

Patient Bill Of Rights

Eastern Shore Orthotics & Prosthetics, Inc
761A Middle Street
Fairhope, AL 36532
(251) 990-4040

Eastern Shore Orthotics & Prosthetics, Inc
2504 Dauphin Street, Suite M
Mobile, AL 36606
(251) 471-0071

Our hours of operation are Monday through Friday, 8 a.m. to 4:30 p.m. An automated answering system is available after-hours for emergencies. Please leave a message and our practitioner on-call will return your call as soon as possible.

As a patient of Eastern Shore Orthotics & Prosthetics, Inc. you have the right to be fully informed verbally and/or in writing before care is initiated of the following:

1. Organization's ownership and control
2. Specific charges for services to be paid by you and those charges covered by insurance, third-party payment or public benefit programs
3. 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
4. Participation in the plan of care and/or any change in the plan before it is made
5. Authorization of a designated representative to exercise your rights such as signing patient consent or authorization forms on your behalf
6. Receive services without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle
7. Make informed decisions about care and treatment plans and to receive information in a way that is understandable to you
8. Be notified in advance of treatment options, transfer, when and why care will be discontinued
9. Receive and access services consistently and in a timely manner in accordance with the organization's stated operational policy
10. Be referred to another provider organization if the organization is unable to meet your needs or you are not satisfied with the care they are receiving
11. Voice grievances regarding treatment, care or respect for property that is or fails to be furnished by anyone providing services on behalf of the organization without reprisal for doing so
12. Receive information on grievance procedures, which includes contact name, phone numbers, hours of operation and how to communicate problems to the agency
13. Refuse treatment and be informed of potential results and/or risks
14. Be free from any mental, physical abuse, neglect or exploitation of any kind from agency staff
15. The confidentiality of your clinical records and the organization's policy for accessing and disclosure of clinical records
16. Receive a copy of the organization's Notice of Privacy Practices.