiency and fairness of the national healthcare system. Establishing a strong legal foundation for transparency constitutes a tangible contribution to the development of a more accountable healthcare system that is oriented toward the public interest.

This study aims to analyze the legal construction that establishes the obligation of private healthcare providers to disclose cost information and medical risks transparently to patients. The first objective is to identify and examine relevant legal norms within Indonesian legislation, both in the fields of health law and consumer protection law, that regulate such obligations. Furthermore, this study aims to critically examine the relationship and interaction between the two main legal regimes namely the principle of informed consent in health law and the principle of information transparency in consumer protection law to determine how these principles complement and reinforce the obligations of service providers. The third objective is to evaluate the effectiveness of available law enforcement mechanisms, including administrative sanctions, dispute resolution through the Consumer Dispute Settlement Agency (BPSK), and civil litigation pathways, in providing remedies for patients and creating deterrent effects for violators. Theoretically, this research is expected to contribute to the development of legal doctrine concerning the expansion of the meaning of informed consent to include financial aspects, as well as to enrich the discourse on the convergence between health law and consumer protection law. Practically, the results of this research are expected to serve as a reference for regulators in refining technical regulations, for private healthcare providers in improving compliance, and for the public and patient advocacy institutions in advocating for patient rights

RESEARCH METHOD

This study is a normative legal literature study employing a qualitative approach. The research does not involve the collection of primary field data but is entirely based on secondary data in the form of legal materials. The primary legal materials examined include Indonesian legislation, particularly Law Number 8 of 1999 on Consumer Protection, Law Number 29 of 2004 on Medical Practice, Law Number 36 of 2009 on Health, as well as their implementing regulations, such as the Minister of Health Regulation concerning Medical Action Consent and the obligation to provide cost information. Secondary legal materials include textbooks, scientific journal articles, official publications, and other academic works discussing health law, medical ethics, consumer protection law, and transparency in healthcare services. Data were collected through documentation techniques by exploring legal databases, digital libraries, and accredited journal repositories to identify relevant and credible sources.

Data analysis was conducted using qualitative content analysis, as developed by scholars such as Klaus Krippendorff (2004) and Philipp Mayring (2010). This technique was selected because it allows researchers to systematically identify, categorize, and interpret patterns of meaning from legal and academic texts that serve as the study's data sources. The analytical process began with repeated in-depth readings of all materials to obtain a comprehensive understanding. Subsequently, a coding process was conducted to group the data into meaning units that emerged inductively, such as "norm construction," "informed consent principles," "information asymmetry," "transparency obligations," and "enforcement mechanisms." These categories were then further developed and interconnected to construct coherent arguments in order to achieve the research objectives.

The validity and reliability of the research were ensured through triangulation of data sources and analytical methods. Source triangulation was carried out by comparing and confirming findings across various types of legal materials and academic literature. Meanwhile, a systematic and well-documented analytical process from data collection and categorization to interpretation enhanced the reliability of the study's findings. This research also applied legal interpretation methods, including grammatical, systematic, and teleological interpretation, to understand the intent and purpose of the legal norms examined. Through this methodological approach, the study aims to produce a comprehensive synthesis and critical analysis of the legal foundations, the convergence of principles, and the effectiveness of enforcing the obligation to disclose information by private healthcare service providers, as discussed by Lawrence W. Neuman (2005) regarding the analytical construction of social research.

RESULT AND DISCUSSION

Legal Construction of the Obligation to Disclose Cost Information and Medical Risks

Transparency of information is a fundamental principle in healthcare services. The obligation of private healthcare providers to disclose information openly to patients is built upon the legal principle known as informed consent, or consent to medical treatment. This principle is not merely an ethical formality but has been institutionalized as a binding positive legal obligation. Its philosophical foundation lies in respect for patient autonomy and the physical integrity of the patient as a legal subject. Within this framework, any medical intervention carried out without valid patient consent may be categorized as a violation of fundamental rights and/or an unlawful act. Such consent is considered valid only when it is given based on adequate understanding. Adequate understanding requires a process of information disclosure by physicians or healthcare providers that is complete, clear, honest, and understandable to patients. The role of informed consent is to protect patients from unlawful actions that violate bodily integrity while promoting rational medical decision-making (Widjaya, 2022). Therefore, the legal construction of this obligation essentially concerns the conditions for the validity of an agreement within the therapeutic relationship, where comprehensive information becomes the basis for patients to approve a medical procedure. Legal protection for patients from medical negligence is a fundamental aspect that must be guaranteed in every healthcare system (Lethy et al., 2023). This legal obligation emphasizes that complete information forms the legitimate basis for patient consent in therapeutic relationships.

At the statutory level, the patient's right to information is explicitly affirmed. The legal construction of this right is most clearly articulated in Law Number 44 of 2009 concerning Hospitals. Article 32 paragraph (1) letter (j) of this law specifically states that every patient has the right to obtain information covering diagnosis and medical procedures, the purpose of such medical procedures, alternative treatments, potential risks and complications, prognosis of the treatment, and an estimated cost of treatment. This formulation is highly comprehensive because it integrates two domains of information that are often separated in practice: medical-procedural information (diagnosis, risks, prognosis) and financial information (cost estimates). By placing the "estimated cost of treatment" within the same list as the classical elements of informed consent, the legislator clearly intends to emphasize that cost information is an integral and inseparable component of the information that must be disclosed. This provision also expands the scope of responsibility of hospitals both public and private from merely being providers of clinical services to entities that must also maintain transparency regarding the economic aspects of those services. Patient satisfaction with the quality of healthcare services, for instance in community health centers, indicates that transparency and clarity of information significantly influence the level of public trust (Darmawan et al., 2022). Thus, the law confirms that transparency in both medical and financial information constitutes a fundamental patient right.

