

Healing Minds LLC

Patient Bill of Rights

YOUR RIGHTS AS A PATIENT

You have the right to:

1. Receive complete and current information concerning your diagnosis, treatment, and prognosis in terms you can be reasonably expected to understand
2. Participate actively in determining a course of treatment for yourself.
3. Receive good quality care and high professional standards.
4. Determine the course of medical treatment for yourself and your children.
5. Receive information that you need to give informed consent for any proposed treatment including information related to the risks, benefits and alternatives to the proposed treatment in light of your condition and current medical knowledge.
6. Refuse treatment and be told what effect this may have on your health, and to be informed of the other potential consequences of refusal.
7. Receive considerate and respectful care in a clean and safe environment.
8. Know by name the clinicians, and other staff members responsible for your care.
9. Have privacy while in the medical facility and confidentiality of all information and records regarding your care except as otherwise provided by law or third party contractual agreements.
10. Examine and receive an explanation of your bill.
11. Receive equal treatment at all times and under all circumstances, regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, veteran status, family responsibilities, disability, matriculation, political affiliation, source of income or place of residence or business.
12. Designate an individual to represent you in making decisions regarding your treatment and health care.

YOUR RESPONSIBILITIES

Rules and regulations pertaining to patient conduct are necessary to ensure that all patients are treated fairly and feel secure while under our care. Your cooperation in these responsibilities will help us provide quality care and services. Good communication promotes good care. Talk to our staff and ask questions.

Please cooperate with your clinicians and follow the plan of care upon which you, your physician, and your health care team have agreed

We ask that you respect the privacy and rights of others by cooperating in our non-smoking policy and regulations regarding noise.