

Karen A. DeKleva

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Licensed Psychologist

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NPI Number: 1124070776

Bill of Rights for Outpatient Services

As a patient under my care please be aware that at all times you have the right to be treated with dignity and respect. You shall retain all civil rights that have not been specifically curtailed by order of court.

Patient's Name _____ **Date of Birth** _____

Patient Rights

- 1 You shall be accorded impartial access to treatment or accommodations that are available or medically indicated, regardless of race, color, religious creed, handicap, ancestry, national origin, age, sex, or sources of payment for care.
- 2 You have the right to participate in the development and review of your treatment plan.
- 3 You have the right to be discharged from treatment as soon as you no longer need care and treatment.
- 4 You have the right to request and receive information regarding your bill for services received from myself.
- 5 You are entitled to information in laymen's terms, concerning your diagnosis, treatment, prognosis and alternative treatments.
- 6 All records pertaining to your care are confidential. I, Karen DeKleva, will not discuss this information unless provided by law, third party contractual agreements or with your written permission. You have received a HIPPA form which explains the release of medical records.
- 7 You have the right to request access to your medical records and to appeal and submit your own comments to be included as part of your record.
- 8 You have a right to receive a copy of any consent you sign during your treatment and a copy will be kept in your record.
- 9 In the event you are dissatisfied with treatment, you may talk directly with the therapist.
- 10 You are free to ask questions about your treatment at any time and are encouraged to do so.

Patient Responsibilities

- 1 You should provide, to the best of your knowledge, accurate and complete information about your present complaints and past illnesses.
- 2 You should report unexpected changes in your condition to your therapist.
- 3 You should follow your treatment plan. If you do not understand your treatment plan, you should talk with me.
- 4 You are responsible for your bill. As a courtesy I will bill your carrier.

Patient
Signature _____ Date _____