Beyond recognizing rights, the law also emphasizes the consequences of violating such obligations. The same Law Number 44 of 2009 concerning Hospitals does not stop at acknowledging patient rights but also connects them to responsibilities and legal consequences. Article 46 stipulates that hospitals are legally responsible if patients suffer harm due to services that do not meet established standards. Failure to fulfill the obligation to provide complete information, including inaccurate or misleading cost estimates, may be interpreted as a service that does not comply with required standards. The standards referred to here are not limited to professional medical standards but also include administrative service standards and ethical business practices mandated by law. Consequently, the legal construction within the Hospital Law creates a series of interconnected norms: patient rights to information (Article 32) establish the hospital's obligation to provide such information (as a logical consequence of the right), and violations of this obligation may result in legal liability (Article 46). This construction forms a solid legal basis for patients to bring claims when they suffer losses. Studies concerning the legal rights of persons with disabilities in accessing healthcare services also demonstrate that clear and accessible information is an essential component of an inclusive healthcare system (Subiakso et al., 2023). Therefore, the Hospital Law reinforces the logical relationship between patient rights, institutional obligations, and hospital legal responsibility.

The consistency of patient rights principles is further strengthened in more recent legislation. Reinforcement of this legal construction can be found in Law Number 17 of 2023 concerning Health, which replaces earlier health legislation. The 2023 Health Law reaffirms these principles using more imperative language. Article 293 paragraph (1) states that medical treatment and medical procedures may only be carried out after a person provides consent based on complete information regarding the procedure, including risks, complications, and estimated treatment costs. The explicit inclusion of "estimated treatment costs" within the article governing consent for medical procedures represents a consolidation and affirmation of the policy direction previously initiated by the Hospital Law. Moreover, the 2023 Health Law expands this guarantee beyond the level of individual medical actions to encompass the broader level of patient rights. Article 4 paragraph (1) letter (b) guarantees that every person has the right to obtain balanced information regarding their health condition. The term "balanced" can be interpreted as information that is not one-sided but includes all material aspects relevant to decision-making, including considerations of medical benefits and financial consequences. Challenges and changes in national health development from legal frameworks and service access to the management of infectious diseases require serious attention from all stakeholders (Harianto et al., 2024). In this context, the 2023 Health Law emphasizes the necessity of patient consent that is grounded in complete and transparent information.

The obligation of patient transparency has become increasingly emphasized in medical practice. Further provisions of the Health Law of 2023 can be seen in Article 274 and the explanation of Article 293. Article 274 stipulates that the implementation of medical practice must respect the patient's right to give consent after receiving complete information. The explanation of Article 293 further clarifies that complete information includes all matters that are material for patients in making decisions. Treatment costs, without doubt, constitute a highly material consideration for almost every patient, especially within private healthcare services that involve significant expenses. With this construction, the obligation to disclose cost information is no longer attached solely to hospital institutions (as regulated under the Hospital Law No. 44/2009), but also directly attached to doctors as individual providers of medical services within the framework of medical practice. This creates a dual liability: hospitals as service organizers and doctors as implementers, both of whom are equally bound by the obligation to ensure that patients understand the estimated costs. The Health Law of 2023 thus affirms shared responsibility for transparency in both medical and financial information.

As part of implementing the principle of informed consent in healthcare services, technical regulations play an important role in ensuring legal certainty. At the technical regulatory level, the Minister of Health Regulation No. 290 of 2008 concerning Consent for Medical Action plays an important role in operationalizing this obligation. Although it was issued prior to the 2023 Health Law, this regulation remains relevant and provides detailed procedures for obtaining consent, including the requirement to prepare written consent forms. These written forms serve as legal instruments proving that information has been provided. In this context, the completeness of medical action consent forms is crucial because it relates to the legal aspect of medical records as legal protection, both for patients and healthcare professionals who may face legal claims from patients (Bachri et al., 2022). The crucial point is that although the annex to this regulation provides an example format that focuses more on medical explanations, the obligation to include estimated costs can already be incorporated as part of "other information" deemed necessary. Thus, this regulation provides a procedural framework which, if implemented in the spirit of the Hospital Law and the Health Law, should accommodate the formal inclusion of cost information within consent documents. Such implementation would minimize information asymmetry and provide clear documentary evidence for both parties. The quality of healthcare services and patient satisfaction in public health services indicate that complete and integrated information greatly influences public trust (Khayru & Issalillah, 2022). Strengthening the administrative aspects of consent forms therefore becomes a strategic step in ensuring transparency and accountability in medical services.

