

Behar Physical Therapy Services Inc.
PATIENT'S BILL OF RIGHTS & RESPONSIBILITIES

You have the right to:

- ❖ Choose your provider of service.
- ❖ Accept or decline service.
- ❖ Receive services with the respect ordinarily conferred to all other individuals regardless of age, beliefs, national or ethnic origin, or financial status.
- ❖ Be informed of the name & credentials of all personnel providing service, & for those individuals to be qualified to provide you with the level of service expected of those credentials.
- ❖ Receive an explanation of any document you are requested to sign, &/or receive an explanation of any company policies which might apply to you.
- ❖ Be fully informed of any known risks, benefits, &/or appropriate alternatives to treatment, if any.
- ❖ Participate in the formulation & progression of your individual treatment plan.
- ❖ Expect continuity of care.
- ❖ Have your personal property treated with respect.
- ❖ Have your confidentiality respected at all times & under all circumstances.
- ❖ To have access to your medical records, ask questions, & to have corrections made if necessary.
- ❖ Ask questions, make recommendations, or express grievances without fear of reprisal or of negative impact on your level of service, & to receive a timely response to any questions or requests for information.

You have the responsibility to:

- ❖ Provide accurate & complete health history, including medications & allergies, current addresses & phone numbers, emergency contact information, as well as your physician(s) & current insurance information.
- ❖ Notify us immediately in any changes in your address, phone number, emergency contact information, treating physician(s), or insurance status.
- ❖ Report any changes in your condition, including medication changes, whether they directly affect your care or not.
- ❖ Seek medical care when so requested by your caregiver, & to remain under medical supervision for as long as is necessary, prudent, or reasonable.
- ❖ Participate in your treatment planning process.
- ❖ Ask questions if you do not understand an explanation, instruction, procedure, reaction, or outcome.
- ❖ Comply with your home exercise program & all safety instructions provided, both verbally & in writing.
- ❖ Assist in ensuring a safe environment for your treatment.
- ❖ Notify us of upcoming physician's appointments.
- ❖ Cancel appointments in advance if you will be unable to keep them.
- ❖ Submit payment for supplies or coinsurance in a timely manner.
- ❖ Inform us if you are dissatisfied with any aspect of your care.
- ❖ Treat our personnel with the respect ordinarily conferred to all other individuals regardless of age, beliefs, national or ethnic origin, or financial status.

I have read the above information myself.

Above information has been explained to me by _____ & I have been given the opportunity to ask questions.

Staff Signature & Credentials

I understand that this information applies to myself, my family & friends, & all others who may be involved in my care from time to time.

Patient or Representative Signature

Date