

RIGHTS, RESPONSIBILITIES + POLICY

Patient Rights + Responsibilities

The goal of **Barefoot Physical Therapy and Yoga** is to provide all patients with high quality health care in a manner that clearly recognizes individual's needs and rights. I also recognize that in order to accomplish this goal effectively, the patient and the health care provider must work together to develop and maintain optimum health. As a result, the following patient rights and responsibilities were written.

As a patient, you have the right:

- To receive considerate care that is respectful of your personal beliefs and cultural and spiritual values.
- To have all things explained to you in terms that you can understand and to have any questions answered concerning your diagnosis, prognosis, and treatment.
- To appropriate assessment and management of your symptoms, including pain.
- To know what the diagnosis is; what the prognosis is; what treatment will be used; how risky treatment is; whether it will hurt and for how long.
- To know the contents of your medical records through interpretation by the provider.
- To know who it is that is interviewing and examining you.
- To have explained to you ways that you can prevent your medical problem from recurring.
- To refuse to be examined or treated by health practitioners and to be informed of the consequence of such decisions.
- To be assured of the confidential treatment of disclosures and records and to have the opportunity to approve or refuse the release of such information except when release of specific information is required by law or is necessary to safeguard you or the community.
- To participate in the consideration of ethical issues that may arise in the provision of your care.

As a patient, you have the responsibility:

- To provide **Barefoot Physical Therapy and Yoga** with information about your current symptoms, including pain.
- To provide **Barefoot Physical Therapy and Yoga** with information about past illnesses, hospitalizations, and medications.
- To ask questions if you do not understand the directions or treatment being given by provider.
- To keep appointments or telephone **Barefoot Physical Therapy and Yoga** within 24 hours of your appointment time if you need to cancel.
- To be respectful of others and others' person and property while in the presence of **Barefoot Physical Therapy and Yoga**.

Privacy Policy

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

I respect every patients' right to privacy. I will not release personally identifiable information about you without your permission, unless, as described below, the release is in accordance with federal and state laws. At **Barefoot Physical Therapy and Yoga** I am required to safeguard your privacy in all settings.

I have procedural and physical safeguards in place to protect your information.

As a user of **Barefoot Physical Therapy and Yoga**, you give me your consent to use the information internally to provide the best care for you and to disclose information outside of **Barefoot Physical Therapy and Yoga**, in accordance with state and federal laws as follows:

To you, upon your request

- To a provider, such as doctors, hospitals, and others who provide medical care and services to you
 - To a government or regulatory body, such as a law enforcement agency (for example, to investigate crimes), or a court (for example, in response to a subpoena), or to a public health facility (for example, to report an infectious disease, such as tuberculosis)
 - To an insurance company or another vendor (for example, the insurance company or companies that are responsible for paying your claims)
- Although your health record is the physical property of **Barefoot Physical Therapy and Yoga**, the information belongs to you.

You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a copy of this notice or confidentiality practices on request
- Inspect and obtain a copy of your health record as per our policy
- Amend your health record as per our policy
- Obtain an accounting of disclosures of your health information
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

As the provider of your health care I have the responsibility to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may need to communicate health information by alternative means or alternative locations
- I reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.
- If our information practices change, I will notify you in writing.
- I will not use or disclose your health information with your authorization, except as described in this notice.