



## Patient Bill of Rights

---

### Patient rights:

- Receive services without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle.
- Considerate, courteous, respectful and dignified treatment (care) by all Dynasplint Systems, Inc. employees.
- Receive product information and protocol of our products.
- Receive a Dynasplint® System that is clean, calibrated and in good working order.
- Have available and reasonable access to “fitting time”/service during normal business hours.
- The right to be informed when an insurance company denies the Dynasplint® and reason(s) why.
- Disclosure of all charges and payment arrangements.
- Review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
- The use of patient information will occur within strict accordance to HIPAA guidelines. Release of patient records will only occur with the patient’s consent or where permitted by law. Fulfillment of patient request to review and/or receive a copy of his/her patient record will occur in a timely manner.
- The right to consent to or decline to participate in proposed research studies affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent.
- Fulfillment of patient request for organization ownership and control, and liability insurance will occur upon request and in a timely manner.
- Be notified of treatment options, transfers, when and why care will be discontinued.
- Receive and access services consistently and in a timely manner in accordance with the organization’s stated operational policy.
- Receive information on grievance procedures which includes contact name, phone numbers, hours of operation, how to communicate problems to Dynasplint Systems, Inc.
- Document a response from Dynasplint Systems, Inc. regarding investigation and resolution of the grievance.
- Be advised of the availability, purpose and appropriate use of State, Medicare and CHAP hotline numbers.
- Receive information concerning how to report complaints and adverse events.
- Refuse treatment and be informed of potential results and/or risks.
- Be free from any mental, physical abuse, neglect or exploitation of any kind from Dynasplint Systems, Inc.
- Have his/her property treated with respect.
- Education, instructions and requirements for continuing care when the services of the Dynasplint Systems, Inc. are discontinued.

*Stretch Beyond Your Expectations.®*

**Patient's right to be fully informed orally and in writing of the following before care is initiated:**

- Services/products and equipment available directly or by contract.
- Billing policies, payment procedures and any changes in the information provided on admission as they occur within 15 days from the date that the organization is made aware of change.
- Names and professional qualifications of the disciplines that will provide care and the proposed frequency of visits/service.
- Their right to participate in the plan for care and/or any change in the plan before it is made.

**Patient responsibilities:**

- Cooperate with members of the staff at Dynasplint® to provide all information about insurance coverage, referring/prescribing physician and participation in a therapy program (specifically related to the diagnosis the Dynasplint® is being prescribed for).
- Ask questions and seek any clarification necessary to adequately understand the Dynasplint®.
- Communicate with the Sales Consultant whether or not the patient is willing and able to follow the recommended treatment plan. The most effective plan is the one that all participants agree is best and that will be carried out in its entirety.
- Keep appointments reliably.
- Fulfill financial obligations for receiving care, in a timely manner.
- Show consideration and respect to all Dynasplint Systems, Inc. employees.

**Rights and responsibilities of parents and guardians of pediatric patients:**

- Participate in the treatment process, including planning the course of treatment, remaining informed of the progress of treatment, and physically participate in the delivery of certain types of care and treatment.
- Ensure that their child follows the agreed upon course of treatment.

**Patient feedback:**

- Patients and their families or representatives should always feel that they can share a concern or make a complaint. This will have no adverse effect on the patient's care. To file a complaint, patients or their representatives can contact the Compliance Department by Phone: 800-638-6771/Fax: 800.380.3784/Email: [feedback@dynasplint.com](mailto:feedback@dynasplint.com)  
Address: 770 Ritchie Highway, Suite W-21, Severna Park, MD 21146-3923
- If you have an adverse event please contact the Compliance Department by Phone: 800.638.6771/Fax: 800.380.3784/Email: [feedback@dynasplint.com](mailto:feedback@dynasplint.com)

**Accreditation:**

- Dynasplint Systems, Inc. is accredited by The Community Health Accreditation Program, Inc. (CHAP) is an independent and non-profit accrediting body. If you have questions or complaints, please call the CHAP Hotline at (202) 862-3413. The hours of operation are 8am-5pm, Monday-Friday.

*Stretch Beyond Your Expectations.®*