Transitional Steps Pediatric Physical Therapy

Patient Responsibilities

Additional Client Rights and Responsibilities

- To be informed in advance about the care and to be furnished, the disciplines that will furnish the care and the proposed visit frequency.
- To know the identity and responsibilities of those for coordinating, rendering and supervising the care, including health care providers under contractual relationships.
- To a complete explanation of all services provided, initially and on a continuous basis. To health teaching and education in a language or form the patient can reasonably be expected to understand.
- To be involved in resolving ethical issues or conflicts about care or service.
- To have his/her property and person treated with respect.
- To know that his/her family or guardian may exercise the patient's rights if the patient is considered a minor under state laws.
- To refuse treatments and to be informed of the consequences of such actions.

The Patient Has the Responsibility

- To cooperate with your physician, medical professionals and the agency in your treatment program.
- To notify the agency of changes in your address, health status, medications, physicians and admission to the healthcare facility.
- To inform the agency of your inability to keep a scheduled appointment.
- To notify the agency when you feel as though your rights are not being respected.
- To sign a release refusing any medications, treatments, the recommended plan of care or when refusing recommended home-based services.
- To notify the agency if you are no longer homebound or require home-based care, should that be a requirement of your payor source.
- To notify the agency if you enroll in an HMO.
- To provide a safe home environment in which your care can be given.
- To express any concerns regarding the course of treatment or your ability to comply with instructions.

By signing below I acknowledge that I have been presented with and understand these rights and responsibilities. I may request a copy of these policies at any time during the course of my care.

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Printed Child's Full Name *

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Printed Name of Parent/Guardian *

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Signature of Parent/Guardian and Date *

HIPAACOMPLIANT

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