



Blackstone Valley Physical Therapy Services, Inc.

670 Linwood Ave Suite 2
Whitinsville, MA 01588
P: (508) 234-7544 F: (508) 234-8002
www.bvpts.com

Welcome to Blackstone Valley Physical Therapy! Patient's Rights and Responsibilities

Welcome to Blackstone Valley Physical Therapy Services, Inc. (BVPTS)!!! Every patient of BVPTS shall have the right:

1. To receive medical care that meets the highest standards of BVPTS and upon request, to obtain from the facility the name and credentials of the physical therapist, physical therapy assistant or other person responsible for his or her care or the coordination of his or her care.
2. To be treated respectfully by all the staff members of BVPTS.
3. To have confidentiality of all records and communications to the extent provided by law and upon request, to inspect his/her medical records and to receive a copy thereof. The fee for said copy shall be determined by the rate of copying expenses.
4. To take part in the development and implementation of his or her plan of care—to make informed decisions regarding his or her care, to receive information of his/her care, and to request and/or refuse treatment.
5. To have privacy during medical treatment or other rendering of care within the capacity of BVPTS.
6. To have all reasonable requests responded to promptly and adequately within the capacity of BVPTS including obtaining information necessary for the patient to understand his or her medical situation and to receive information about how the patient can get assistance with concerns and complaints about the quality of care or service he or she received, and to initiate a formal grievance process with the facility.
7. Upon request, to receive from a person designated by the facility any information which the facility has available relative to financial responsibilities of the patient and upon request, to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for care of patient.
8. To refuse to be examined, observed, or treated by students or any other staff member without jeopardizing access to medical care.
9. To prompt life-saving treatment in an emergency without discrimination on account of economic status or source of payment.

Every patient of BVPTS shall have the responsibility to:

1. Enjoy their time in the clinic and have fun while rehabilitating and exercising!
2. Sign the required consents prior to care being given or received.
3. Provide BVPTS complete and accurate health information and notify the facility of any changes in his/her medical condition, new diagnoses, medications, medical procedures, surgeries, or doctor's visits or admission to a home health agency service while receiving physical therapy care with this facility.
4. Provide BVPTS with complete and accurate health and insurance information and all necessary signatures required for processing of payment for services furnished and to notify the facility of any changes of health insurer. Also alert your therapist of any health related changes either specific to or not specific to the treatment area being treated.
5. Treat the staff and other clients of BVPTS with respect and consideration and notify the facility when you cannot keep an appointment in accordance with our Attendance Policy that is to be presented at the conclusion of your first visit.
6. Provide BVPTS payment for services rendered in a timely fashion and in accordance with our payment policy.
7. Follow the treatment plan (home activities, recommended lifestyle changes and performance of a home exercise program) recommended by the physical therapist and let the physical therapist know immediately if the patient does not understand his or her plan of care. Accept the consequences of refusal of treatment or choice of non-compliance with therapeutic program and advice regarding the planning and participation of his/her care.