PATIENT RIGHTS/GRIEVANCE FORM

Patient utilizing rehabilitation services are entitled to:

1. Licensed/certified clinicians to evaluate all admissions and if deemed necessary and reasonable, initiate an appropriate plan of treatment under the order of the physician.

2. A clean, safe, healthy environment and proper infection control procedures as determined by clinical guidelines.

3. Assessment of functional levels using appropriate evaluative techniques.

4. Protection of privacy and confidentiality. Photography, video recording or audio recording of any kind, by a patient or Encore employee, is strictly prohibited within the premises of any Encore Rehabilitation facility without permission of the Facility Director and documented consent of the patient. This policy is in place to protect patient privacy, enhance confidentiality, and maintain security.

5. Patient teaching and/or family education as each individualized treatment process from his/her admission through discharge.

6. Inclusion of the patient and patient’s family in the rehabilitation treatment process from his/her admission through discharge.

7. Orientation to rehabilitation services including the physical setting, expectations, outcomes, treatment programs and scheduled therapy services.

8. Be treated with consideration, respect and full recognition of dignity and individuality.

9. Voice grievances regarding treatment or care that is (or fail to be) furnished or regarding the lack of respect by anyone furnishing services and must not be subjected to discrimination or reprisal for doing so. Grievances may be reported to the Clinical Director or the Corporate Office. The Corporate Office number is (256) 350-1764.

I have read and fully understand my above patient rights.

Patient’s Name (Printed) _________________________________

Patient’s Signature________________________________ Date _______________