



Together Empowering Able Movement

RESPONSIBILITIES:

- You are expected to provide complete and accurate information, including your full name, address, telephone number, date of birth, Social Security number, insurance carrier and employer when it is required.
- You are expected to provide complete and accurate information about your health and medical history, including present condition, past surgeries, extended hospital stays, medicines, and any other matters that pertain to your health, including perceived safety risks.
- You are expected to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your physical therapist. You are responsible for outcomes if you do not follow the treatment plan.
- You are expected to actively participate in your treatment plan and to keep your physical therapist informed of the effectiveness of your treatment.
- You are asked to please leave valuables at home and bring only necessary items for your treatment.
- You are expected to treat all staff, other patients, and visitors with courtesy and respect; abide by all clinic rules and safety regulations; and be mindful of others.
- You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
- You have the responsibility to keep appointments, be on time, and call your health care provider if you cannot keep your appointments.

PATIENT BILL OF RIGHTS & RESPONSIBILITIES

RIGHTS:

- You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- You have the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- You have the right to be called by your proper name and to be in an environment that maintains dignity and adds to a positive self-image.
- You have the right to be told the names of your physical therapist, physical therapist assistant, physical therapy technician, and all physical therapy care team members directing and/or providing your care.
- You have the right to have someone remain with you for emotional support during your treatment. You have the right to deny visitation at any time.
- You have the right to be told by your physical therapist about your diagnosis and treatment plan, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes. You have the right to give written informed consent before any treatment procedure begins.
- You have the right to have your pain assessed and to be involved in decisions about treating your pain.
- You can expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments.
- You have the right to access protective and advocacy services in cases of abuse or neglect. The clinic will provide a list of these resources.

- You, your family, and friends with your permission, have the right to participate in decisions about your care, your treatment, and services provided, including the right to refuse treatment to the extent permitted by law. If you cease treatment prematurely against the advice of your physical therapist, the clinic and staff will not be responsible for any medical consequences that may occur.

- You have the right to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.

- You have the right to communication that you can understand. You may bring an interpreter for each treatment session if English is not fluently understood.

Information given will be appropriate to your age, understanding, and language.

- You have the right to be involved in your discharge plan. You can expect to be told in a timely manner of your discharge, and receive information about follow-up care that you may need.

- You have the right to receive detailed information about your treatment and associated charges.

- You can expect that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the Medical Records Department. You have the right to request a list of people to whom your personal health information was disclosed.

- You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.

- You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your physical therapist, or the business manager. If your concern is not resolved to

your liking, you may also contact: Nebraska Department of Health & Human Services.

This list of rights and responsibilities is a basic summary and does not, nor cannot, include all aspects of your care in our facility. If you have questions about these or any others you perceive to have, please contact the office manager at (308) 872-5111.