



Westchase Physical Therapy & Medical Supply

Patients Rights and Responsibilities

At WESTCHASE PHYSICAL THERAPY & MEDICAL SUPPLY (WPTMS) we want our patients to receive the best possible care. We want you to know your rights as a patient as well as your responsibilities to yourself, your physician and to the outpatient center. These rights and responsibilities are supported by WPTMS and have been developed with the utmost concern and respect for our patients, physicians and team members.

As a patient, you have a right:

- To receive reasonable and fair medical treatment or services without regard to race, color, creed, national origin, age, gender or handicap.
- To receive considerate and respectful care at all times. Care is delivered with respect for your spiritual and cultural beliefs, personal and ethical values and educational needs.
- To be provided with adequate assessment of and interventions for relief of pain or discomfort.
- To have any ethical issues concerning your care addressed by the facility and to be included in the ethical decisions regarding your care.
- To receive complete and current information from your therapist concerning your diagnosis, treatment and prognosis, in terms you understand, and to have your questions answered promptly.
- To receive from your therapist complete information necessary to give informed consent prior to the start of your procedure and/or treatment, including the nature and risks of any procedure.
- To know the people involved in your care by name and role.
- To refuse treatment, except as otherwise provided by law, to be informed of the medical consequences of your action, and to leave against medical advice, understanding that you will be requested to sign a for to that effect.
- To participate in decisions involving your care and assist in planning your discharge and follow-up care, and to select another person to make health care decisions in the event that you are unable to.
- To be provided with education for you and your family or support person regarding your care.
- To every consideration of your dignity and privacy.
- To confidentiality of your medical record and the right to access information from it.
- To information regarding any professional relationships among individuals, by name, who are treating you.
- To expect reasonable continuity of care and to know in advance what and when appointment times and therapists are available
- To expect the facility to provide a safe environment.
- To be informed of outcomes of care including any unanticipated outcomes that effects your care.
- To voice grievances and complaints, including abuse or suspected abuse, neglect or any violation of your rights; to recommend changes in policies and services without fear of reprisal; and to receive a prompt response to your concerns.
- To review your medical record and to approve or refuse the release or disclosure of its contents to any health care practitioner and/or facility
- To make decisions throughout the care process when involved in investigative studies and clinical trials, including the right to agree or refuse participation.
- To know, on request and prior to treatment, whether Medicare assignment is accepted.
- Receive on request and prior to treatment, a reasonable estimate of charges for medical care and counseling on available financial resources.
- To receive an explanation of your bill and on request, an itemized bill with charges explained when requested.

As a patient, you have the responsibility:

- To arrange and have a responsible adult with you for transportation.
- To provide complete information about your health, including past illnesses, hospitalizations, allergies and medications.
- To ask questions to find out information or clarify things you do not understand, and tell you therapist if you decide to stop or do not understand the treatment plan.
- To follow the care provided by your therapist and to accept the responsibility for your actions if you refuse recommended treatment or do not follow instructions
- To advise your doctor or healthcare provider of any dissatisfaction you have in regard to the quality of your care.
- To inform your therapist or healthcare provider if you hve an advance directive or have a designated person to make health care decisions in the event that you are unable to.
- To provide a name and telephone number of the person you would want contacted in the event of an emergency
- To fulfill financial obligations associated with your care as promptly as possible.
- To follow rules and regulations on patient care and conduct.
- To keep appointments or notify the healthcare provider or facility if you cannot.