



9235 Shady Grove Road, Suite 201 Mechanicsville, VA 23116

Phone: 804.789.1180 Fax: 804.789.1181

www.DuValPT.com

Patient's Rights and Responsibilities

Please Print Clearly:

My Name is

I, _____, am a responsible patient/client.

I have the following rights:

- The right for disclosure regarding costs.
- The right for disclosure regarding benefits.
- The right to make decisions regarding WHAT HAPPENS TO MY BODY or to _____ (client name if other than self).
- The right to question risk associated with any proposed treatment.
- The right to request expected benefits of any proposed treatment.
- The right to request a comparison of the benefits and risks possible both with and without any proposed treatment.
- The right to request an explanation of reasonable alternatives to any proposed treatment.
- The right to access care with Integrative Manual Therapy (IMT).
- The right for a plan of continuity of care.
- The right to be involved in the goals of treatment and plan of care.

I, _____, am a responsible consumer.

I agree to the following:

- I will be responsible for financial reimbursement for all services rendered.
- I will recognize that I am responsible for disclosure of any and all information considered pertinent by management and clinical associates.
- I will inform management and clinical associates in writing and in a timely manner whenever I require any change in status regarding the above rights and privileges.

Signature of Client/Guardian _____ Date _____