Daily Planet Health Services
Patient Rights and Responsibilities

It is the policy of the Daily Planet Health Services (DPHS) to support and protect the fundamental human, civil, constitutional, and statutory rights of each person receiving its health care services. Furthermore, each patient shall be informed of his/her rights in the language that the client understands and will receive a written copy of the Patient Rights & Responsibilities.

Fundamental Rights of Patient
To be treated with dignity and respect, and with the utmost of professional care, without regard to race, color, religion, national origin, gender, sexual orientation, source of payment, age, socioeconomic status, or disability.

Treatment Rights

1. To receive care and treatment from qualified and competent staff.
2. To participate in the development and revision of individual treatment or service plan.
3. To be given the reason(s) for any proposed change in professional staff responsible for services or treatment.
4. To be free from experimental research procedures.
5. To refuse or terminate treatment and to be informed of the consequences of these actions.
6. To be informed about diagnoses, services, treatment, and prognosis in terms that can be understood.
7. To participate in formulating discharge and follow-up care plans.

Communication Rights

To expect that all communications and records that pertain to patient services and treatment will be treated as confidential under state and federal law and that they are not released to anyone unless:

1. The patient consents in writing
2. The disclosure is permitted or required by law.
3. Patient presents as a danger to self or others.
4. Child or elder abuse or neglect is suspected and is reported under state law.

Other Rights

1. To initiate a complaint or grievance against DPHS or its staff.
2. To be informed of fees for which the client is responsible and the basis for the fees.
Patient Responsibilities

Every patient has a responsibility to:

1. Treat staff and other consumers of DPHS with respect and consideration.
2. Keep all appointments, arrive **15 minutes early**, to allow us to provide you with the best care possible.
3. Make every attempt to notify staff 24 hrs. prior to appointment time if unable to keep an appointment.
4. To participate in the development of a treatment or service plan with provider or treatment team.
5. To inform staff of any intention not to follow treatment or service plan, or of decision to discontinue services at DPHS.
6. To report any grievances or complaints, following the procedures provided at registration, or provided upon request.

There are very clear guidelines within DPHS’ Guidelines and Expectations that address violence, alcohol and drug use and the possession of weapons.

1. Violence or the threat of violence will not be tolerated, even in the act of self-defense.
2. Alcohol and/or illicit drug use is not allowed. If we suspect that you are under the influence of alcohol or drugs, you may be asked to leave the agency.
3. The possession of weapons of any kind is not permitted. No weapons or potential weapons are allowed on the property.

Acknowledgements:

_____ I have read and understand the Broken Appointment Agreement.

I have read the above rights and responsibilities of DPHS. My signature acknowledges my receipt of these rights and responsibilities of the DPHS programs.

_________________________________  ____________________
Patient Signature           Date

_____________________________________  ____________________
DPHS Staff Signature         Date