

Quantum Shift Physical Therapy and Wellness Center

Patient Rights Policy

The following Patients' Rights Policy specifically applies to those patients admitted to **Quantum Shift Physical Therapy and Wellness Center, LLC** (referred to as "The Facility" on the Balance of this form) and is in accordance with the federal and state regulations. As you are aware, your health care is our primary function and consideration, and the provision of health care requires a cooperative effort by the Facility staff and you, the patient. To carry out your part of this cooperative effort, it is important for you, as the patient, to be informed of and understand what you may expect and what is expected of you – in other words – your rights and responsibilities.

1. You and your Responsible Person, or if required by law, the relevant governmental agency in the absence of your Responsible person, shall be informed verbally and in writing prior to or at the time of admission of the services available in the Facility and of the charges covered or not covered by the basic rate of the Facility. Patients will receive monthly statements itemizing all of the charges incurred by them for which they are financially responsible occurring during your stay. You shall be advised verbally and in writing within thirty (30) days in advance of the change. If the Facility requires a security deposit, the written or contract that is given to you or your Responsible Person shall indicate how the deposit will be used and the terms for the return of the money.
2. The attending physician shall inform you of your medical condition. You shall be afforded the opportunity to participate in the planning of your medical treatment. You have the right to refuse treatment, including the administration of medication. You will be informed of the medical consequences of any refusal to accept treatment or medication. This information will also be recorded in your medical record.
3. You shall be encouraged and assisted throughout the period of stay to exercise your rights as a patient and as a citizen and may voice grievances and recommend changes in policies and services to the Facility staff, to the Facility's patient representative or to outside representatives of your choice. The Facility's patient representative functions as the primary contact to receive complaints from patients regarding Facility services. You or your patient representative shall be made aware of the state Department of Health to which you may address grievances.
4. You shall be free from restraint, interference, coercion, discrimination, or threat of reprisal by the Facility.
5. You may manage your personal financial affairs.
6. You shall be free from mental and physical abuse and free from chemical and, except in emergencies, physical restraints except as authorized in writing by a physician for a specific and limited period of time or when it is necessary to protect you from injury to yourself or to others.

7. You shall be assured confidential treatment of your personal and medical records and may approve or refuse their release to an individual outside the Facility, except in the case of a transfer to another health care institution or as required by law or a third party payment contract. You have the right to obtain access to your personal and medical records in accordance with the Facility's procedures and applicable law.
8. You shall be treated with consideration, respect and full recognition of dignity and individually, including privacy in treatment and in care for your necessary personal and social needs.
9. You may not be required to perform services for the Facility that are not included for therapeutic purposes in the plan of care as prescribed by the attending physician and agreed to by you.
10. You shall be permitted to send and receive personal mail unopened unless the Facility has been instructed otherwise in writing by you or your Responsible Person. Facility staff may assist you in sending or receiving personal mail if you request assistance.
11. You shall be permitted, unless medically contraindicated, as documented by the attending physician in the medical record, to participate in social and religious activities without interference from the administrator or the Facility staff.
12. You shall be permitted to meet with company groups unless medically contraindicated, as documented by the attending physician in the medical record.
13. You shall be permitted to retain and use personal clothing and possessions as space permits unless to do so would infringe upon the rights of other patients and unless medically contraindicated, as documented by the attending physician in the medical record. Reasonable provisions shall be made for proper handling of personal clothing and possessions that are retained by the Facility. You shall have access to and use of these belongings.
14. You shall be afforded an opportunity to meet in private with visitors or persons of your choice or to associate and communicate privately with persons of your choice. The Facility will not restrict visit from your legal counsel, your Responsible Person, or your spiritual advisor except at your request or the request of your sponsor.
15. The rights and responsibilities specified in sections 2, 3, and 5 devolve to your Responsible Person in the following instances:
 - a. You are adjudicated incompetent under the laws of the State of Kansas; or
 - b. You are found by your physician to be medically incapable of understanding your rights.
16. No experimental research or treatment by the Facility shall be carried out without the approval of the Kansas State Department of Health and without your written approval after full disclosure. For the purposes of the subsection, "experimental research" means an experimental treatment or procedure that:
 - a. Is not generally accepted practice in the medical community; or
 - b. Exposes you to pain, injury, invasion of privacy or asks you to surrender your autonomy, such as a drug study.

17. Questions, comments or complaints concerning these rights or the application of these rights should be addressed promptly to the administrator of this Facility or the Facility's patient representative. Instances concerning potential abuse are to be brought to the administrator's attention immediately without regard to time of day.
18. In accordance with applicable federal and state civil rights laws and regulatory requirements, you have the right to be provided with services at this facility without regard to race, color, religious creed, handicap, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

Office for Civil Rights

U.S. Dept of Health and Human Services
911 Walnut Street, Room 901
Kansas City, MO 64106
1-800-368-1019

Kansas Dept. of Health & Environment

900 SW Jackson, Ste. 1001
Topeka, KS 66612-1290
785-296-1500

19. Where medically significant alternatives for care of treatment exist, or when you request information concerning medical alternatives, you have the right to receive such information.
20. You have the right, upon request, to be given the name of your attending physician, the names of all other practitioners directly participating in your care and the names and functions of other health care persons having direct contact with you. You further have the right to request a change in your physician or transfer to another Facility due to the religious or the other reasons. You have the right to assistance in obtaining consultation with another physician or practitioner at your request and at your own expense.
21. You have the responsibility for providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
22. You have the responsibility to report unexpected changes in your condition to the responsible health care practitioner.
23. You have the responsibility to be open and honest with your physician and nurses about your health care concerns. Please be sure to ask questions if you do not understand instructions you receive. Speak up if you feel unable or unwilling to follow medical advice you receive. Understanding your health problems is important for the success of your treatment plan.
24. Your physician is obligated to exercise his best medical judgment in order to help you. It is your responsibility to cooperate in the treatment program which your health care practitioner specifies. While you have the right to refuse any drug, treatment, or medical care recommended by your health care practitioner, you must realize that you are responsible for the results of your action if you refuse such treatment.

25. You have the responsibility to abide by all of the rules and regulations of the Facility which apply to you as a patient. You should understand that these rules and regulations are promulgated because the Facility has an obligation to all of its patients. You are responsible for the control of your visitors and generally to conduct yourself and see that your visitors conduct themselves in such a manner that no other patient is deprived of his rights to privacy, quiet and proper medical care.
26. You have a responsibility to be considerate of the rights of other patients and Facility personnel and for your personal behavior in the control of noise, smoking and number of visitors. Telephone, television, radios and lights should be used in a manner agreeable to others. Also, you have the responsibility for being respectful of the property of other persons and of the Facility.
27. You have the responsibility for assuring that the financial obligations for your health care are fulfilled as promptly as possible.
28. You have the responsibility to cooperate in furnishing Facility personnel, to the best of your ability, any information or documents required by any insurance company or any federal or state agency which will or may undertake the payment of your Facility charges in accordance with the requirements of federal and state obligations.