

Patient Rights

As a patient you have the right:

1. To be given a written copy of these rights and explanation of any you do not understand.
2. To be informed of services available in the facility, of name and professional status of the personnel providing and/or responsible for your care, fees, and related charges, including payment fee, deposit, and refund policy of SPTI and any charges for services not covered by sources of third party payment or not covered by the facility basic rate.
3. To be informed SPTI has authorized other health care and education institutions to participate in the patient's treatment. You also shall have the right to know the identity and function of these institutions and to refuse to all their participation in your treatment.
4. To receive from your physical therapist(s), in terms that you understand, an explanation of your complete health condition, recommended treatment, treatment options, risk(s) of treatment, and expected result(s). If you feel there has been a mistake or omission of your protected health information, you have the right to request an amendment to your therapy records. If any of this information would be detrimental to your health, or if you are not capable of understanding the information, the explanation shall be provided to the next of kin or guardian. This release of information to the next of kin or guardian along with the reason for not informing you directly shall be documented in your medical record once a written consent has been obtained to share this information.
5. To participate in the planning of your care and treatment, and to refuse treatment. Such refusal shall be documented in your physical therapy record.
6. To be included in experimental research only when you give informed, written consent to such participation, or when your guardian gives such consent, if you are unable, in accordance with the law, rule and regulation. You may refuse participation in experimental research, including the investigation of new drugs and medical devices.
7. To resolve any grievances or recommended changes in policies and services to facility personnel, the governing authority, and/or outside representative of your choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal. In accordance with the Health Insurance Portability and Accountability Act of 1996, you may file a complaint if you believe your rights under this law have been violated. You may contact our Privacy Official for further information on this process. All complaints filed will be investigated anonymously without retaliation.
8. To be free from mental and physical abuse, exploitation, and use of restraints unless they are authorized by a physical therapist for a limited period of time to protect others from injury. Drugs or other medications shall not be used for discipline or for convenience of facility personnel.
9. To confidential treatment of information about you. In accordance with the Health Insurance Portability and Accountability Act of 1996 you are afforded certain rights to your protected health information. These rights include:
 - a. To inspect and copy your protected health information
 - b. Request a restriction of your protected health information
 - c. To request to receive confidential communications from us by alternative means or at an alternative location
 - d. To receive an accounting of certain disclosures we have made of your protected health information
 - e. To request and receive a full written copy of our Privacy Practices

Information in your physical therapy record shall not be released to anyone outside of SPTI without your written consent to do so, unless another healthcare facility to which you are transferred requires the information, or unless the release of the information is required and permitted by law, a third party contract, or a peer review, or unless the information needed by the New Jersey Department of Health for statutorily authorized purposes.

The facility may release data about you for studies containing aggregated statistics when your identity is masked.

10. To be treated with courtesy, consideration, respect and recognition of your dignity, individuality and right to privacy. Your privacy shall be respected when facility personnel are discussing you and your care.
11. To not be required to perform work for the facility unless the work is part of your treatment and is performed voluntarily by you. Such work shall be in accordance with local, state, and federal laws and rules.
12. To exercise civil and religious liberties, including the right to independent personal decision. No religious beliefs or practices or any attendance at religious services shall be imposed upon you.
13. To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services at SPTI.

As a patient you are responsible for:

1. Providing to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physical therapist(s).
2. Following the treatment plan recommended by your physical therapist involved in your case.
3. Providing an adult to transport you to physical therapy and home should you be unable to do so yourself.
4. Indicating whether you clearly understand contemplated course of action and what is expected of you.
5. Your actions if you refuse treatment, leave the facility against the advice of the physical therapist and/or do not follow the therapist instructions relating to your case.
6. Assuring that financial obligations of your health care are fulfilled as expeditiously as possible.

If you have any questions regarding your rights or responsibilities please discuss your concerns with us.