



Patient Rights and Responsibilities

Consent to Privacy Practices

Patient Right:

1. The patient has the right to considerate and respectful service.
2. The patient had the right to obtain service without regard to race, creed, national origin, sex, age, disability diagnosis or religious affliction.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to voice grievances without fear to termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify Dickson O&P, LLC of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Dickson O&P, LLC in such instances.
3. The patient should promptly notify Dickson O&P, LLC of any changes to their address or telephone.
4. The patient should promptly notify Dickson O&P, LLC of any changes concerning their physician.
5. The patient should notify Dickson O&P, LLC of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/ companies does not pay.

Notification of Information Practices

Your consent

I understand that as part of my healthcare, this organization, originates and maintains health records describing my health history, symptoms, test results, diagnoses, treatment, and plans for future care treatment; I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among my diagnosis/es and other health information of my bill(s).
- A means by which my health plan or health plan or health company can verify that services billed were actually provided.
- A tool for routine health care operations in the organization, such as ensuring that we have quality processes and programs in place and making sure that the professionals who provide your care and competent to do so.

I understand that:

- I have been provided with a Notice of Information Practices that provides specific examples and descriptions of how my personal health information is used and disclosed by Dickson O&P, LLC
- I have the right to review the Notice of Information Practices prior to signing consent;
- Dickson O&P, LLC can change its Notice information Practices but notify me of those changes before they are put into practice and will mail me a copy of the new Notice to the address that I have provided;
- I may revoke this consent in writing at any time. Further, I am aware Dickson O&P can proceed with uses and disclosure that pertain to treatment, payment, or healthcare issues that took place before the consent was revoked.

I HAVE SIGNED SAYING I RECEIVED THIS INFORMATION.

PLEASE KEEP FOR YOUR RECORDS