

Therapeutic Hands

Orthopedic Home Physical Therapy, Inc.

PATIENT RIGHTS

The following is our policy regarding the rights of patients receiving services from Therapeutic Hands. Each patient has the right to:

- A. Be fully informed of your rights, as well as, rules and regulations of Therapeutic Hands governing patient expectations.
- B. Be fully informed at the time of admission of services available and related charges not covered under Title XVIII of the Social Security Act.
- C. Be fully informed by a physician of your medical condition unless medically contraindicated, and to be afforded the opportunity to participate in the planning of your treatment.
- D. Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal.
- E. Be assured confidential treatment of clinical records and to approve or refuse their release to any individuals, except in the case of transfer to another health facility or as required by law or third party payment contracts.
- F. Be treated with consideration, respect and full recognition of dignity and individuality, including privacy in the treatment and care of personal needs.
- G. Be informed by Therapeutic Hands of the provision of the law regarding complaints and procedures for registering complaints confidentially including but not limited to, the address and the telephone number of the complaint receiving unit of the California Department of Health Services.
- H. Be assured that the personnel who provide the care are qualified through education and experience to carry out the services for which they are responsible.
- I. Be informed that these rights may be denied for good cause only by the attending physician. Denial of such rights shall be documented by the attending physician in the patient clinical record.

Any complaints regarding denial of the patient's rights not satisfied after a discussion with Therapeutic Hands may be registered in confidence with the California Department of Health Services. Upon request, the staff of Therapeutic Hands will assist the patient to contact the appropriate office of the state agency.

Signature: _____ **Date:** _____

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