

Sarah Dible, MSPT- Rejuvenance Therapy

300 E 24th Street. Vancouver, WA 98663 Tel: 360.798.7625 Fax: 360.553.4165

Patient Rights and Responsibilities

The goal of Rejuvenance Therapy is to provide all patients with high quality health care in a manner that clearly recognizes individuals' needs and rights. We also recognize that in order to accomplish this goal effectively, the patient and the health care provider must work together to develop and maintain optimum health. As a result, the following patient rights and responsibilities were written.

As a patient you have the right:

- To receive considerate care that is respectful of your personal beliefs and cultural and spiritual values.
- To have all things explained to you in terms that you can understand and to have any questions answered concerning your diagnosis, prognosis, and treatment.
- To appropriate assessment and management of your symptoms, including pain.
- To know what the diagnosis is; what the prognosis is; what treatment will be used; how risky treatment is; whether it will hurt and for how long.
- To know the contents of your medical records through interpretation by the provider.
- To know who it is that is interviewing and examining you.
- To have explained to you ways that you can prevent your medical problem from recurring.
- To refuse to be examined or treated by health practitioners and to be informed of the consequence of such decisions.
- To be assured of the confidential treatment of disclosures and records and to have the opportunity to approve or refuse the release of such information except when release of specific information is required by law or is necessary to safeguard you or the university community.
- To participate in the consideration of ethical issues that may arise in the provision of your care.

As a patient you have the responsibility:

- To provide Rejuvenance Therapy with information about your current symptoms, including pain.
- To provide Rejuvenance Therapy with information about past illnesses, hospitalizations and medications.
- To ask questions if you do not understand the directions or treatment being given by a provider.
- To keep appointments or telephone Rejuvenance Therapy within a reasonable time ahead if you need to cancel.
- To be respectful of others and others' property while in Rejuvenance Therapy facility.

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Privacy Notice:

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

- We respect every patient's right to privacy. We will not release personally identifiable information about you without your permission, unless, as described below, the release is in accordance with federal and state laws.
 - All staff members at Rejuvenance Therapy are required to safeguard your privacy in all settings. We have procedural and physical safeguards in place to protect your information. As a user of Rejuvenance Therapy, you give us your consent to use the information internally to provide the best care for you and to disclose information outside of Rejuvenance Therapy, in accordance with state and federal laws as follows:
 - To you, upon your request
 - To a provider, such as doctors, hospitals, and others who provide medical care and services to you
 - To a government or regulatory body, such as a law enforcement agency (for example, to investigate crimes), or a court (for example, in response to a subpoena), or to a public health facility (for example, to report an infectious disease such as tuberculosis)
 - To an insurance company or another vendor (for example, the insurance company or companies that are responsible for paying your claims)
- Although your health record is the physical property of Rejuvenance Therapy, the information belongs to you.

You have the right to:

- Request a restriction on certain uses and disclosure of your information
- Obtain a copy of this notice of confidentiality practices on request.
- Inspect and obtain a copy of your health record as per our policy
- Amend your health record as per our policy
- Obtain an accounting of disclosures of your health information
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

As the provider of your health care we have to responsibility to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. If our information practices change, we will notify you in writing. We will not use or disclose your health information without your authorization, except as described in this notice.

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