



TEAMWORK HEALTH PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving services from TeamWork Health should be informed of their rights. Therefore, you are entitled to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, in advance, both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.
- Be informed about the scope of services that the organization will provide and specific limitations on those services.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be able to identify personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property.
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished or lack of respect for property investigated.
- Have confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI).
- Be advised of the agency's policies and procedures regarding the disclosure of clinical records.
- Choose a health care provider, including an attending physician.
- Receive appropriate care without discrimination in accordance with physician orders.
- Be informed of any financial benefits when referring to TeamWork Health.
- Be fully informed of one's responsibilities.

PATIENT RESPONSIBILITIES

- Patients submit forms that are necessary to receive services.
- Patient provides accurate medical and contact information and any changes.
- Patient notifies the treating provider of participation in the services provided by TeamWork Health.
- Patient notifies TeamWork Health of any concerns about the care or services provided.
- Patient maintains any equipment provided.

Any concerns about the services provided may be filed with TeamWork Health administration via phone at **(919) 883-1583**.

Patient/Legal Guardian Signature: _____ **Date:** _____

*Please call if you have questions regarding this policy document.
For questions regarding your bill, please e-mail billing@twhasg.com.*