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## Patient Rights & Responsibilities

### **Patient Rights:**

- All records involved in your care are confidential. Only other authorized members of your care team will be able to access appropriate information from your files. If information is requested by any other parties, it will only be released with your written approval.
- You will be treated with respect, dignity and consideration.
- Your input and concerns about your treatment plan are important to the success of your treatment. You should express your concerns regarding the intensity and scope of treatment. Discuss your questions and concerns with our staff. If you do not feel that you have had the proper attention of a member of Powell Orthotics and Prosthetics staff, please contact Powell Orthotics and Prosthetics Office Manager.
- You and your family will be provided with information concerning the use and care of the orthopedic or prosthetic device prescribed and fitted for you.
- We will make every effort to verify your benefits and bill your insurance. Ultimately it is your responsibility to know your benefits. We suggest you call your insurance carrier and check your benefits yourself. Insurance companies have a disclaimer that the statement of benefits is not a guarantee of payment. This means that you may have benefits, but the insurance may not pay for the device if they deem it not medically necessary. **If after processing the claim, your insurance decides to not pay Powell O&P, Powell O&P will bill you.** Deductibles and co-payments are your responsibility, and Powell O&P will collect this from you at time of delivery of the device. Balance is due upon delivery of item(s).
- You will be informed of your responsibility for any fees or costs at the beginning of your involvement with Powell Orthotics and Prosthetics. If you do not fully understand your financial responsibilities, we would be happy to discuss them with you.
- If you have any complaints or questions about the services that Powell Orthotics and Prosthetics has provided, please let us know by filling out the Powell Orthotics and Prosthetics Quality Survey that you will be provided, or simply call the Office Manager and request a Quality Survey be mailed to you. If you include a written complaint and your name and address on your survey form, we will respond to your complaint in writing within two weeks. We will do our best to correct any individual problem that you may have had or will tell you how Powell Orthotics and Prosthetics will avoid making the same mistake in the future.

### **Patient Responsibilities:**

- For providing your Practitioner and Staff with accurate and truthful information needed to deliver quality care, including transmittable diseases, changes to your medical condition, and Insurance coverage which may affect your care
- For treating Office Staff, Practitioners and other personnel in our Office with dignity and respect
- For keeping your appointments, arriving on time, and notifying the office of any cancellations at least 24 hours prior to the appointment,
- Are responsible for reviewing their treatment plans continuously and reporting effectiveness or ineffectiveness of the care plan to their Practitioner
- You are responsible to follow their treatment plan and to inform their Practitioner of any changes to the treatment plan made by other providers including any changes in their medications
- You should not be involved in any conscious behavior that could harm the lives of their provider, office staff or other patients while in our office.