



## **Patient Rights and Responsibilities**

CREATIVE HANDS ABA is dedicated to helping children with Autism Spectrum Disorders (ASD), Intellectual Disabilities, and other behavioral disorders in order for children to reach their highest potential, thus improving the quality of their lives. It is important to us that you and your family members feel welcome at our agency. You should know your child's rights as a patient and your rights and responsibilities as a parent. If you have any questions about these rights and responsibilities, contact us.

### **Your Legal Rights**

You have the right to respect, privacy, emotional support, confidentiality, and security of information that supports you as a family. You have the right to have fair and respectful access to the resources of Creative Hands ABA necessary for your child's care without regard to age, race, color, religion, culture, language, physical or mental disability, socioeconomic status, sex, gender identity or expression, sexual orientation, or in the case of emergency treatment, source of payment.

### **You Also Have the Right to:**

- Receive an explanation of all papers you are asked to sign.
- Change your mind about any procedure for which you have given consent.
- Refuse to sign a consent form you do not fully understand.
- Refuse treatment and be informed of the medical results of this action.
- Receive information and instructions in ways that are understandable to you.
- Have accommodations made for your religious preference or spiritual services.
- Take steps to resolve grievances (complaints) by contacting the patient representatives who review and respond in writing when needed.
- Be free from all forms of abuse and/or harassment.
- Request additions to your child's medical record.

### **Playing Your Part**

You and your child have the responsibility to:

- Provide accurate, complete information about present complaints, past illnesses, hospitalizations, medicines and other matters related to your child's health that facilitate their care, treatment and services.
- Produce, upon request, documentation of the right to consent for your child's admission to services and treatment.
- Ask for an explanation if you do not understand papers you are asked to sign or anything related to your child's care.
- Report unexpected changes in your child's condition to the responsible caregiver.



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- Follow the policies, rules, and regulations of the Creative Hands ABA that are in place to support quality care and a safe environment for all individuals.
- Keep appointments and call to cancel or change an appointment as soon as possible.
- Respect the rights and privacy of others.
- Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff.
- Meet the financial responsibilities associated with your child's care.

**Partners In Care**

You and/or your child should expect:

- Personal privacy is to be respected to the fullest extent, consistent with the care prescribed.
- Privacy with regard to protected health information (PHI).
- Personal values and belief systems to be respected.
- Records pertaining to care, including the source of payment, are to be kept confidential.
- Access to records to be granted within a reasonable time frame and only to you or to those persons to whom you grant written permission or who are permitted by law.

I have read and understood my patient rights and responsibilities.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's DOB

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date