



## Patient Rights and Responsibilities

Patients (parents of minors) have the right to:

- Refuse to participate in treatment.
- Communicate feedback, including complaints, to the Seacoast Keystone Therapy team. All complaints should be in writing and can be emailed, mailed or hand delivered. Written complaints will be reviewed and responded to in writing within ten business days.
- Not to be discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information or source of payment.
- Accurate and easily understood information regarding treatment procedures or treatment programs. If you don't understand something about the healthcare being provided, help should be given so that you can make informed decisions.
- Know your treatment options available and take part in decisions about the care provided.
- Talk privately to healthcare providers, and to have healthcare information protected. You also have the right to read and copy your own medical records.
- Expect to treat Seacoast Keystone Therapy employees and other patients and families with respect.
- Expect to be invited, but not expected, to participate in treatment sessions and programs.

I understand and agree to comply with all standards set for by Seacoast Keystone Therapy, LLC. I certify, by my signature below, that I am agreeing to comply with the patient rights and responsibilities listed above.

Parent Signature:	Date:
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