As the patient, or the patient’s legal guardian / representative, you have the right to:

1. Have your property and person treated with respect;
2. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect or misappropriation of property;
3. Make complaints (to the address / phone number for the home office appearing on this form) regarding treatment or care that is (or fails to be) furnished, and any lack of respect for property and/or person by any therapist of ours who is providing services to you on our behalf;
4. Participate in, be informed about and consent to or refuse care in advance of and during treatment, where appropriate, with respect to >
   1. Completion of assessments;
   2. The care to be furnished, based on the comprehensive assessment;
   3. Establishing and revising the plan of care;
   4. The therapist(s) providing the services;
   5. The frequency of services;
   6. The expected outcomes of services, including patient-identified goals, and anticipated risks and benefits;
   7. Any factors that could impact the treatment effectiveness; and
   8. Any changes in the services/care provided
5. Receive all services outlined in the plan of care;
6. Have a confidential clinical record. Access to or release of patient information and clinical records is permitted with your consent and/or in accordance with provisions shown in the HIPAA notice. (For a hard-copy or electronic copy of the HIPAA Notice, contact us at the phone number on this form or email FullCircleSvcs@Yahoo.com. An electronic version is also available through our website: www.FullCirclePediatricTherapy.com)
7. Be advised of >
   1. The extent to which payment for services may be expected from Medicare, Medicaid or federal aid program known to us;
   2. The charges the individual may have to pay before care is initiated; and
   3. Any changes in the information provided in accordance with this section, when such changes occur. We must advise you of these changes as soon as possible, in advance of the next visit, provided we have knowledge of a change.
8. Receive proper written (or verbal) notice, in advance of a specific service being provided, if we believe that the service may be non-covered care; or in advance of us reducing or terminating on-going treatment;
9. Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation and that its purpose is to receive complaints or questions about local home health agencies > Found at https://www.ncdhhs.gov/contact/division-contacts;
10. Be advised of the names, addresses and telephone numbers of the following Federally-funded and state funded entities that service the area where the patient resides > Found at https://www.ncdhhs.gov/contact/division-contacts
    1. Agency on Aging
    2. Center for Independent Living
    3. Protection and Advocacy Agency
    4. Again and Disability Resource Center; and
    5. Quality Improvement Organization
11. Be free from any discrimination or reprisal for exercising your rights for voicing grievances to us or an outside agency;
12. Be informed of the right to access auxiliary aids and language services and how to access these services > Found at https://www.ncdhhs.gov/contact/division-contacts

***If, for any reason, you are unable to access sites for the informational links provided in order to obtain the most up-to-date names, addresses and telephone numbers of the entities referenced above, please contact us at the phone number on this form and we will be happy to assist you in getting the information you need.***