In promoting transparency of healthcare service costs, other technical regulations also contribute significantly. Another supporting regulation is Minister of Health Regulation No. 3 of 2023 concerning Standards for Healthcare Service Tariffs in the Implementation of the National Health Insurance Program. Although its main focus is on services financed by BPJS Kesehatan, the spirit of this regulation tariff transparency is highly relevant. The regulation requires healthcare facilities, including private ones cooperating with BPJS, to have clear and transparent tariff standards. In principle, this requirement can and should be applied more broadly, including to general (non-BPJS) patients in private hospitals. The obligation to maintain internal tariff standards is a prerequisite for fulfilling the duty to provide cost estimates to individual patients. Without documented and consistent tariff standards, cost estimates provided to patients risk becoming inaccurate, discriminatory, or even manipulative. Therefore, although this regulation originates from the domain of social health insurance, it provides governance principles that strengthen the overall legal construction of cost transparency. Expanding healthcare access through telemedicine also demonstrates the importance of innovation in reaching communities across various regions (Khayru & Issalillah, 2022). This regulation can serve as a normative foundation for expanding the practice of tariff transparency across the full spectrum of healthcare services.

The principle of transparency in healthcare services is not merely ethical but has also gained normative legitimacy through various regulations. The legal construction formed by this series of regulations leads to a principle of high accountability. Private healthcare providers can no longer hide behind medical complexity to avoid transparency regarding costs. The legal framework has positioned them as parties holding superior information, thereby attaching a fiduciary obligation to disclose such material information to the party that depends on them the patient. This obligation is proactive in nature; it does not wait for patients to ask questions but must be delivered as an inherent part of the pre-treatment counseling process. From the perspective of contract law, complete information constitutes an explanation of the object (medical services) and price (cost) of a service agreement to be formed, which determines the consent of the parties. The intention to purchase medical and environmentally friendly products is influenced by green consumer behavior, environmental concern, and recycling behavior (Fachrurazi et al., 2022). Transparency of cost information therefore becomes an essential element in building a fair and balanced legal relationship between patients and healthcare providers.

The legal consequences of violating the obligation to provide information to patients have been comprehensively regulated across various legal regimes. Sanctions for violations of this obligation are layered. From an administrative perspective, hospitals or doctors may be subject to sanctions imposed by the government through the Ministry of Health or the Indonesian Medical Council, ranging from warnings and temporary suspension of practice licenses to administrative fines in accordance with applicable regulations. From a civil law perspective, patients may file claims for compensation based on breach of contract (because the service provider failed to fulfill its informational obligation as part of the contractual agreement) or based on tort (unlawful act). Tort claims may be filed if patient losses arise from intentional acts or negligence of the service provider in failing to provide information, thereby violating specific legal obligations as stipulated by law. In addition, patients may submit complaints to the Consumer Dispute Settlement Agency (BPSK) based on the Consumer Protection Law, which also regulates the obligation of business actors to provide truthful and honest information. Consumer protection in the health sector, including the legal responsibilities of pharmacists, also requires strict government supervision (Setiawan et al., 2023). The existence of these layered sanctions strengthens the legal position of patients while encouraging service providers to fulfill their informational obligations responsibly.

Although the legal framework has provided a strong foundation, implementation challenges must still be critically examined. This analysis must also consider potential weaknesses in implementation. Even though the legal norms are clear, their effectiveness depends on several factors. First, the depth of the "estimated cost" information: should the estimate be itemized per service or merely presented as a total estimate? Positive law has not yet provided detailed operational limits, which may create room for multiple interpretations. Second, the mechanism of proof: patients often face difficulties proving that incomplete or misleading cost information was (or was not) provided verbally. The requirement of written consent forms in Minister of Health Regulation No. 290/2008 is a progressive step, but it must be ensured that the "estimated cost" column becomes a mandatory section to be filled in and signed, rather than merely an additional note. Strengthening the technical aspects of regulatory implementation is therefore essential to ensure that the principle of transparency is truly realized in healthcare service practices.

The regulation of information disclosure obligations in private healthcare services in Indonesia demonstrates significant progress toward a more accountable legal system. Overall, the legal construction of the obligation for private healthcare providers to convey information regarding costs and medical risks in Indonesia has developed into a comprehensive and interconnected system of norms. This construction rests on three main pillars: the Hospital Law, which creates institutional obligations; the Health Law, which strengthens and expands these obligations to the level of individual medical practice; and several ministerial regulations that govern technical and procedural aspects. The convergence of these regulations creates a legal environment that ideally promotes maximum transparency.

The core of this legal construction is the recognition that financial information is inseparable from medical information, and that both are equally determinative for the validity of consent and the legitimacy of the legal relationship between patients and healthcare providers. Ultimately, the effectiveness of this legal construction in protecting patients will be tested by the consistency of its enforcement and the legal awareness of all stakeholders. Strengthening implementation and oversight therefore becomes a key element in realizing a transparent and equitable healthcare service system. Patient satisfaction based on service quality and the location of healthcare facilities indicates that accessibility and service quality greatly influence the level of public trust (Mardikaningsih, 2022).

