



## Complete Home Therapy

*"Therapy where you need it most"*

## Frequently Asked Questions & Patient Bill of Rights

### Frequently Asked Questions

#### **I HAVE QUESTIONS ABOUT MY TREATMENT, WHO DO I TALK TO?**

If you have any specific questions about an exercise or technique, speak to your therapist. If you have other questions, or would just like information or assistance with something, please call our office and speak with our Admissions Coordinator. Our telephone is 239 390 3978.

#### **HOW DO I GET COPIES OF MY MEDICAL RECORDS?**

We will be happy to release copies of medical records to you or to a physician or other person of your choice. We must comply with strict HIPAA Guidelines so the information will not be released without your Signed Authorization for Disclosure of Information. Please let us know to whom you would like information released.

#### **HOW DO I SCHEDULE MY APPOINTMENTS?**

Your therapist will schedule your appointment with you during each visit.

#### **WHAT IF I NEED TO CANCEL?**

We understand that you may need to cancel your appointments from time to time. Please have the courtesy to let us know when you will not be able to attend by calling the office at 239 390 3978 or, if available, contact your therapist directly.

#### **I AM ON HOME HEALTH, HOW DOES THIS AFFECT MY THERAPY?**

Although we provide services in the home, **CHT** is an outpatient therapy provider. If you start to receive home health services through another provider, including nursing, please notify our office immediately. We will need to discontinue services until the home health care is completed.

#### **WHAT IF I NEED ADDITIONAL SERVICES NOT OFFERED BY *Complete Home Therapy*?**

Whenever necessary, we will refer you to other resources in the community to assure that each person always receives what is necessary to restore optimal health and independence. Please let us know what services you need or we can speak directly to your physician.

### Patient Bill of Rights

*Thank you for entrusting your care to our Center. Our goal is to provide you with the highest quality and level of service available. You are guaranteed these rights:*

- ◆ *To the best medical care we can give.*
- ◆ *To be treated as an individual.*
- ◆ *To be treated with respect by our staff and others.*
- ◆ *To privacy with your Team.*
- ◆ *To confidential treatment of medical records.*
- ◆ *To be fully informed of the extent of financial responsibility.*
- ◆ *To be the most important member of the team and of this program.*
- ◆ *To voice complaints or grievances without discrimination or reprisal.*

*As a patient we ask that you are responsible for:*

- ◆ *Providing your Team with a complete and accurate medical history.*
- ◆ *Participating in your care by stating your goals, interests and concerns.*
- ◆ *Asking questions when you do not understand the information provided.*
- ◆ *Advising your Team of any dissatisfaction with services you have received.*

Patient Name

Signature

Date