

PATIENT BILL OF RIGHTS

As an individual receiving prosthetic, orthotic, therapy services from Dayton Artificial Limb/Dayton Physical Therapy let it be known and understood that you have the following rights:

1. *To select those who provide you orthotic and prosthetic services.*
2. *To be provided with legitimate identification by any person or persons who enter your residence to provide home care services to you.*
3. *To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.*
4. *To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing DAL/DPT who provides treatment or services for you, and is free from neglect or abuse be it physical or mental.*
5. *To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.*
6. *To be provided with adequate information from which you can give your informed consent for the commencement of services, the continuation of services, the transfer of service to another health care provider, or the termination of service.*
7. *To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.*
8. *To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, or risks of treatment.*
9. *To receive treatment, and services within the scope of your health care plan, promptly and professionally, while being fully informed as to DAL/DPT policies, procedures and charges.*
10. *To refuse treatment, within the boundaries set by law, and receive professional information and relative to the ramifications or consequences that will or may result due to such refusal.*
11. *To request and receive data regarding treatment or services or costs thereof privately and with confidentiality.*
12. *To request and receive the opportunity to examine or review your medical records.*

I have received and understand the rights as afforded to me as a patient.