



Patient Rights and Responsibilities

While you are in the care of Premier Physical Therapy-Lakes Region, you have the right to:

- **Expect that we will give you necessary physical therapy services to the best of our ability.** We provide care and treatment to all persons without regard to age, disability, race, color, creed, gender, sexual orientation, national origin or ability to pay.
- **Make informed decisions about your care.** You have the right to consent or to refuse treatment, as permitted by law. You have the right to participate in developing and carrying out your plan of care. If you refuse a recommended treatment, you will receive other needed and available care.
- **Care that is considerate and respectful of your personal values and beliefs.** You have the right to express your religious beliefs and receive care that supports your cultural practices.
- **Complain (either verbally or in writing).** We want to know if you have any questions, concerns, problems or complaints.
- **Confidentiality.** You have the right to expect that your treatment information is kept confidential, including the information in your medical record (unless you have given permission to release information or unless reporting is required or permitted by law).
- **Privacy**
- **Obtain information about your health status, possible treatments and likely outcome, and to discuss these with your therapist.** You have the right to know the names and the roles of the people treating you. You have the right to review your medical record and have the information explained to you, except when restricted by law. You also may have additions made to your medical record or itemized bill in a timely manner.
- **Consent to or refuse to take part in research.**
- **Participate in the consideration of ethical issues that may arise in your care**
- **Security and safety, including freedom from abuse, neglect and harassment.** You also have the right to access protective services.
- **Transfer to another facility**

As a patient you have a responsibility and obligation to:

- **Communicate any changes in health or injury status and / or ethical concerns regarding your care.**
- **Be fully vested in your care with the goal of maximizing your functional recovery.**
- **Notify the office or your therapist when you cannot make a scheduled appointment or if you wish to discontinue services.**
- **Abide by the cancellation / no show policy in which 3 consecutive no show appointments and/or a 50% visit rate or less will lead to discontinuation of services.**

Not showing for scheduled appointments not only hurts your progress but deprives someone else of that time slot. Therefore, a *NO SHOW* may result in a \$35 charge to you (not your insurance) and payment is expected at your next scheduled visit.

PLEASE BE COURTEOUS - A PHONE CALL IS ALL WE ASK!



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

You have the right to confidentiality of personal health information provided by you to us, and/or created by us in connection with health care services rendered to you. In this regard, under applicable federal privacy laws, you have the right, subject to certain exceptions and limitations, to:

- (1) Receive a paper copy of the form of notice of our information practices;
- (2) See and copy your own health information;
- (3) Amend the health information in your file with this office, if it is inaccurate;
- (4) An accounting of disclosures, other than regarding treatment, payment and health care operations purposes.

Note that this facility:

- (1) May use your protected personal health information, without separate consent or authorization from you, for treatment, payment or facility operations in connection with services rendered by us, to you. For example, we may provide your personal health information to your insurance plan, to support our request for reimbursement.
- (2) May be required to disclose your protected personal health information, without your written consent or authorization, if necessary to comply with mandatory laws, including responding to a valid subpoena.
- (3) May discuss your treatment with other practitioners or clinicians involved in your care.
- (4) May contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and disclosures other than those referenced above will be made only with your written authorization and you may revoke such authorization, in writing, at any time.

Marketing Materials: You will not receive any marketing materials from us, unless we first receive a separate written consent form, executed by you, allowing us to provide you with such information.

Changes to the Notice: This entity reserves the right to change the terms of this written notice and to make the new notice provisions effective for all protected health information that we maintain. If we do so, we will provide you with a copy of the revised notice at the time of your receipt of health care services from this office, and we will post the notice, with the effective date, in a visible location in this office.

Complaints: You may complain to us and to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. If you have any questions about this, or wish to file a complaint with this office, you may contact Erica Pond of Premier Physical Therapy at 207-657-5600, or Department of Human Services at 207-287-5102. You will not be retaliated against in any way, for the filing of a complaint.

This facility is required by law to abide by the terms of this notice currently in effect.