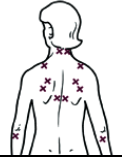




Hilton Head Occupational Therapy Statement of Patient Rights & Responsibilities



As a PATIENT of HILTON HEAD OCCUPATIONAL THERAPY, you have the right to:

- 1) Choose your provider.
- 2) Written and verbal notice about your rights and responsibilities before receiving care.
- 3) Be given information about policies and procedures, frequency of proposed visits, and the name and qualifications of the person providing your care, and be kept informed of the changes in service provided by the company.
- 4) Be given appropriate and professional quality services without discrimination against race, color, religion, sex, age, national origin, disability, veteran status or ability to pay.
- 5) Be treated with courtesy and respect in your person and property.
- 6) Be given complete and current information concerning diagnosis, treatment and alternatives to treatment, risks and prognosis as required by the physician's legal duty to disclose, in terms and in a language you can understand.
- 7) Accept or refuse services and participate in planning and/or changing your plan of care.
- 8) Refuse treatment within the confines of the law and be informed of the consequences of your actions.
- 9) Receive no experimental treatment nor participate in any research without your documented, voluntary informed consent.
- 10) Be advised, before care is initiated, of the extent to which payment for services may be expected from Medicare or other sources, and the extent to which payment may be expected from the patient.
- 11) Be informed within a reasonable time of anticipated termination of services.
- 12) Be assured that the staff will support and protect the human and legal rights of each individual including their right to confidentiality and privacy. You have the right to review your clinical record at your request.
- 13) Voice grievances about your care or suggest changes in the services or staff without being threatened, restrained and discriminated against.

As a PATIENT of Hilton Head Occupational Therapy, YOU have the RESPONSIBILITY to:

- 1) Give accurate and complete information concerning your past illnesses, hospitalization, medications, allergies and other pertinent information.
- 2) Assist in developing and maintaining a safe environment and treat HILTON HEAD OCCUPATIONAL THERAPY staff and property with respect.
- 3) Participate in the development and update of your plan of care and adhering to that plan of care.
- 4) Request further information concerning anything you do not understand and to give information regarding concerns and problems or dissatisfaction regarding services you may have to a staff member.
- 5) Contact the office within a reasonable time frame to cancel your appointment. You are able to contact our office to cancel/reschedule appoints 24 hours/day. Failure to notify us may result in discontinuation of your treatment.

Patient Name: _____

Patient ID: _____

Patient Signature: _____

Date: _____