

The State of Maryland, the Federal Government, and the Joint Commission on Accreditation of Health Care Organizations have set forth guidelines and regulations to protect your interests as a patient. In addition, ABIY PHYSICAL THERAPY & REHAB LLC recognizes that you and your family, by understanding your condition and actively participating in your care, can make a significant contribution to your own well being. We, therefore, set forth the following patient rights and responsibilities. (The patient's guardian or family exercises his/her rights if the patient is judged incompetent or is underage.)

YOU HAVE A RIGHT . . .

- To be treated with consideration, respect, and dignity, and to receive appropriate quality services in a timely manner without discrimination because of age, religion, race, sex, handicap, diagnosis, physical impairment, national origin, or sexual orientation.
- To be informed and participate in the planning of your care and treatment and to be informed and participate in advance of changes in the care and treatment provided by ABIY PHYSICAL THERAPY & REHAB LLC.
- To be instructed by qualified personnel in appropriate care techniques and safe operation of equipment.
- To make informed treatment decisions, including decisions, regarding refusal of treatment and to be informed of expected outcomes of any such action.
- To expect privacy and confidentiality of your clinical record, medical care program, and social and financial circumstances related to your care.
- To expect all records and information to be kept confidential except as authorized or required by law.
- To have access, upon written request, to all information in your medical record.
- To receive reasonable coordination and continuity of service.
- To be provided with the names and qualifications of the individuals responsible for working with you and supervising/coordinating your particular plan of treatment.
- To be informed on how to contact ABIY PHYSICAL THERAPY & REHAB LLC staff during regular working hours.
- To receive a fully itemized billing statement, including dates and types of services/treatments received.
- To file a written complaint with the assurance that said complaints will be duly investigated by ABIY PHYSICAL THERAPY & REHAB LLC and that a copy of a written summary report will be available to you upon request. Such a written complaint may be made without fear of reprisal or loss of service. To voice a complaint or to ask questions about, ABIY PHYSICAL THERAPY & REHAB LLC, you may write to or call:

ABIY PHYSICAL THERAPY & REHAB LLC
801 Wayne Ave., Silver Spring, MD 20910
Phone: (301) 328 0664 (between the hours of 9 am and 4 pm)

Dept. of Health & Mental Hygiene, Board of Physical Therapy
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Phone: (410) 764-4752 or Fax: (410) 358-1183

Signature of Patient or Legal Guardian

Date

YOUR RESPONSIBILITIES ARE...

- To cooperate and participate in the plan of care ordered by your Referring Physician and established by your Physical Therapist at ABIY PHYSICAL THERAPY & REHAB LLC.
- To provide ABIY PHYSICAL THERAPY & REHAB LLC staff with all pertinent health information related to your plan of care and to notify ABIY PHYSICAL THERAPY & REHAB LLC of changes in your physical condition, prescriptions, insurance coverage or contact information.
- To notify ABIY PHYSICAL THERAPY & REHAB LLC if you are unable to keep an appointment with one of its staff, at least 24 hours in advance, or pay a late cancellation fee of \$30.00.
- To treat our staff in a courteous and respectful manner.
- To care for and safely use equipment provided according to the instructions given.
- To provide correct insurance information and ask any questions you may have concerning the cost of services in a timely manner.
- To accept responsibility for 100% of charges for services. All bills are due and payable upon receipt:
 1. To make any co-payment at the time of service;
 2. To pay off any and all account balances not covered by your insurance;
 3. If you are a "private pay" patient, to make all payments at the time of service.
- To assume the consequences of refusal of any treatment(s) ordered by your Physician and have been developed by your Physical Therapist.
- To promptly inform your Physical Therapist, the administrative staff of ABIY PHYSICAL THERAPY & REHAB LLC or your Physician of any dissatisfaction you may have related to your care by ABIY PHYSICAL THERAPY & REHAB LLC.

Signature of Patient or Legal Guardian

Date

