

PROrthotics & OT, LLC

Patient/Client Bill of Rights

As an individual receiving services from PR Orthotics & OT, LLC, let it be known and understood that you have the following rights:

1. To select those who provide you or your child's treatment
2. To be provided with legitimate identification by any person or persons who provides treatment.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides treatment or services for you and be free from neglect or abuse, be it physical or mental.
5. To assist in the development and planning of your home exercise program so that it is designed to satisfy, as best as possible to your current needs.
6. To be provided with adequate information from which you can give your informed consent
7. To be given written instructions regarding use and care of orthoses received.
8. To express concerns or grievances or recommend alternate treatment without fear of discrimination or reprisal.
9. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments and risks of treatment.
10. To receive treatment and services within the scope of your insurance policy, promptly and professionally, while being fully informed as to company policies, procedures and charges.
11. To refuse treatment and services within the boundaries set by law, and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
12. To request and receive the opportunity to examine or review your medical records.

I have been given a copy of the Patient/Client Bill of Rights.

Signature

_____/_____/_____
Date

Printed Name _____ Relationship to Patient _____