

**NEUROFOCUS CENTER, LLC**

**5416 E. Southern Ave. Suite 106**

**Mesa, AZ 85206**

**Office: 623 302 9213 Fax: 602 368 2618**

[www.neurofocuscenter.com](http://www.neurofocuscenter.com)

**Recipient's Rights Notification**

As a recipient of services at our facility, we would like to inform you of your rights as a patient. This information explains your rights and the process to file a complaint if you believe your rights have been violated.

**YOUR RIGHTS AS A PATIENT**

1. Complaints. We will investigate your complaints and communicate our findings with you.
2. Suggestions. You are invited to suggest changes in any aspect of the services we provide.
3. Civil rights. Your civil rights are protected by federal and state laws.
4. Cultural/spiritual/gender issues. You may request services from someone with training or experiences from a specific cultural, spiritual, or gender orientation. If these services are not available, we will help you in the referral process.
5. Treatment. You have the right to take part in formulating your treatment plan.
6. Denial of services. You may refuse services offered to you and be informed of any potential consequences.
7. Record restrictions. You may request restrictions on the use of your protected health information; however, we are not required to agree with the request.
8. Availability of records. You have the right to obtain a copy and/or inspect your protected health information; however, we may deny access to certain records. If so, we will discuss this decision with you.
9. Amendment of records. You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in the records.
10. Medical/legal advice. You may discuss your treatment with your doctor or attorney.
11. Disclosures. You have the right to receive an accounting of disclosures of your protected health information that you believe you have not authorized.

**YOUR RIGHTS TO RECEIVE INFORMATION**

1. Medications used in your treatment. We will provide you with information describing any potential risks of medications prescribed at our facility.

2. Costs of services. We will inform you of how much you will pay.
3. Termination of services. You will be informed as to what behaviors or violations could lead to termination of our services.
4. Confidentiality. You will be informed of the limits of confidentiality and how your protected health information will be used.
5. Policy changes. You will be informed if any significant policy changes as they occur.

#### **OUR ETHICAL OBLIGATIONS**

1. We dedicate ourselves to serving the best interest of each patient.
2. We will not discriminate between patients based on age, race, creed, disabilities, handicaps, preferences, or other personal concerns.
3. We maintain an objective and professional relationship with each patient.
4. We respect the rights and views of other mental health professionals.
5. We will end services or refer patients to other programs when appropriate.
6. We will evaluate our personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self-improvement. We will continually attain further education and training.

#### **PATIENT'S RESPONSIBILITIES**

1. You are responsible for your financial obligations to the clinic as outlined in the Payment Contract for Services.
2. You are responsible for following the policies of the clinic.
3. You are responsible to treat staff and fellow patients in a respectful, cordial manner in which their rights are not violated.
4. You are responsible to provide accurate information about yourself.

#### **WHAT TO DO IF YOU BELIEVE YOUR RIGHTS HAVE BEEN VIOLATED**

If you believe that your patient rights have been violated, contact our Recipient's Rights Advisor or the Center Director.