ActiveFit Rehab Physical Therapy

**PATIENT RIGHTS AND RESPONSIBILITIES**

1. **Florida Specific Patient Rights**

**Plan of care.**

The patient, caregiver or guardian must be informed by the health care provider that:

1. He has the right to be informed of the plan of care;
2. He has the right to participate in the development of the plan of care; and
3. He may have a copy of the plan if requested.
4. **Patient Rights**

**Patients have the right to and patient’s family or guardian may exercise the patient’s right when the patient has been judged incompetent to:**

1. Be fully informed, orally and in writing, prior to admission regarding his/her rights and responsibilities and to exercise these rights at his/ her discretion.
2. Be treated with dignity, respect, and free from verbal, mental, or physical abuse, and to have their property treated with consideration by staff members.
3. Advise the patient in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnishes and to be informed in advance of any changes in the plan of care. (To participate in the development and Implementation of the plan of car including changes in charges, services, and discharge.)
4. Refuse treatment and any portion of planned treatment without relinquishing portions of the treatment plan, except where partial treatment is contradicted with Medicaid/ Medicare and to be informed of the expected consequences of that action.
5. Change provider at any time. Have input in to the choice of other service providers when appropriate.
6. Be notified of other community services.
7. Be fully informed, and when required, receive in writing applicable state laws and company policies regarding durable power of attorney, advance directives, and living will. To receive this information prior to or at time of the first visit before care is provided.
8. Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding lack of respect for property. **The Florida State Hotline at 1-888-419-3456**
9. To receive assessment and services appropriate to his/ her needs, to provide safe, professional care at the level of intensity needed, without unlawful restriction by reason of age, sex, race, creed, color, national origin, religion, disability, or source of payment for care.
10. Confidentially regarding information about his/ her health, social and financial circumstances, and the right to review their record and receive a copy of the record with a proper written request. To expect release of information only as required by law or authorized by the patients.
11. Participate in the consideration of ethical/ bioethical issues that might arise regarding their care. To refuse experimental treatment without written consent.
12. Be notified upon start of care and anytime the company becomes aware of any changes in charges to the payer and what the client is responsible for not more than 30 days from the date that the company becomes aware of the change. To know how much care will cost including frequency and unit charge, and what portion (if any) is to be paid by the other sources, such as private insurance, government programs, or changes the client may have to pay.
13. Be informed in advance of the impending discharge from services, transfer to another provider, or need for alternative services.
14. Have communication needs met, including provisions for sign language & foreign languages interpreters.
15. When a patient elects to transfer from another outpatient services agency, the previous agency will no longer receive Medicare payments on behalf of the patient and will no longer provide Medicare covered services to the patient after the date of the patient’s elected transfer.
16. Receive an investigation by the organization of complaints made by clients or family guardians regarding treatment or care that is (or fails to be) furnished, or regarding lack of respect for the client’s property. The existence and resolution of the complaint will be documented.
17. **Patient responsibilities**
18. Treat ActiveFit Rehab Physical Therapy personnel with respect.
19. Participate in developing, updating, and adhering to plan of care. Is responsible for the consequences of not following the plan of care.
20. Voice concerns or problems that may arise.
21. Inform ActiveFit Rehab Physical Therapy regarding presence of or changes in advanced directives.
22. Inform ActiveFit Rehab Physical Therapy when unavailable for a visit.
23. Inform ActiveFit Rehab Physical Therapy of changes in address, phone or insurance information.
24. Provide accurate and complete medical history and pertinent health related information.
25. Inform ActiveFit Rehab Physical Therapy personnel when instructions cannot be understood or followed.
26. To insure continuity of care, patients who receive constant or 24-hour supervision must have their caregiver present in the clinic on the premises during visits by ActiveFit Rehab Physical Therapy personnel. If the constant caregiver leaves the clinic/ premises or is otherwise absent during the clinic visit(s), the ActiveFit Rehab Physical Therapy reserves the right to discharge the patient from service and notify appropriate authorities.