Convergence of the Principles of *Informed Consent* and Information Transparency in Consumer Protection Law

The legal relationship between patients and healthcare providers is strengthened through the synergy between principles of health law and consumer protection. The connection between the principle of *informed consent* in health law and the principle of transparency in consumer protection law forms a normative synergy that significantly strengthens the legal position of patients. The principle of *informed consent*, as regulated in Article 293 of Law Number 17 of 2023 concerning Health, requires the provision of complete information regarding risks, complications, and estimated costs as a prerequisite for the validity of medical actions. This principle, which originates from biomedical ethics and the fiduciary relationship between doctor and patient, finds a strong parallel and reinforcement in another legal regime, namely Law Number 8 of 1999 concerning Consumer Protection. Article 4 letter (c) of this law guarantees consumers the right to obtain accurate, clear, and honest information regarding the condition and guarantees of goods and/or services. When healthcare services provided by private institutions are classified as "services" within the meaning of this law, patients automatically acquire a dual status: as recipients of medical services and as consumers. This convergence creates an integrated legal obligation for service providers, whereby failure to comply with one principle simultaneously constitutes a violation of the other, thereby expanding the legal grounds for claims and strengthening protection for harmed patients. Legal guarantees for children's rights in education and health are also an important component of comprehensive public protection (Hariani et al., 2021). The synergy between health law and consumer protection law thus affirms a dual layer of protection for patients in every medical service.

The synergy between health law and consumer protection law strengthens patient rights. The relationship between these two legal regimes is complementary and mutually reinforcing. Health law, through instruments such as *informed consent*, provides technical specificity regarding the types of information considered material in medical settings, such as diagnosis, prognosis, and therapeutic alternatives. The application of the *informed consent* principle in healthcare services shows that doctors are required to exercise great caution before performing medical procedures on patients, while for patients, receiving information before consenting to medical actions represents a form of respect for patient rights and provides a sense of safety, comfort, and confidence in choosing a particular treatment or surgical procedure (Nadira & Khairunnisa, 2023). Meanwhile, consumer protection law establishes a powerful general principle concerning honesty, completeness, and clarity of information in every service transaction. The general principles contained in the Consumer Protection Law function as an overarching framework that guides and interprets specific obligations within health law. For example, Article 7 letter (a) of the Consumer Protection Law requires business actors to provide factual and non-misleading information, which becomes a standard for interpreting what constitutes "complete information" under Article 293 of the Health Law. If a private hospital provides cost estimates that are factually inaccurate or conceals certain cost components, such actions may simultaneously be assessed as violations of the *informed consent* obligation (because the information is incomplete) and violations of transparency obligations as a business actor (because the information does not reflect the facts). The convergence of these two legal regimes therefore strengthens mechanisms for patient protection from multiple perspectives.

The Hospital Law functions as a bridge between health law and consumer protection law. Law Number 44 of 2009 concerning Hospitals plays a crucial role in explicitly linking these two legal regimes. Article 32 paragraph (1) letter (j) of this law clearly stipulates the patient's right to information covering both medical and financial aspects. This provision may be viewed as an operationalization of consumer protection principles specifically within the hospital context. Its connection with the Consumer Protection Law is particularly evident in Article 19 paragraph (1), which prohibits business actors from offering, promoting, or advertising goods and/or services in a false or misleading manner. A private hospital that provides information only about room charges, without disclosing significant costs related to doctors' services, medications, or supporting medical equipment, may be considered to have engaged in misleading practices. Thus, the Hospital Law not only adopts the principle of *informed consent* from health law but also internalizes the spirit of prohibiting unfair business practices derived from consumer protection law, thereby creating dual obligations for hospital operators. Studies on misdiagnosis and the legal liability of physicians demonstrate that information and communication between doctors and patients are crucial aspects within healthcare systems (Setiyadi et al., 2023). These provisions collectively affirm the responsibility of hospitals to provide complete and transparent information to patients.

The procedural dimension further strengthens this synergy of patient rights. Minister of Health Regulation Number 290 of 2008 concerning Consent for Medical Action provides an important procedural dimension to this convergence. This regulation requires consent to be given in written form, which serves as formal evidence that the process of providing information has taken place. From the perspective of consumer law, this written document represents the realization of the consumer's right to obtain information in an accountable form, as implied by the principles of honesty and clarity within the Consumer Protection Law. Furthermore, this written procedure supports the consumer's right to choose as guaranteed in Article 8 of the Consumer Protection Law. A consent form that includes detailed estimated costs enables patients to compare options, consider more affordable alternatives, or even decide not to proceed with a medical action. Without clear written information regarding costs, the right to choose becomes merely illusory. Therefore, this ministerial regulation serves as a technical instrument that integrates the procedural requirements of health law with the substantive transparency demands of consumer protection law. The legal implications and challenges of using medical records as evidence in the Indonesian judicial system also demonstrate that procedural and evidentiary aspects play a crucial role in the enforcement of health law (Ustani et al., 2024). Written consent documents effectively bridge patient rights and the obligations of healthcare providers.

From the perspective of liability, consumer law broadens patient protection. In terms of responsibility and remedies, the convergence of these two principles provides broader avenues for compensation for patients. The Consumer Protection Law, in Article 19 paragraph (2), establishes the responsibility of business actors to compensate for losses if the information provided proves to be incorrect or dishonest. This provision can be directly applied in cases where the cost estimate provided by a private hospital significantly deviates from the actual cost, causing patients to suffer unexpected financial losses. This responsibility is characterized as strict liability, meaning that patients do not need to prove fault on the part of the hospital; it is sufficient to demonstrate that the information provided was inaccurate and caused harm. This differs from claims based on breach of contract or tort outside the Consumer Protection Law, which may require proof of fault. Therefore, the principle of transparency within the Consumer Protection Law provides a more advantageous basis for claims by patients, complementing and strengthening the protection already provided by the Health Law and the Hospital Law. The application of positive Indonesian law in combating fraud and falsification in health insurance also highlights the importance of protecting both industry and consumers (Setiawan et al., 2023). As a result, avenues for patient remedies become more effective and legally guaranteed.

