



Anxiety and OCD Treatment Center of Ann Arbor

Providing evidence-based treatment across the lifespan

Patient Rights and Responsibilities

AS A PATIENT, YOU HAVE THE FOLLOWING RIGHTS

Right to Treatment

- You have the right to receive considerate, respectful, and compassionate care regardless of your race, religion, ethnicity, culture, language, sex, age, sexual orientation, gender identity or expression, physical or mental disability, or socioeconomic status.

Information about your Diagnosis and its Treatment

- You have the right to be told the nature of your diagnosis in terms that you can understand, the reason clinicians believe you need the recommended treatment, and the availability of alternative treatments. You have the right to know the name and position of your clinician and any other staff responsible for your care and treatment.
- You have the right to be informed about outcomes of care, treatment, and services provided, including unanticipated outcomes.
- You have the right to know the potential risks and benefits of receiving evidence based treatment

Right to Access Medical Records

- You have the right to see your own treatment records within the limits of the law, unless doing so would result in serious harm to you.
- You have the right to release your records to others when authorized by you or otherwise allowed by law.

Right to Consent and Refuse Treatment

- You have the right to consent to or refuse treatment (medications, therapy, etc) at any time, except in an emergency or when a court has appointed a guardian to give consent for you or has ordered a particular treatment for you.
- You have the right to agree or refuse to take part in medical research studies. You may withdraw from a study at any time.
- You have the right to know the names and professional titles of your prescribers and caregivers.

Participation in Treatment Planning

- You have the right to receive an evidence based treatment that is based upon national treatment guidelines informed by current scientific research
- You have the right to participate in the development and implementation of your plan of care.
- You have the right to be involved in your discharge plan. You can expect to be told in a timely manner any recommendations for discharge from our clinic or changes in your plan of care (i.e.. different type of treatment recommended).

Right to Financial Information

- You have the right to be provided a fee schedule by the clinic, and the right to contact your insurance carrier to determine the extent to which they may cover.
- You have the right to an examination and explanation of your bill, regardless of how it is paid.
- You have the right to know about professional and financial ties between institutions and people caring for you.

Right to Voice Concerns and File a Complaint

You have a right to voice your concerns about the care you receive. If you have concerns, you have the right to the following complaint process:

- Tell your clinician directly about your concern. If you feel uncomfortable about discussing your concern with your clinician, you have the right to discuss your complaint with our Office Manager (frontdesk@anxietyannarbor.com) or complete our Feedback form located at <http://www.anxietyannarbor.com/contact-us.html>
- If this does not resolve your concern, you have the right to talk to members of the ownership team
- If this does not resolve your concern, you have the right to contact the Washtenaw County community mental health services program to discuss any questions you may have about your rights or to get help making a complaint. The Washtenaw County Recipient Rights Officer of the Day is available weekdays during regular business hours at (734) 219-8519

AS A PATIENT, YOU ARE RESPONSIBLE FOR

Providing the Anxiety and OCD Treatment Center with complete and accurate information when required, including the following:

- your full name, address, home telephone number, date of birth
- Social Security number
- insurance carrier
- employer
- your health and medical history, including: present condition, past illnesses, previous hospital stays, medicines, vitamins and herbal products
- any other matters that pertain to your health, including perceived safety risks

Treatment Responsibilities

- You have the responsibility to ask questions when you do not understand information or instructions
- You have the responsibility to tell your prescriber if you believe you can't follow through with your treatment plan
- You have the responsibility for potential negative outcomes if you do not follow the treatment recommendations provided by your clinician
- You have the responsibility to report changes in your condition or symptoms, including changes in safety risk, to your provider

Concerns and Complaints Responsibilities

- You have the responsibility to follow the clinic's grievance process (as outlined in the Rights section above as well as on our website) if you have any concerns or complaints.

General Conduct Responsibilities

- You have the responsibility to act in a considerate and cooperative manner and respect the rights and property of others
- You have the responsibility to review and understand all information provided to you, including:
 - all rules, regulations, and treatment recommendations of the Anxiety and OCD Treatment Center of Ann Arbor, including but not limited to those outlined in the Clinic's Evaluation Contract and Practice Agreement.
- You have the responsibility to keep your scheduled appointments or canceling them in advance per clinic policy as outlined in the Evaluation Contract and Practice Agreement.

Financial Responsibilities

- You are responsible for confirming your financial obligations (as outlined in the Evaluation Contract as well as Practice Agreement) and for making financial arrangements to cover these costs for treatment prior to engagement in the assessment or treatment process
- You are responsibility for paying any fees at the time of service
- You are responsible for paying any outstanding balances prior to attending another appointment

My signature below indicates I have reviewed the Center's Patient Rights & Responsibilities and I understand that my violation of any of these is potential grounds for discharge from the Center. _____

Signature

date