

Patient Bill of Rights

Northern Orthopedics provides the Bill of Rights to their patients in the interest of promoting and protecting the dignity and individuality of those we serve.

As a patient, you are entitled to the following:

- Receive a copy of the Bill of Rights at the start of service.
- Considerate and respectful care that is provided equally to our patients regardless of age, race, sexual orientation, ethical or political beliefs, mental or physical handicap, payer source and religion.
- Be fully informed in advance about the care and treatment to be furnished by Northern Orthopedics.
- Participate in the planning or changes of care and treatment.
- Know the name and function of the certified practitioner (CPO) providing care and treatment.
- Our CPOs can be reached after office hours and weekends by calling our Answering Service at 751-4507. Remember to leave your current return call number.
- Our personnel/staff are qualified professionals with the required education, experiences, current knowledge and skill to provide the services prescribed by your physician.
- You will be provided with appropriate care instructions in the use and maintenance of your prosthetic and / or orthotic appliances and supplies.
- Refused prescribed treatment. The treating certified provider must clarify the possible consequences resulting from the refusal, and answer your concerns.
- Oral grievances without discrimination or reprisal pertaining to treatment or lack of it as deemed necessary.
- Confidentiality of all patient's clinical/medical records.
- Respect of your property in our office.
- Be fully informed of the availability of the State HHA Hotline to report abuse, neglect or exploitation, after attempting to resolve issues with the agency administration.
- Be fully informed of what to do in an emergency situation while in our clinic.
- To receive a detailed receipt / invoice of services rendered to you.
- To expect any follow-up care, adjustments or warranty work will be performed without additional charges for 90 days from delivery of your prosthetic or orthotic appliance. Additional warranties may apply. Charges will apply for any service covering physical changes, neglect or abuse, or physician prescription changes.
- Where appropriate, we will advise patients of rental or purchase options, of inexpensive or routinely purchased equipment.

As a patient I have the responsibility to:

- Cooperate with the Northern Orthopedic staff in following the prescribed care plan including instructions.
- Be responsible for the prompt payment of my account, regardless of insurance status.
- I will treat Northern Orthopedics' staff with consideration and respect.
- I will notify Northern Orthopedics when I am unable to keep an appointment.
- Present copy of insurance card and /or insurance payment information.
- Keep our office updated on address and phone number changes.