

A to Z Therapies, LLC.

Client Name _____

STATEMENT OF RIGHTS

All services provided by A to Z Therapies, LLC Inc. follow the Department of Economic Security Division of Developmental Disabilities chapter 1500 Individual Rights and Responsibilities guidelines. This statement of rights discusses basic rights related to the provision of rehabilitation. Specific rights in this form are not meant to be all-inclusive:

- 1). the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part creating and changing the plan and evaluating care and services;
- 2). the right to be told in advance of receiving care about the services that will be provided the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available;
- 3). the right to be told in advance of any change in the plan of care and to take an active part in any change;
- 4). the right to refuse services or treatment;
- 5). the right to know, in advance, any limits to the services available from a provider, and the providers grounds for a termination of services;
- 6). the right to know that there may be other services available in the community, including other home care and rehab services and providers, and to know where to go for information about these services;
- 7). the right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, AHCCCS, or other health programs;
- 8). the right to have personal, financial, and medical information kept private; and to be advised of the providers policies and procedures regarding disclosure of such information;
- 9). the right to be allowed access to records and written information from records;
- 10). the right to be served by people who are properly training and competent to perform duties;
- 11). the right to be treated with courtesy and respect, and to have the patient's property with respect;
- 12). the right to be free from physical and verbal abuse;
- 13). the right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property;

- 14). the right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigated and attempt to resolve the grievance or complaint;
- 15). the right to know the name of the state or county agency to contact for additional information or assistance and;
- 16). the right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent without retaliation.

THESE RIGHTS ARE ESTABLISHED FOR THE BENEFIT OF PERSONS RECEIVING HOME CARE AND/OR THERAPY SERVICES AND MUST BE PROVIDED TO AN INDIVIDUAL AT THE TIME SERVICES ARE INITIATED.

YOU HAVE THE RIGHT TO COMPLAIN TO THE LICENSEE ABOUT THE SERVICE YOU RECEIVE. YOU MAY CONTACT THE PERSONS LISTED BELOW IN WRITING OR BY PHONE. THE LICENSEE SHALL TAKE NO ACTION THAT NEGATIVELY AFFECTS A CLIENT IN RETALIATION FOR A COMPLAINT MADE BY THE CLIENT.

CONTACT:

Kristin Rodgers, Privacy Officer
PO Box 12285
Glendale, AZ 85318
(602) 439-7400

YOU ALSO HAVE THE RIGHT TO COMPLAIN TO THE FOLLOWING OFFICE;

Division of Developmental Disabilities
Compliance and Review Unit
P.O. Box 6123 Site Code 791A
1789 W. Jefferson
Phoenix, AZ 85005

I CERTIFY THAT I HAVE BEEN INFORMED AND UNDERSTAND THE ABOVE STATEMENT OF RIGHTS, OF WHICH THE PROVIDER HAS PROVIDED A COPY TO ME.

SIGNATURE OF RECIPIENT OR GUARDIAN

DATE

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