

Emeryville Sports Physical Therapy

HIPPA REGULATIONS

PATIENT RIGHTS

As our patient at **Emeryville Sports Physical Therapy** you have the right to:

1. Receive medical treatment without regard to sex, disability, age, diagnosis, economic status, education background, race, color ethnicity, religion, ancestry, natural origin, sexual orientation, marital status, or the source of payment for care.
2. Be informed of your rights, in advance of providing or discontinuing care, whenever possible.
3. Know the name of the Physical Therapist that has primary responsibility for coordinating the care.
4. Considerate and respectful care that safeguards personal, cultural, psychosocial and spiritual values.
5. Receive care in a safe setting that is free from all forms of abuse or harassment.
6. Receive information about your health status, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand.
7. Participate actively in decisions regarding medical care including development and implementation of your care plan.
8. Identify a surrogate decision maker who can make health care decisions for you should become unable to do so, and have all the patients' rights apply to this person or others who may have legal responsibility to make decisions regarding medical care on your behalf.
9. Personal privacy.
10. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of the individual.
11. Confidential treatment of all communication, recordings/films and records pertaining to the care. Written permissions shall be obtained before the medical records and/or films can be available to anyone not directly related with the care, unless otherwise authorized or permitted by law.
12. Access information contained in your medical records within a reasonable time frame.
13. Request an amendment to and receive and accounting of disclosures regarding your health information.
14. Be free from restraints of any form used as a means of coercion, discipline, or retaliation by staff.
15. Reasonable responses to any reasonable requests made for service.
16. Reasonable to continuity of care and to know in advance the time and location of appointment as well as the identity of persons providing the care.
17. Examine and receive an explanation of the ESPT changes regardless of source payment.

PATIENT RESPONSIBILITIES

To assist us in providing the quality of health care and services you expect and deserve, you as a patient at ESPT have the responsibility to:

1. Provide, to the best of your knowledge accurate and complete information about present complaints, medications, past illnesses, hospitalizations, and other matters relating to your health and healthcare.
2. Provide information about advance directives: give us direction about your preferences for future medical care and the identity of anyone who you may want to make healthcare decisions on your behalf should you later become incapable of making such decisions on your own.
3. Inform us if you have not understood a proposed course of action or what is expected of you.
4. Ask questions about your treatment, diagnosis and/or prognosis.
5. Inform us immediately if you believe that you are being provided with a treatment that is not correct or intended for you.
6. Talk with a Physical Therapist if you are dissatisfied with the care and or service.

By signing this action, you acknowledge receipt of the Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use or disclose your protected health information.

Patient Signature

Date

PRINT Patient
Name