Patient Rights and Responsibilities

**Disclaimer**

The health and well-being of patients/clients depends on a collaborative effort between patient and the healthcare provider in a mutually respectful alliance. Patients contribute to this alliance when they fulfill responsibilities they have, to seek care and to be candid with their healthcare providers**.** This content may not be copied or used in any way. By reading this Notice of Patient Rights and Responsibilities, no healthcare provider-patient/client relationship is created by this website or its use. This includes, iPSYCHS employees, contributors to this website, making any representations, express or implied, with respect to the information provided within this website or to its use. Please review all information in this notice carefully.

The owners of this website will make reasonable efforts to include up-to-date and accurate information on our website, but make no representations, warranties, or assurances as to the accuracy, currency, or completeness of the information provided. The owners of this site shall not be liable for any damages or injury resulting from your access to, or inability to access, our website, or from your reliance on any information provided on our site.

**Patient Rights**

*Your Human Rights*

You have the right to receive considerate, respectful, and compassionate care in a safe setting regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex (sexual orientation, gender identity or expression and pregnancy), protected veteran status, marital status, genetic information, or any other protected characteristics under applicable federal, state, or local law. You have the right to receive care in a dignity-preserving, safe environment, free from all forms of abuse, neglect, harassment, or mistreatment.

*Your Language and Interpretation Services*

Telephonic foreign language interpretation is available for those patients whose first language is not English.  Let any member of your care team know that you’d like access, and we’ll work to initiate a conference call with an interpreter.

Assistive aids and devices, interpreter and translation services, and other accommodations are available to patients with hearing, vision, or other physical impairments. We will do our very best to accommodate your needs. Please ask any member of your care team for assistance.

*Your Communication*

You have the right to a complete and understandable explanation of your illness, treatment, pain, alternatives and expected outcomes from treatment, including unexpected prognoses. You have the right to be communicated in a way that you can understand. The information given will be appropriate to your age, understanding and language. We will provide sign language and foreign language interpretive services as needed at no cost. If you have speech, hearing, vision, or other impairments, you will receive additional aids to meet your needs, which is also discussed in iPSYCHS Non-Discrimination Notice.

*Your Healthcare*

You have the right to bring visitors, who you designate, including but not limited to, a spouse, a domestic partner, another family member, or a friend in your appointments, other applicable fees may be applied in billing coding. Patient visitation is only restricted by clinical personnel when the visitor’s presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated for you.

You have the right to access, request amendment to, and obtain information on disclosers of your health information. Additionally, you can expect that your health record is maintained confidentially to the extent permitted by law. You have the right to obtain a copy of your health record by contacting the Privacy Officer at (888) 779-2470. General notes are kept in your chart, but in-depth notes will require advance notice for reproduction and the patient will be responsible for applicable production costs. By law, healthcare providers retain ownership of general notes and if you wish to obtain detailed notes, please contact the Privacy Officer and your designated healthcare provider.

You have the right to make decisions about your care, including the right to refuse care, the right to immediately terminate services, and the right to be informed in writing of potential health risks related to care refusal or departure. You do not have the right to demand treatment or services deemed medically unnecessary or inappropriate by our behavioral healthcare and healthcare providers.

You have the right to identify an alternative decision maker should you become unable to make informative decisions related to your health care.

*Your Treatment*

You have the right to give or withhold informed consent. The informed consent process will include a discussion about potential benefits, risks, and side effects of your planned treatment as well as the likelihood that you will achieve your goals and any problems that might occur during your recovery.

You have the right to give or withhold consent for recordings, photographs, films, or other images of you to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You do not have the right to take any photographs, video or audio recordings of team members, other patients, visitors, or health care operations without their consent. Human rights are based on mutual understanding of other differences in belief systems.

You have the right to participate or refuse to participate in medical research studies. You may withdraw from a study at any time without impacting your access to care. You have the right to know the names and roles of the members of your health care team. You have the right to be free from abuse through access to advocacy and protective service agencies. We will provide a list of protective and advocacy resources. You have the right to spiritual care and religious support services consistent with personal beliefs. You may ask your staff Privacy Officer to contact an employee who specializes in Pastoral Counseling.

You also have the right to voice a complaint and recommend changes freely without fear of being subjected to coercion, discrimination, reprisal, or unreasonable interruption of care. If you have a problem or complaint, you may share it with your healthcare provider and/or team. Our niche is behavioral healthcare, and we pride ourselves on being professional communicators, if the patient communicates with respect and decorum, otherwise communication will cease until the patient/client can meet those two requirements.

**Patient Responsibilities**

*Your Liabilities*

You are responsible for providing complete and accurate information about your identification, health, medical history, and personal data, including address, telephone number, date of birth, social security number, insurance, and employer.

You are responsible for attempting to understand your medical problems. If you are unsure, please ask questions of your healthcare provider or providers when you do not understand medical explanations or treatment plans. If you are unable or unwilling to follow the plan of care, you are responsible for informing your provider who will explain the potential medical risks of not doing so. You are responsible for the outcomes of not following your plan of care. You are responsible for following your plan of care, including purchasing supplies, medications and other items required for self-care at home and knowing the consequences of not following the treatment plan. You are responsible for reporting changes in your condition to your caregivers who are responsible for you.

You are responsible for providing complete and accurate information about your health and medical history including present condition, medications, past surgeries, and hospitalizations to have an accurate overview of your behavioral health history to best treat you.

You are responsible for notifying staff if you feel that your rights are being violated and/or perceive a safety risk.

You are responsible for leaving your personal valuables at home and only taking necessary items to in-person sessions. We will not be held responsible for lost items.

You are responsible for honoring confidentiality to fellow patients. You are responsible for extending courtesy and respect to all iPSYCHS staff, affiliates, fellow patients, and visitors. You are responsible for following all iPSYCHS notices, policies, rules, and safety regulations.

You are responsible for meeting your financial obligation to iPSYCHS for behavioral health. We are committed to your care, but also, healthcare is a business, there are costs for staff, resources, equipment, and miscellaneous expenses that go into your excellent level of care that you will receive at iPSYCHS. This includes providing accurate medical insurance information or complete and accurate information for financial screening.

*Your Designated Support Person*

A designated support person is an individual who is eighteen years of age or older, knowledgeable about the needs of the patient and who is designated to provide necessary support and assistance, including physical assistance, emotional support, and assistance with communication or decision-making.

However, such a designated support person will be required to comply with all reasonable requirements of our healthcare business, and be restricted to specific areas of the premises, to protect health and safety. Our facility may request documentation indicating that a patient has a disability or perform an objective assessment if no documentation is provided.

**Changes to Our Patient Rights and Responsibility Notice**

We reserve the right to update or change this Patient Rights and Responsibility Notice at any time. If we make a material change to our Patient Rights and Responsibility Notice, we will provide notice to you via email and/or posting on our website that our privacy practices have changed and will provide a link to the new policy. The date this Patient Rights and Responsibility Notice was last revised is at the bottom of this page. We encourage you to review this Patient Rights and Responsibility Notice periodically to check for any updates or changes. We will post a summary of the current notice at each iPSYCHS in-person office locations and on our website.

**Questions**

If you have a question about this Patient Rights and Responsibility notice, please contact:

Privacy Officer

iPSYCHS

PO Box 2216

Glen Allen, VA 23058

Phone : (888) 779-2470

Email : Privacy.Officer@ipsychs.com

Website: [www.ipsychs.com](http://www.ipsychs.com)

Revised Date: May 2024