TOTAL HEALTH CENTER INC

PATIENT'S RIGHTS AND RESPONSIBILITIES

STATEMENT OF PATIENT'S RIGHTS

- We will relate to you as an individual with hope, feelings and goals.
- We will treat you as a person who is suffering with pain.
- We will work with you to help you improve your level of functioning and decrease your pain to the best of our knowledge.
- We will provide an environment that is comfortable so that each person can feel relaxed to share his or her problems to assist in reaching recovery.
- We will help you and your family to understand the cause of your pain and learn ways to manage it.
- We will explain to you all that we do and provide an opportunity for you to ask questions and be a partner in your treatment plan towards recovery.
- You have the right to the best and most responsible therapy without discrimination on the basis of race, color, religion, sex and national origin.
- You have the right to choose your care provider and request to have treatments explained to you in your language for your complete understanding. If there is no one available for translation at the time of your initial visit, we will make every effort to contract the needed resource. If it is beyond our control, you may be asked to bring someone in to assist with the translation for complete understanding.
- You have a right to receive appropriate and professional care in accordance with your physician's orders.
- You have the right to receive reasonable continuity of care.
- You have the right to receive information necessary to give consent prior to any treatment or procedure.
- You have the right to be informed of any change in the plan of care.
- You have the right to be informed within reasonable time of anticipated termination of therapy.
- You have the right to discontinue your therapy at any time.
- You have the right to receive the highest quality of care
- You have the right to voice concerns and suggest changes in treatment/therapy without fear or discrimination.
- You have the right to request another therapist at any time if you should have a concern or complaint.

STATEMENT OF PATIENT'S RESPONSIBLITIES

- Provision of information: You have the responsibility to provide complete and accurate information about your health status for accurate assessment and appropriate treatment.
- Compliance: You have the responsibility to attend scheduled and agreed therapy sessions as assigned by the therapist to ensure necessary response/healing from injury and or pain, in the fastest manner possible.
- Refusal of treatment: If you should refuse treatment or if you do not follow the treatment instructed by your therapist, you have the responsibility to accept the consequences.
- Fees/Charges: You are responsible for assuring that the financial obligations for your care are fulfilled.
- Respect and consideration: You have the responsibility to be respectful and considerate to other patients and the staff of Total Health Center Inc. This would include any person that you may choose to bring into the clinic with you.
- Smoking policy: Total Health Center Inc. is a nonsmoking facility. There are no designated areas on the premises. We ask that you respect others and refrain from smoking on the premises completely.

