

WASATCH PEDIATRIC NEUROPSYCHOLOGY PATIENT AND FAMILY RIGHTS

WASATCH PEDIATRIC NEUROPSYCHOLOGY is dedicated to meeting your health care needs and to treating you and your child with the respect and consideration you deserve.

You and your child have the following rights:

- To receive health care, regardless of your race, religion, disability, sex, national origin, or ability to pay.
- To receive clinically appropriate care and treatment that is suited to your child and your family's needs and skillfully, safely, and humanely administered with full respect for your dignity and personal integrity.
- To have privacy, safety, and security maintained within the constraints of the treatment plan and unit rules.
- To receive necessary information in words you understand.
- To receive care that is respectful of your personal values and spiritual beliefs.
- To be informed of and participate in you/your child's care including: treatment planning, treatment procedures, use of observation and audiovisual equipment, and the cost of services provided.
- To have all information and records about your child's care kept confidential to the extent required by law. Confidentiality is not guaranteed in cases of child abuse, self-harm or harm to others, specific court order, and medical emergency.
- To access information in your child's records, in a timely fashion, to the extent required by law.
- To find out how your child's confidential health information may be used and what disclosures have been made as required by state and federal law.
- To request an amendment or correction to your or your child's confidential health information if you believe the information is incomplete or incorrect, as permitted by applicable law.
- To be told if any proposed treatment is for the purpose of research and to be able to consent or refuse to participate without the decision affecting your child's care.
- To request, at your expense, additional professional opinions about your child's care.
- To receive, upon request and in a timely manner, a copy of your itemized bill and an explanation of the bill.

You and your child have the following responsibilities:

- To be fully honest in telling us your history and information relating to treatment.
- To report any changes in your health status.
- To follow the treatment plan including attendance at required educational classes, parent groups, and therapy/counseling sessions.
- To be considerate of the rights of other patients and WASATCH PEDIATRIC NEUROPSYCHOLOGY staff. To respect the property of WASATCH PEDIATRIC NEUROPSYCHOLOGY.
- To be responsible for your actions and those of your child.
- To stay informed of your insurance benefits and to make sure your bill is paid as soon as possible.

Complaint/Grievance Process

Expressing your concerns will not negatively impact your child's care in any way. Our goal is to resolve these concerns while your child is receiving services at WASATCH PEDIATRIC NEUROPSYCHOLOGY. May we suggest the following process to address your concerns:

- Talk directly to clinical staff responsible for the care of your child.
- You may file a complaint or grievance about quality of care concerns with an external agency at any time.

Medicare and Medicaid Patients
Program of Certification: 1-800-999-7339
PO BOX 144103
Salt Lake City, UT 84114

Utah Bureau of Health Facility Licensing and
Certification
PO Box 144103
Salt Lake City, Utah 84114.

The above information has been reviewed with me and my questions answered to my satisfaction.

Parent/Guardian

Date

Staff

Date