



**PATIENT RIGHTS**

1. You have the right to considerate and respectful care. This includes consideration of your communication preferences, psychosocial needs, personal values, belief systems, and dignity.
2. You have the right to communicate with those responsible for your care, and to receive information concerning the nature of your medical condition, the planned course of treatment, prognosis, and progress throughout the rehabilitation process.
3. You have the right to communicate any pain or discomfort you may have during your care and to stop treatment at any time.
4. You have the right to inquire about the name and role of anyone treating you if you do not know.
5. You have the right to ask questions regarding the benefit of any treatment we provide, including possible risks or side effects.
6. You have the right to examine and receive an explanation of your bill, regardless of your source of payment.
7. You have the right to access the information contained in your medical record.

**PATIENT RESPONSIBILITIES**

1. You are responsible to schedule all of your appointments as recommended by your physical therapist in accordance with your individualized treatment plan.
2. You are responsible for arriving promptly for all scheduled appointments, and to call us if you are running late, so we can plan accordingly or offer an alternate appointment time.
3. You have the responsibility to accurately and thoroughly share your medical history, including any recent physical therapy sessions you may have received elsewhere, and other treatments you are receiving concurrently with your physical therapy sessions, as these may impact your response to the treatment we provide, regardless of the specific area being treated.
4. You have the responsibility to ask any questions that you may have to help you understand the rehabilitation process, your examination results, and your individualized treatment plan at each and every physical therapy visit.
5. You have the responsibility to ask if you do not understand any directions, recommendations, or exercises given to you.
6. You have the responsibility to actively participate in your physical therapy program on a daily basis, including routine performance of your home exercise program to maximize the healing process and improve your overall function.
7. You have the responsibility to make known, as soon as possible, any issues or concerns to the appropriate personnel as soon as the event has occurred, so that action can be taken to correct any problem concerning personnel, policy, or procedure.

**NOTICES OF PRIVACY PRACTICES**

All patient records are treated with the utmost privacy and confidentiality at MotionWorks Physical Therapy. The Notice of Privacy Practice (NPP) tells you how we may use and disclose your health information in accordance with applicable laws. It also describes your rights regarding how you may gain access to and control your health information. We encourage you to read the NPP in its entirety. It is available at our reception desk and at our website at [www.motionworkspt.com](http://www.motionworkspt.com).

- We will use and disclose your health information in the course of providing, coordinating, and managing your medical treatment, and to obtain payment for the health care services provided to you.
- We will use and disclose as needed your health information to support our business activities.
- We may contact you and/or leave a voice or e-mail message to remind you of your scheduled appointment.
- A patient's written consent need only be obtained one time for all subsequent care given the patient in this office. The patient may provide a written request to revoke consent at any time during or after care. This would not affect the use of records for the care given prior to the written request to revoke consent, but would apply to any care given after the request was received.
- We have taken all precautions possible to assure that your records are not readily available to those who do not need them. You have the right to file a formal complaint about any possible violations of these policies and procedures.
- If the patient refuses to sign this consent form for the purposes of treatment, payment, and health care operations, MotionWorks Physical Therapy has the right to refuse care.

**RELEASE OF RECORDS**

MotionWorks Physical Therapy (Murphy and Associates Physical Therapy, LLC) will not release any medical records without a signed release on file from the patient. MotionWorks Physical Therapy will release to patients and/or their designated recipients one copy of all medical records at no charge upon receipt of a signed release form. Additional copies will be provided when given a 24 hour notice and payment of a \$1 per page, plus reimbursement for the cost of mailing the records, if applicable.

**I acknowledge that I have received the MotionWorks Physical Therapy Notice of Privacy Practices. I have read and understand how my Private Health Information will be used, and I agree to these policies and procedures.** I understand that MotionWorks Physical Therapy has a right to update its Notice of Privacy Practice at any time, and that I can request a copy of the revised NPP.

\_\_\_\_\_  
Signature of Patient/Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient/Patient Representative (Print)

\_\_\_\_\_  
Date