Thera-Pēds
Pediatric Therapy

PATIENT RIGHTS AND RESPONSIBILITIES

RESPONSIBILITIES:

1. As a patient of Thera-Peds, LLC you have a right to be informed of your rights and responsibilities.
2. You are responsible for understanding the provisions of your health care coverage, including deductibles, co-pays, and referral or authorization requirements.
3. *All co-pays, co-insurance and deductibles are collected at the time of the visit.*
4. You are responsible for keeping your appointment.
5. You will be responsible for a $25.00 charge if you do not give a 24 hour notice of a missed appointment. Three (3) no-shows will result in your child being discharged from therapy. Excessive tardiness or cancellations could result in your child being discharged from therapy.
6. I guarantee that my bill with Thera-Peds, LLC will be paid, either through my insurance company or personally. All outstanding fees must be paid within 30 days.

RIGHTS:

1. The right to be informed in advance of admission to Thera-Peds, LLC:
   **Orally and written of your rights and responsibilities;
   **Informed of care and treatment to be provided;
   **Informed of changes in your child's care plan;
   **Informed of services that will be billed to your insurance;
   **Informed of any non-covered services that you may have to pay for, if known.
2. The right to be treated with courtesy, dignity and respect.
3. The right to treat others (therapists, support staff, other patients) with respect.
4. The right to accept or decline services at any time.
5. The right to receive an explanation of the forms you are asked to sign.
6. The right to participate in the evaluation and treatment plan of your child.
7. The right for confidential communication with your child's therapist.

My signature acknowledges that I have been informed of my rights as a patient.

_____ _____
Signature Date

_____ _____
Relationship to Patient Patient Name