

Patient Bill of Rights

This facility supports the rights of all patients- geriatric, adult, adolescent, pediatric, or their legal representative.

1. To be informed of your patient rights in advance of receiving or discontinuing care.
2. To give informed consent for all treatment and procedures with an explanation in layman terms of:
 1. The recommended treatment.
 2. The risks and benefits of the treatment.
 3. The probability of success, adjustments, and/or complications.
 4. The alternatives and consequences if no treatment is pursued.
 5. The explanation of recovery period (this should be followed-up with physician)
3. To participate in all areas of your treatment.
4. To have appropriate assessment, fitting, and follow-up of orthotic and prosthetic devices.
5. To be treated with respect and professionalism.
6. To privacy, comfort and security to the extent possible during your visit.
7. To confidentiality of all communication and clinical records related to your orthotic and prosthetic care. (Refer to our Notice of Privacy Practices/HIPAA)
8. To have access to interpreter services when you do not speak or understand the language. To be provided communication aides for the deaf, blind, etc as is appropriate. (These services need to be arranged prior to the patient.s visit)
9. To receive care in a safe setting.
10. To be free from all forms of abuse or harassment.
11. To request medically necessary and appropriate care and treatment.
12. To refuse any procedure or treatment. To be informed of the medical consequences of such decision.
13. To consent or refuse to participate in teaching programs, research and/or experimental programs.
14. To give .advance directives. or instructions (written or verbal) concerning your orthotic and prosthetic care. To designate a legal representative as permitted by law. To have practitioners and other facility staff members to comply with the directives.
15. To participate in decision-making regarding ethical issues, personal values, beliefs, and/or financial responsibilities.
16. To have access to your medical records within a seventy-two hours of your request.
17. To be examined, treated and if necessary, referred to another facility, if you have a medical emergency or are in labor, regardless of your ability to pay.
18. To request and receive, prior to the initiation of treatment, the charge(s), or an estimate of the charges for our services, any co-payment, deductible, or non-covered charges and the facility.s general billing procedures.
19. To be informed of the facility.s grievance procedure and whom to contact to file a grievance.

Patient Grievance Process: Direct all questions regarding the grievance process to our Administrative Assistant at 719-867-7335. Audubon Orthotic & Prosthetic Services require all complaints be submitted in writing.

You have the responsibility...

1. To ask questions and promptly voice concerns.

2. To be considerate of other patients and staff.
3. To give full information as it relates to your health care.
4. To understand and honor financial obligations related to your orthotic and prosthetic care.
5. To follow your recommended treatment plan.
6. To return to our office if you have any concerns regarding your device.
7. To secure all valuables.
8. To follow facility rules and regulations.
9. To respect property that belongs to the facility or others.