

Turner Physical Therapy & Scoliosis Center, LLC

Patient's Rights Policy

As an individual receiving skilled physical therapy services from Turner Physical Therapy & Scoliosis Center, LLC you have the following rights:

1. To select the company and the practitioner who provides your skilled physical therapy services.
2. To receive the appropriate or prescribed services in a professional manner without discrimination based on your age, sex, race, religion, ethnic origin, sexual orientation, or physical or mental handicap.
3. To be treated in a courteous, respectful and friendly manner by each and every individual representing Turner Physical Therapy & Scoliosis Center, LLC.
4. To be free from neglect, abuse or indifference be it physical or mental.
5. To assist in the development, planning, and goal-setting of a health care program designed to satisfy, as fully as possible, your current needs.
6. To be provided with information that will allow you to make informed decisions concerning the commencement of services, the type of device recommended, continuation of services, the expected outcome of services, the transfer of service to another health care provider, or the termination of services.
7. To express concerns, grievances, or to recommend modifications to your practitioner without fear of discrimination or reprisal.

Complaint or comment mechanism is in place to enable the patient to voice concerns about any aspect of their care by our staff.

Contact Person: Sandra M. Turner, PT, DPT, Owner
Phone Number: (410) 647-5800

Within five (5) calendar days of receipt of a complaint, we will notify you via telephone, email, fax or letter that we have received your complaint/comment and are investigating. Within fourteen (14) calendar days we will provide written notice to you of the results of our investigation and response. We maintain documentation of all complaints received, copies of the investigation, and responses to the patient. If we notice any potential trends in the complaints, we will investigate further and establish a Performance Management study to develop a plan of correction.

8. To request and receive complete and up-to-date information relevant to your condition, treatment, alternative treatments, or risks related to treatment.

9. To receive treatment and services within the scope of your health care plan promptly and professionally, while being fully informed as to Turner Physical Therapy & Scoliosis Center, LLC policies, procedures, and charges.
10. To refuse treatment within the boundaries set by law and receive professional information relative to the consequences that may result.
11. To request and receive data regarding treatment, services, and costs privately and confidentially.
12. To be informed about operational issues that might impact your care. This is supported through the provision of information concerning the following:

After Hours Contact Information

Contact Person: Sandra M. Turner, PT, DPT, Owner
Phone Number: (410) 647-5800

Turner Physical Therapy & Scoliosis Center, LLC uses a telephone recording system. Patients are encouraged to leave a detailed message which we will respond to within 12-24 hours.

Contact information to inquire about fees for service and/or insurance plans accepted.

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