

PATIENT'S RIGHTS AND RESPONSIBILITIES

Patient Name: _____

WHEREAS, Patient finds that Sensory Kidz, LLC is willing to perform certain work hereinafter described in accordance with the provisions of this Agreement; and

WHEREAS, Patient finds that Sensory Kidz, LLC is qualified to perform the work, all relevant factors considered, and that such performance will be in furtherance of Patient's interest.

NOW, THEREFORE, in consideration of the mutual covenants set forth herein and intending to be legally bound, the parties hereto agree as follows:

Patients have the right to:

- Receive humane care and treatment and to be treated with respect and consideration.
- Privacy and confidentiality when seeking or receiving care except for life threatening situations or conditions.
- Confidentiality of your medical records except as needed for needed for treatment purposes.
- Receive accurate information concerning diagnosis, treatment, risks, and prognosis of health condition.
- Ask about reasonable alternatives to care at Sensory Kidz Therapy or outside facilities
- Be informed on rights and responsibilities when receiving therapy services (outpatient, teletherapy or at home).
- Be an active participant or designate any other individual a participant in child's therapy (i.e. Receive information as related to therapy, accompany child to treatment area when possible(i.e. if there are no other children, therapists present and if can be accommodated)).
- Accessible information regarding the scope of services and individuals' name/credentials who will be providing services to patient
- Receive an estimate of charges as related to treatment (i.e. copays, treatment costs)
- A copy of your medical record upon request
- Refuse any treatment at any time.
- file a complaint with the director of Sensory Kidz Therapy regarding any concerns related to the privacy, confidentiality or security of your medical record as well as any violations of your rights
- A copy and explanation of any fees and charges related to your visit.
- Receive answers to all and any questions regarding treatment.
- Receive just treatment and services regardless of race, ethnicity, religion, economic status or disability.

Patients have a responsibility to:

- Ask questions to ensure an understanding of treatment and patient's condition.
- Comply to all rules and regulations of Sensory Kidz, LLC and comply with requests to discontinue pts treatment due to inability to follow rules
- Provide complete information about one's medical history, current illness/problem, to enable proper evaluation and treatment.
- Show respect to health personnel and other patients.
- Show up for appointments and on time, and if you will be rescheduling or cancelling, informing Sensory Kidz Therapy 24 hours earlier is a necessity.
- Pay all copays and bills.
- Inform Sensory Kidz, LLC about any changes to patient's health insurance and take financial responsibility for any claims denied due to uninform changes.
- Use prescription or medical devices for oneself only.
- Inform the practitioner(s) in time if one's condition worsens
- Provide requests for permission to release health records in writing to Sensory Kids Therapy

IN WITNESS WHEREOF, the parties have executed this Agreement on DATE _____

I understand these Rights and Responsibilities and have been given a copy.

PATIENTS LEGAL REPRESENTATIVE SIGNATURE

SENSORY KIDZ, LLC REPRESENTATIVE SIGNATURE