

**CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES AT
MARSH BROOK REHAB (MBR)**

As a person who makes use of the services available at our clinic, you have the RIGHT:

- To receive considerate and respectful care at MBR without discrimination based on your race, creed, color, national origin, religion, sex, sexual preference, handicap, or age;
- To be given the information you need to give informed consent for treatment prior to your treatment being started and to consider use of alternative services which may be available to you;
- To receive complete information about and/or participate in the development of your plan of care and the updating or reassessment of that plan;
- To refuse medical treatment or other services provided and to be informed of the possible results or consequences of your refusal;
- To know that information about your health, social and financial circumstances and about what takes place during your care is considered private and confidential;
- To know that all verbal communications and written records pertaining to the services you receive will be handled confidentially;
- To expect that all clinic staff employed by MBR will, within the limits of your plan of care, respond in good faith to your requests for assistance in any way;
- To receive information about the clinic's operations, policies and procedures, such as information on service costs, qualifications of staff, supervision of staff, and your eligibility for third-party payment(s);
- To receive services as is needed and available to meet your health care needs;
- To examine all bills for services regardless of whether they are paid for by you or by other sources;
- To be given information about any anticipated transfer of your health care to another facility and/or ending of the care provided to you;
- To voice a grievance and/or suggest a change in what service is provided and/or the staff that provides it without fear or being threatened, discriminated, or otherwise retaliated against.

As a MBRS consumer you have the RESPONSIBILITY:

- To give accurate and complete health care information concerning past illnesses, prior hospitalizations, medications used, allergies, and other subjects related to your health care;
- To inform the clinic when you will not be able to keep an appointment for a scheduled visit;
- To follow your current plan of treatment;
- To request further information concerning anything which you do not understand;
- To sign a Fee Agreement informing you of your financial responsibility for payment of services not covered by your insurance company; and
- To give honest feedback, preferably to someone who has a supervisory role at the clinic, regarding concerns or problems you have about clinic services or staff.