

## Patient and Family Rights

### You and your child have the following rights:

- To receive therapeutic care - regardless of your race, religion, disability, sex, gender preference or national origin- that is suited to your child's and family's needs
- To have privacy, safety, and security maintained, with regard to your Protected Health Information (protected medical records and personal information), in accordance with the HIPAA Privacy Act.
- To receive necessary information about your child's evaluation and/or treatment in language that you understand.
- To have all information and records about your child's care kept confidential within the extent of the law. *Confidentiality is limited by cases of suspected or known child abuse or neglect, self-harm or harm to other ideation, specific court order and medical emergency. In these cases, disclosure of Protected Health Information would be made to someone able to avert the threat to health or safety.*
- To inspect and request a copy of your Protected Health Information except as prohibited by law.
- To request an amendment of your Protected Health Information if you feel that it is incorrect or incomplete.
- To request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment or payment from third party entities.
- To request recommendations/referrals for additional professional opinions about your child's diagnosis or care.
- To receive upon request and in a timely manner a copy of your itemized bill for services rendered; help in filing insurance forms and arranging for financial payment options.

### Complaint/Grievance Process:

Expressing your concerns will not negatively impact your child's care in any way. Our goal is to resolve your concerns in way that maximizes your satisfaction with the services that your child and family receive. The following are suggestions for a process to address your concerns:

- Talk directly with your psychological examiner/therapist who has been guiding your child's care.
- If your concern cannot be adequately resolved, you may file a complaint or grievance about quality-of-care concerns with an external agency at any time.

Medicaid Patients  
Program of Certification: 800-999-7339 PO Box 144103  
Salt Lake City, UT 84114

The above information has been reviewed with me and my questions answered to satisfaction.

\_\_\_\_\_  
Name of Patient:

\_\_\_\_\_  
Name of Parent/Guardian:

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Gale & Associates Rep.:

\_\_\_\_\_  
Date: