1800 Second Street NE, Minneapolis MN 55418 | 612-789-1236 | www.actg.org

Rights and Responsibilities of Clients and/or Legal Guardian

A Chance to Grow services emphasizes a holistic, integrated approach, which involves clients and their families in evaluation and treatment. Certified and licensed Occupational Therapists, and Speech/Language Pathologists, Audiologists, and Optometrists staff the clinic's comprehensive rehabilitation/habilitation service.

The clinic offers multiple, coordinated services designed to minimize the effects of brain-related conditions such as autism, cerebral palsy, CVA, developmental delays, Down syndrome, seizure disorders and traumatic brain injury. The Clinic staff are trained in neurophysiology and work as a team to target and treat multiple areas of disability. Clinicians use an interdisciplinary approach designed to meet the client's individual needs. Clinicians not only work closely with each other; they also coordinate services with the client's physician and school staff.

While receiving treatment at A Chance to Grow's Facility the client has the following rights:

1. To be granted access to care and treatment that is available and medically necessary, regardless of race, creed, sex, national origin, disability or sources of payment for care.

2. To be treated with respect and courtesy.

3. To receive care that supports the client's emotional, educational, and developmental needs.

4. To receive, from the clinician, an explanation of any procedures or treatment, so that you may give your informed consent. You should be told about the plan of care, medical risks, benefits and alternative methods of treatment, if they exist. (In a life-threatening emergency, this may occur after treatment is provided.)

5. To obtain complete and current information about the client's diagnosis, treatment and proposed future health care needs provided in language you can understand. You have a right to participate in care decisions.

6. To be informed of and consent to participate in any experimental treatments or research studies that may directly affect the client's care and the potential risks, benefits, discomforts and alternatives.

7. To have pain assessed and to participate in how the pain is managed.

8. To refuse treatment in accordance with the law and to be informed of the medical consequences of that refusal.

9. To know about the organization's processes to help you resolve problems or concerns about the client's care. You may express your concerns to your attending physician, or any member of our healthcare team.

Any client or family member may share their concerns by contacting:

Minnesota Health Facility Complaints
Minnesota Department of Health
85 E. 7th Place, suite 300
P.O. Box 64970
Saint Paul, MN 55164-0970

or:

Health Standards and Quality
Center for Medicare Services (Region V Chicago Office)
233 N. Michigan Avenue, Suite 600
Chicago, IL 60601
Ph: 312-886-6432 Fax: 312-353-0252

10. To know the names and qualifications of the client's specialists. You also have the right to know if the organization has relationships with outside parties that impact the client's treatment and care. These relationships may be with educational institutions, other health care providers or insurers.

11. To have the client's medical record information treated confidentially, as described in the A Chance to Grow's Notice of Privacy Practice, and by the HIPPA laws. (Available upon your request)

12. To expect that the client's visit will be as safe and comfortable as possible and that any form of restraint will be used only when medically necessary.

13. To designate a family spokesperson to work with the staff if ethical issues arise in the care of the client.

14. To not be transferred to another facility unless the need for transfer and the alternatives to the transfer are completely explained to you. The transfer will occur only if acceptable to you and the receiving facility.

15. To examine and receive an explanation of your charges regardless of payment source.

16. To be informed at time of admission or outpatient treatment about your rights and responsibilities and as needed thereafter.

17. To be told about access to child and adult protective services if the need for those services is apparent.

18. To be informed about the outcomes of care, treatment and services, including unanticipated outcomes.

Reference: A Pediatric Bill of Rights, Association for the care of Children's Health, 1991
THESE RIGHTS ARE ESTABLISHED FOR THE BENEFIT OF THE PERSONS RECEIVING THERAPY IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR THE PERSON PROVIDING YOUR THERAPY SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, OR THE MINNESOTA DEPARTMENT OF HEALTH.

Licensee Name: A Chance to Grow, Inc.
1800 Second Street NE
Minneapolis, MN 55418
(612) 789-1236

Name/Title of person to whom complaints, problems, or concerns are made: Julie Neumann, MA, OTR/L
Director of Outpatient Services (612) 789-1236

I have been provided a copy of the Patient Bill of Rights. I have read, or had them explained to me. I understand the Bill of Rights and have had a chance to have all of my questions/concerns answered.

Client name_____ Date_____

<u>If Minor or client under the care of a guardian/parent:</u>

Client or Guardian Signature: _____ Date: _____

(7/01/2018)