



PATIENT RIGHTS
CHCC OUTPATIENT THERAPY

1. You have the right to be treated with dignity and respect; as an individual who has personal needs, feelings, preferences and requirements.
2. You have the right to privacy in your treatment, in your care, and in the fulfillment of your personal needs.
3. You have the right to be fully informed of all services available to you in the Select Outpatient Services Program and of any charges for those services.
4. You have the right to be fully informed of your rights as a patient and of all rules and regulations governing your conduct as a patient in this facility.
5. You have the right to know about your physical condition.
6. You have the right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.
7. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of this right.
8. You have the right to access and/or referral to guardians, conservators, self-help groups and/or advocacy services.
9. You have the right to voice opinions, recommendations and grievances in relation to policies and services offered by the facility, without fear of restraint, interference, coercion, discrimination, or reprisal.
10. You have the right to confidential treatment of your personal and medical records. Information from these sources will not be released without your prior consent, except in your transfer to another health care facility, or as required by law, or under third party payment contracts.
11. You have the right to refuse to perform any service for the facility, or for other patients, unless they are a part of your therapeutic plan of treatment, which you have approved.
12. You have the right to refuse participation in research conducted in the Select Outpatient Services Program.
13. You have the right to refuse photographs taken during your rehabilitation stay.
14. You have the right to be informed in advance of any visitors to the Select Outpatient Services Program and the right to privacy if you do not wish to see visitors, or participate in activities while visitors are present onsite.

In order to receive maximum benefit from your rehabilitation program, you must accept certain responsibilities and follow guidelines as outlined below.

1. You will be responsible for providing complete and accurate information about your health and for reporting effects of treatment.
2. You will be responsible for participation in the development of your treatment plan.
3. You will be responsible for active participation in activities as prescribed by your treatment plan.
4. You will be responsible for consideration of the rights of other while in the program.
5. You will be responsible for regular, prompt attendance. **IF YOU ARE UNABLE TO MAKE YOUR APPOINTMENT, PLEASE CALL US AT xxx-xxx-xxx within 24 hours.**

THREE UNEXCUSED ABSENCES OR FIVE LATE ARRIVALS COULD RESULT IN DISCHARGE FROM THE PROGRAM.

Patient Signature: _____

Date: _____

If unable to sign: _____

Date: _____