



426 A McCall Blvd., Manhattan, KS 66502 · 785-776-0670

## **Patient Rights and Responsibilities**

### **Access to Respectful Care**

You have the right to considerate, responsible, and respectful care that recognizes and maintains your dignity and values, regardless of race, gender, age, religious beliefs, national origin, sexual orientation, disability or source of payment. You can expect to receive care in a clean and safe environment.

### **Privacy and Confidentiality**

Your need for privacy will be honored. You can expect that any discussion or consultation involving your care will be conducted discreetly. Individuals not directly involved with your care will not have access to information about you. Your medical records will not be released without your authorization, except as required by law.

### **Informed Consent**

You can expect to receive the medical information you need to participate in your health decisions. The information includes assessment, risks, benefits of treatment, serious side effects, alternatives to treatment, and consequences of no treatment. You are free to withdraw consent and discontinue treatment. You are entitled to this informed consent prior to the start of your care.

### **Staff Identification**

You are entitled to the names and professional status of the therapists, assistants, aides, and office staff who are providing care to you.

### **Consultation**

You have the right to request a consultation with another therapist when you are making a treatment decision for yourself.

### **Access to Records**

You may review your medical records at any time. Individuals not involved in your care must have a written release to look at your medical records.

### **Billing**

You are entitled to a complete explanation and itemization of your bill. Please call 785-776-0670, with any billing questions that you have.

### **Provide Information**

As a patient, please participate in your treatment planning by providing us information that is accurate and complete, to the best of your knowledge, about present complaints, current medical conditions, past illnesses, injuries, and surgeries, medications, other treatments you are receiving, and any other matters related to your health. Please report unexpected changes in your condition to your therapist or other clinical staff for adjustments to your individualized treatment plan.

### **Understanding Information**

As a patient, it is important to fully understand your plan of care and to be able to follow the recommendation of your therapist. You are invited, at any time, to seek clarification.

### **Consideration of Others**

Please notify Maximum Performance, as soon as you discover that you will be unable to attend a scheduled appointment. If possible, we would like at least 24 hours notice for cancellations so other patients have an opportunity to use that appointment time. If you do not give proper notice, you may be charged \$25.00 per missed appointment. If you repeatedly miss appointments, we shall limit the times that you can schedule. Eventually, we shall have to discharge you. Of course emergency situations do arise, which would not fall under this policy.

### **Financial Obligations**

You are responsible for knowing the extent and limitations of your health care benefits as contained in your health insurance policy. Your insurance policy is between you (or your employer, for worker's compensation claims) and your insurance carrier. Not between Maximum Performance, and your insurance carrier. You (or your employer, for worker's compensation claims) are responsible for assuring that the financial obligations for your health care are fulfilled. The billing staff will assist you in these matters whenever possible.