

Journey Through Healing Chiropractic Center, LLC

830 Saginaw Street South
Salem, OR 97302

Tel 503-480-0200 Fax 503-480-0203
journeythroughhealingchiropractic.com



Statement of Patient Rights and Responsibilities

Our Patients have the right to:

SERVICES

- Regardless of your race, sex, religion, age, ethnic background, linguistic preference, education, social class, economic status, sexual orientation, or handicap.
- Provide a private, protected and humane service environment to meet your individual needs.

RESPECT

- Receive care that respects and is sensitive to you cultural, psychological, and personal values and beliefs
- A copy of any rules or regulations related to the conduct of patients
- To expect that our employees be sensitive to your needs and feelings

PRIVACY and CONFIDENTIALITY

- To know that your records and communication are confidential to the extent provided by law.
- Access, request changes to, and receive a list of disclosures regarding his or her own health information as permitted by law.
- Confidentiality, privacy, and protection of personal dignity during examination and treatment.

CONTINUUM of CARE

- Referral to other services and agencies that is / are necessary for continuity of care.

INFORMATION and TREATMENT

- Know your diagnosis, treatment, prognosis, and possible consequences of treatment.
- Be informed of and involved in decisions about your care, treatment and services that would enable you to give informed consent.
- Refuse any suggested treatment, and the right to discontinue treatment at any time.
- Know the name and qualifications of anyone who is involved in your care.
- Have a guardian or surrogate decision maker, as allowed by law, when you cannot make decisions about your care, treatment and services.
- Have your guardian, family, with your permission or the surrogate decision maker, to be involved in care, treatment, and service decisions.
- Obtain, question and discuss a full accounting of charges for your care regardless of the source of payment.

COMMUNICATION

- Have all communication in a language that you can read and clearly understand

COMPLAINTS

- Be involved in resolving issues about your care, treatment and services.
- File or request assistance in filing a complaint about services or the treatment being provided.

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Our Patients have the Responsibility to:

PROVIDE INFORMATION

- Provide the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health.
- Assist in obtaining information from other providers through the release of information.
- Report perceived risks in their care and unexpected changes in their condition.
- Provide feedback about service needs and expectations.
- Let us know of changes in address, phone number, or other requested information.

PARTICIPATE in TREATMENT

- Participate in development of mutually agreed-upon treatment plans.
- Follow the care, treatment, and service plan developed.
- Ask questions when unable to understand their care, treatment and services or what they are expected to do.
- Express concerns about the proposed care plan or course of care, treatment and services.
- Be informed of the consequences of care, treatment, and service alternatives if changes are not recommended.

FOLLOW RULES and REGULATIONS

- Arrive on time for all scheduled appointments.
- Comply with signed patient contracts.
- Refrain from wearing perfumes, cologne and body sprays.
- No smoking within 10 ft of the building. (per Oregon Law)

SHOW RESPECT and CONSIDERATION

- Be considerate of staff, patients, and agency property.
- Provide at least 24 hours' notice when cancelling appointments, or a \$25 charge could be assessed and applied to your account.
- The Doctor(s) are busy with patients on a regular basis, if you drop in unexpectedly please be prepared to wait or to schedule an appointment to see the Doctor(s) when they are available.

MEET FINANCIAL OBLIGATIONS

- Follow all insurance company guidelines about how to access services.
- Pay for all services not covered by insurance at time of visit.
- Take financial responsibility for payment of all charges including:
 - Bringing in your insurance card each time you come to the clinic, if insured.
 - Provide information about all insurance that is available for treatment.
 - Pay appropriate charges at the time of your visit.
 - Bring in documentation of eligibility for a discount in a timely manner if you are uninsured.
 - Bring in all Oregon Health Plan information eligibility forms in a timely manner, as needed.
 - Contact the Billing Department immediately to make payment arrangements if you have an outstanding bill.

Patient Signature: _____ Date: _____