



PATIENT BILL OF RIGHTS

As a patient, family member, or responsible guardian, you have the right to:

- ❖ Be fully informed verbally and in writing of your rights before treatment.
- ❖ Care regardless of race, color, creed, sex, religion, or national origin.
- ❖ Be free of verbal, physical, and psychological abuse.
- ❖ Refuse treatment and be informed of the consequences of this action.
- ❖ Exercise any of these rights as a patient of this agency.
- ❖ Receive the highest quality of care.
- ❖ Be treated with respect and dignity to yourself and your property.
- ❖ Communication in a language or form you can understand.
- ❖ Be referred to an alternative service if the agency is unable to provide necessary care or for any reason denies service to you.
- ❖ Voice grievances regarding treatment or care or lack of respect for property without discrimination or reprisal for voicing those grievances.
- ❖ Request information in advance of any changes in the plan of care.
- ❖ Participate in planning your care and treatment or any changes in your care.
- ❖ Be informed in advance of any changes in the plan of care before being made.
- ❖ Receive appropriate instruction and education regarding your care plan.
- ❖ Be informed in the disciplines of speech therapy, occupational therapy, and physical therapy and the frequency of proposed visits.
- ❖ Confidentiality of your clinical records and be informed of the agency's policy regarding the disclosure of your clinical records for any purpose.
- ❖ Review your clinical records unless contraindicated by the physician.
- ❖ Be advised in advance the extent to which payment for services may be expected from you. Patient liability will be the balance of the bill remaining after filing insurance claims with Medicaid and Secondary insurances.
- ❖ Be informed of any changes in the payment for services within 15 days.
- ❖ Be informed of charges or services not covered by Medicaid or any federally funded programs or insurance.
- ❖ Have access to all bills for service.
- ❖ Be informed of the State Home Health Hotline number, which is established to receive complaints or answer questions regarding home health care. North Carolina Home Health Care and Health Care Complaint Line 1-800- 624-3004.
- ❖ Read and understand the Grievance Procedure.

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704-239-6321 1-844-708-0619 fax
Office@TherapyTalk.org



GRIEVANCE PROCEDURE

- ❖ Discuss verbally or in writing, the grievance with the clinical supervisor/manager within seven (7) days of the alleged grievance. The clinical supervisor/manager will investigate within seven (7) days after the receipt of such grievance and make every effort to resolve the grievance to the patient's satisfaction.
- ❖ If the grievance cannot be resolved to the patient's satisfaction, the patient or his designee is to notify the director in writing. The grievance must state the problem or action alleged and the date the supervisor was notified. The director will investigate the grievance in an attempt to resolve the difference and notify the patient in writing of the resolution of the grievance.
- ❖ The clinical supervisor/manager and the director can be reached at: 704-239-6321, 140 Cabarrus Ave West, Concord, NC 28025.
- ❖ If the patient does not receive a satisfactory response from the director within 30 days, he/she is to notify the administrator of Therapy Talk, Inc. at the above listed address stating the nature of the grievance and all actions taken to date.
- ❖ If the patient feels his/her grievance has not been resolved after working with Therapy Talk, Inc. personnel, he/she is encouraged to notify the North Carolina Medical Board at 1-800-253-9653.

I have read and understand the Patient Bill of Rights and Grievance Procedure.