As part of efforts to strengthen the principle of openness in healthcare services, tariff regulation becomes an important instrument that cannot be overlooked. Minister of Health Regulation Number 3 of 2023 concerning Standards for Healthcare Service Tariffs complements this framework by creating a supporting system for transparency. By requiring healthcare facilities to develop and maintain clear tariff standards, this regulation essentially establishes an internal "market price" that must serve as a reference. The existence of documented tariff standards prevents arbitrary and discriminatory pricing practices among patients. In relation to the Consumer Protection Law, transparent tariff standards support the fulfillment of consumers' rights to fairness and balance in transactions (Article 4 letter e). By making healthcare prices more visible, price transparency helps patients anticipate and plan their own expenses, enabling them to budget and potentially avoid unexpected medical bills (Lumbanraja & Sjaaf, 2023). A patient who is charged fees that significantly exceed the hospital's internal tariff standards without reasonable explanation may use this fact as evidence of unfair practices or abuse of a dominant position by the service provider, which is also prohibited under business ethics and competition regulations. Thus, clarity and transparency of tariffs function not only as managerial tools but also as mechanisms of legal protection for patients in an inherently asymmetrical relationship.

The integration between health law and consumer protection law demonstrates an increasingly progressive direction in patient protection. This convergence is further strengthened by jurisprudence and legal doctrine recognizing the application of the Consumer Protection Law within the doctor patient relationship, particularly in the administrative and financial aspects of healthcare services. Courts and the Consumer Dispute Settlement Agency (BPSK) have in several cases issued decisions declaring private hospitals or clinics as business actors who violated their obligation to provide proper information. In these decisions, the principle of *informed consent* from the medical domain is combined with the principle of transparency from the consumer protection domain to form a comprehensive legal consideration. This approach recognizes that although medical actions themselves are technical and specialized, the contractual relationship underlying them including agreements regarding payment is subject to the general principles of consumer protection law. Therefore, *informed consent* is no longer merely a medical procedure but also an instrument of consumer protection in a highly critical service sector. Regulations on personal data protection in the fintech sector also demonstrate the importance of transparency and accountability in every service transaction involving consumers (Aziz et al., 2023). This synergy expands the scope of legal protection for patients and strengthens their position in a relationship that tends to be asymmetrical with service providers.

The dimension of law enforcement plays an important role in ensuring the effectiveness of transparency norms regarding healthcare costs. Law enforcement aspects also reveal a strong synergy. The Health Law, through Article 305, grants the public the right to report and file complaints regarding violations of statutory provisions, including violations of the obligation to provide information. The Consumer Protection Law provides a dispute resolution forum that is faster and more affordable through the Consumer Dispute Settlement Agency (BPSK). A patient who feels harmed due to lack of transparency in medical costs therefore has two enforcement options: through administrative health channels (reporting to the local Health Office) and/or through consumer protection channels (filing a complaint with BPSK). These dual options increase patient access to justice. In addition, the Consumer Protection Law also threatens criminal sanctions in Article 26 for business actors who intentionally provide false information. This criminal sanction adds weight beyond the administrative sanctions regulated in health regulations, creating a stronger deterrent effect for service providers who intentionally manipulate cost information. Ethical and legal issues in disseminating information about traffic accident victims through digital media also demonstrate the importance of protecting data and information in all aspects of life (Muhammad et al., 2023). The existence of layered enforcement mechanisms strengthens the legal position of patients and encourages healthcare providers to comply more consistently with transparency principles.

An interdisciplinary approach between health law and consumer protection law opens new avenues for reflection on the meaning of transparency in medical services. A deeper analysis of these two legal regimes reveals that the principle of transparency in consumer law helps overcome certain philosophical limitations of traditional *informed consent*. *Informed consent* is rooted in individual autonomy in medical decision-making. However, in practice, psychological pressure caused by illness and dependence on medical experts often weaken the bargaining position of patients. Consumer protection principles, by emphasizing balanced positions and prohibiting unfair practices (Article 7 letter b of the Consumer Protection Law regarding the obligation to guarantee safety and security), introduce a broader perspective. This perspective views patients not only as autonomous individuals but also as vulnerable parties within a complex commercial transaction. Consequently, the obligation of healthcare providers becomes heavier: they must not only provide information but must do so in a manner that genuinely empowers patients and prevents harm, in line with the spirit of Article 274 of the Health Law concerning the right to adequate explanation. Studies on service quality measurement and strategies to improve customer satisfaction show that transparency and trust are key factors in any service relationship (Essa & Mardikaningsih, 2022). The integration of these principles therefore strengthens the ethical and juridical foundations for patient protection within modern healthcare systems.

The transformation of the legal relationship between patients and healthcare providers requires a holistic and integrated approach. Overall, the interconnection between the principle of *informed consent* and the principle of information transparency forms a coherent and mutually reinforcing legal landscape. The integral legal construction that emerges is multilayered. The first layer consists of specific obligations derived from health law (the Health Law, the Hospital Law, and Minister of Health Regulation No. 290 of 2008), which define what information must be disclosed. The second layer consists of general principles from consumer protection law (Law No. 8 of 1999 on Consumer Protection), which establish the standards for the quality and honesty of that information, as well as alternative enforcement mechanisms. The third layer includes supporting regulations such as Minister of Health Regulation No. 3 of 2023, which creates the infrastructure necessary to ensure that cost information can be provided accurately and consistently. These three layers work together to transform the relationship between private healthcare providers and patients from one dominated by information asymmetry into a relationship that should be more balanced, transparent, and accountable. The responsibilities of directors and commissioners in corporate bankruptcy demonstrate that accountability and transparency are fundamental principles in any business entity (Saputra et al., 2024). The resulting legal system not only guarantees the right to information but also strengthens the position of patients as legal subjects who are comprehensively protected.

The overall analysis emphasizes the importance of a cross-regime approach in understanding the obligation to provide information in healthcare services. The conclusion of this discussion is that the obligation for private healthcare providers in Indonesia to disclose information regarding costs and medical risks can no longer be understood narrowly through the lens of health law or medical ethics alone. This obligation has evolved into a strong hybrid legal norm, reinforced by the convergence between the regimes of health law and consumer protection law. This convergence provides dual legitimacy and dual legal grounds for protecting patients. It ensures that transparency is not merely about fulfilling clinical procedures but also about conducting honest and fair business practices in a sector that directly concerns public welfare. The successful implementation of this integrated obligation depends greatly on the awareness of all stakeholders service providers, patients, regulators, and law enforcement authorities to recognize the therapeutic relationship simultaneously as a consumer relationship protected by comprehensive legal principles. Transparency of information in healthcare services must therefore be understood as both an ethical and juridical foundation for a healthcare system that is just and oriented toward patient protection.

Effectiveness of Law Enforcement Mechanisms for Violations of Information Disclosure Obligations

Administrative law enforcement faces practical challenges. Evaluating the effectiveness of law enforcement mechanisms for violations of the obligation to provide information by private healthcare providers requires an analysis of the three main available avenues: administrative, civil, and criminal. Each avenue has different regulatory foundations, procedures, and implementation challenges. The administrative framework is primarily regulated by Law Number 44 of 2009 concerning Hospitals and its implementing regulations. Article 29 paragraph (2) of the law grants authority to the Minister of Health to revoke the operational license of hospitals that violate service standard provisions, which implicitly include standards for providing information as part of patient rights under Article 32. The threat of license revocation should constitute a very severe and deterrent sanction. However, in practice, the effectiveness of this administrative sanction is often questioned because the process tends to be bureaucratic, lengthy, and rarely imposed to the level of license revocation. The government generally prefers corrective sanctions such as written warnings or administrative fines, which may not necessarily be proportional to the revenues of large private hospitals. This situation reduces the deterrent effect of purely administrative mechanisms within the health sector. The legal rights of economically disadvantaged patients in healthcare services also demonstrate that access to justice remains a major challenge in Indonesia (Noor et al., 2023). Therefore, although administrative mechanisms exist legally, they still have limitations in effectively enforcing patient rights.

Supervision of individual healthcare professionals is also an important aspect in ensuring compliance with information disclosure obligations. Administrative sanctions are also directed toward individual healthcare professionals through Minister of Health Regulation Number 290 of 2008 concerning Consent for Medical Action. Article 19 of this regulation threatens disciplinary sanctions ranging from verbal warnings to the revocation of a physician's Practice License (*Surat Izin Praktik* / SIP) for doctors who violate provisions related to the provision of information. Enforcement authority lies with the Indonesian Medical Council (KKI) and the Indonesian Medical Discipline Honorary Council (MKDKI). This mechanism has the potential to be effective because it directly affects a physician's professional license. However, its effectiveness depends heavily on case reporting by patients or their families, which often does not occur due to various obstacles. Furthermore, the evidentiary process before the MKDKI requires professional expertise and often focuses on technical medical service standards, while negligence in providing information particularly regarding costs—may not be considered a serious disciplinary violation unless it results in severe clinical consequences. Thus, although the legal framework exists, the frequency and consistency of enforcement through this channel remain insufficient to create a comprehensive culture of compliance. Regulations concerning the advertising of medical products and the protection of patients as consumers of healthcare services also require attention within a broader legal framework (Sahidu et al., 2023). Strengthening reporting mechanisms and increasing patient awareness of their rights are therefore necessary so that administrative sanctions can function more effectively in both preventive and corrective capacities.

In the context of protecting patient rights, civil legal avenues provide a strategic and direct mechanism for obtaining justice. Civil law enforcement mechanisms offer a direct remedy for patients who have suffered harm. The legal basis may rely on three foundations simultaneously: first, breach of contract (*wanprestasi*) within the service agreement between the patient and the hospital; second, unlawful acts (*perbuatan melawan hukum*) based on Article 1365 of the Indonesian Civil Code; and third, the liability of business actors under Law Number 8 of 1999 concerning Consumer Protection. The Consumer Protection Law pathway is particularly important because it provides several procedural advantages. Article 19 paragraph (2) of this law establishes strict liability for business actors to compensate for losses if the information provided is inaccurate or dishonest. For patients, this means a lighter burden of proof; they only need to demonstrate that the information regarding costs or risks was inaccurate and that financial losses (such as increased medical expenses) or non-financial losses (such as psychological stress) occurred. The dispute resolution forum is also faster and less costly through the Consumer Dispute Settlement Agency (BPSK). In theory, the effectiveness of this avenue is quite high, but in practice it still faces challenges. The impact of social inequality on public health also needs to be analyzed in order to formulate appropriate policy solutions (Nalin et al., 2022). Strengthening institutional capacity and improving consumer legal literacy are therefore key to optimizing the potential of civil law mechanisms as effective tools for patient protection.

The effectiveness of dispute resolution forums such as the Consumer Dispute Settlement Agency (BPSK) is largely determined by the readiness of the evidentiary system and the level of public legal literacy. The primary challenge in enforcement through BPSK lies in evidentiary issues and legal awareness. Patients must be able to prove that incomplete or misleading information was indeed provided (or not provided) by the hospital. Often, communication regarding costs is conducted orally or through written estimates that are not detailed and are not signed by both parties. Standard *informed consent* forms regulated under Minister of Health Regulation No. 290 of 2008 frequently do not explicitly include detailed cost information, making them difficult to use as evidence. If each hospital establishes policies governing the implementation of *informed consent* as institutional guidelines, then the documentation of *informed consent* forms must also follow Standard Operating Procedures (SOPs) and serve as important evidence for both parties in any subsequent legal proceedings (Pasaribu, 2022). In addition, many patients are unaware that they can submit complaints to BPSK regarding medical disputes related to costs, as they often perceive such matters as purely internal issues of hospitals or doctors. Public dissemination regarding consumer rights in healthcare services remains limited. Nevertheless, the existence of BPSK as an alternative dispute resolution forum outside the general court system represents a significant advancement and has strong potential to be highly effective if supported by widespread public outreach and easier access. Regulations concerning royalties in franchise businesses and their legal implications in Indonesia also demonstrate that fairness and legal certainty are crucial elements in every contractual relationship (Putra & Wibowo, 2023). Strengthening administrative documentation and public legal education therefore become two important pillars in optimizing the function of BPSK as a consumer protection forum within the healthcare sector.

The criminal dimension in enforcing the obligation to provide information marks the most serious boundary of legal responsibility for healthcare professionals. In criminal law, the threat becomes more severe but with the highest burden of proof. Law Number 17 of 2023 on Health, in Article 440, threatens healthcare professionals with imprisonment of up to five years or a fine of up to IDR 500,000,000 if their negligence results in serious injury or death. Failure to provide complete information may constitute an element of such negligence, particularly if an adverse outcome (malpractice) occurs and can be linked to the absence of valid consent. Article 305 of the same law also allows the public to report violations, which may lead to criminal investigation proceedings. Furthermore, Article 474 of the 2023 Health Law states that the criminal provisions in the Criminal Code (KUHP) apply to criminal acts under the Health Law insofar as they are not otherwise regulated. This means that provisions regarding assault or negligence causing injury or death (Articles 359 and 360 of the Criminal Code) may also be applied. However, the effectiveness of the criminal pathway is very limited when dealing with purely informational violations. Criminal investigations in the medical field are highly complex, requiring *visum et repertum* and forensic experts, and tend to proceed only when there is a victim who suffers serious injury or death. Violations of cost information that “only” cause economic loss are almost impossible to prosecute through this channel. Although criminal law has strong symbolic pressure, its role is primarily ultimum remedium and cannot be relied upon as the primary instrument for enforcing transparency in healthcare service costs.

Strengthening the administrative dimension in enforcing cost transparency is an important element in creating a more responsive and preventive system. Supporting regulations such as Minister of Health Regulation Number 3 of 2023 concerning Standards for Health Service Tariffs add an enforcement dimension through more routine administrative supervision. This regulation requires healthcare facilities to prepare and maintain standardized service tariffs. This obligation creates a basis for Provincial or Regency/City Health Offices to conduct proactive supervision regarding the availability of and compliance with these tariff standards in providing information to patients. If inspections reveal that a hospital does not have tariff standards or does not use them as a reference to provide cost estimates, administrative sanctions may be imposed directly. This mechanism has the potential to increase enforcement effectiveness because it does not fully depend on patient complaints (complaint-based), but can instead be conducted periodically by supervisory authorities. However, its effectiveness again depends on the capacity and willingness of regional health authorities to carry out supervision consistently and to impose sanctions when necessary. The transformation of healthcare services through artificial intelligence shows that technological innovation can help improve the quality and accessibility of healthcare services (Khayru, 2022). Strengthening institutional capacity and increasing the accountability of regional supervision are therefore essential prerequisites for the success of this regulation in encouraging transparency in healthcare service costs.

In addition to normative and institutional aspects, socio-cultural dimensions also determine the success of implementing transparency principles in healthcare services. Another factor that greatly influences overall effectiveness is the social and cultural environment. Many patients and families in Indonesia still perceive their relationship with doctors or hospitals as hierarchical and highly respectful, making them reluctant to be confrontational or to report violations. There is also a fear that reporting a hospital might hinder access to healthcare services in the future, or that legal processes would be exhausting and costly. Lack of awareness of their rights, both as patients and as consumers, is a major barrier. Large private hospitals often have strong legal teams, while patients are in a much weaker position. This power imbalance creates an environment where violations may occur without consequences, as the risk of being reported and sanctioned is perceived to be low by service providers. Social support plays an important role in reducing anxiety, for example among pregnant women before childbirth, indicating that psychological aspects must also be considered in health recovery (Issalillah & Khayru, 2022). Changes in legal culture and strengthening patient literacy therefore become strategic steps toward creating a healthcare system that is more just, transparent, and responsive to individual rights.

Evaluation of law enforcement practices shows that civil litigation and alternative forums such as the Consumer Dispute Settlement Agency (BPSK) have greater potential to deliver justice for patients. Observing existing court and BPSK decisions reveals a pattern indicating that enforcement through civil lawsuits and BPSK is relatively more successful compared to criminal proceedings. Cases such as the one involving Pondok Indah Hospital, where the court ordered the payment of billions of rupiah in compensation for negligence in diagnosis and information provision, serve as important precedents. Such decisions, although limited in number, have significant persuasive and educational effects. They send a signal to the industry that courts can side with patients who suffer harm. The effectiveness of enforcement mechanisms, therefore, is measured not only by the frequency of punishment but also by the deterrent value produced by these landmark decisions. However, access to quality legal assistance for lower- and middle-income patients remains a major obstacle to replicating the success of such civil lawsuits more broadly. Affirmative policies are needed to expand access to legal aid and strengthen patient advocacy capacity so that the deterrent effect of these judicial decisions can be felt more widely and equitably.

To create an effective and functional law enforcement system, a comprehensive and integrated strategy is required. Efforts to improve the effectiveness of law enforcement require a multi-door approach. First, reforms at the level of technical regulations are necessary, for example by requiring the inclusion of detailed cost estimates (not merely the total amount) in informed consent forms that must be signed by both the hospital and the patient as an inseparable component. Second, strengthening the capacity and independence of supervisory institutions, both within the Ministry of Health/Regional Health Offices and the Indonesian Medical Discipline Honorary Council (MKDKI), is necessary so that they can conduct investigations and impose sanctions more firmly and transparently. Third, continuous campaigns to disseminate information regarding patient and consumer rights, including information on how to file complaints with the Consumer Dispute Settlement Agency (BPSK) or health offices, need to be intensified. Fourth, private hospitals should be encouraged to implement self-regulation systems through hospital ethics committees that can handle internal complaints fairly and promptly before escalation to external legal channels. By combining normative reform, institutional strengthening, community empowerment, and responsive internal mechanisms, the law enforcement system can shift from being reactive to preventive and transformative.

A comprehensive evaluation of the law enforcement system indicates that the primary challenge does not lie in the absence of norms, but rather in their implementation. Overall, it can be concluded that the effectiveness of the existing law enforcement mechanisms is currently at a moderate level. The normative framework is actually relatively comprehensive and multi-channel, encompassing administrative, civil, and criminal sanctions. However, the real effectiveness of this framework is hindered by extra-legal factors, particularly the low level of reporting by victims, the high burden of proof in certain legal pathways, the imbalance of power between patients and healthcare providers, and the suboptimal level of proactive supervision by the state. Synergy among the three enforcement pathways has also not yet been maximized. To move toward a high level of effectiveness, interventions are needed not only in the substance of the law, but more importantly in aspects of enforcement, access to justice, and changes in the paradigm governing the relationship between service providers and patients. Only through such measures can the obligation to transparently communicate medical costs and risks be truly enforced, rather than remaining merely a norm on paper. Collective awareness, institutional courage, and a commitment to the principle of justice constitute the main foundations for building a transparent and accountable healthcare system. Factors such as advanced age and stress determinants also need to be considered in public health policy (Issalillah & Aisyah, 2022).

CONCLUSION

This study shows that the obligation of private healthcare providers to disclose medical costs and risks to patients is supported by a comprehensive legal framework, mainly derived from the Hospital Law (Law No. 44 of 2009), the Health Law (Law No. 17 of 2023), and the Consumer Protection Law (Law No. 8 of 1999). These regulations integrate the principle of informed consent with transparency and consumer protection, creating a dual legal responsibility for healthcare providers to provide clear and honest information regarding medical services and costs. Supporting regulations such as Minister of Health Regulation No. 290 of 2008 and Minister of Health Regulation No. 3 of 2023 further strengthen patients' legal rights to receive complete information before agreeing to medical treatment.

The findings imply that stronger technical guidelines, improved administrative systems in hospitals, and better communication of cost information are necessary to ensure transparency. Legal professionals may also utilize consumer protection mechanisms, including the Consumer Dispute Settlement Agency (BPSK), to strengthen patient protection. Greater transparency is expected to create a more balanced relationship between patients and healthcare providers and increase public trust in the healthcare system.

Therefore, several recommendations are proposed: the Ministry of Health should issue integrated regulations on information disclosure, hospitals should adopt standardized informed consent forms that include detailed cost estimates, public education on patient rights should be strengthened, and internal complaint mechanisms in hospitals should be improved. Future research is recommended to conduct empirical studies on common violations of information disclosure and the effectiveness of BPSK in resolving medical-consumer disputes.

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