



Easterseals Capital Region & Eastern Connecticut

Medical Services & Administration • 100 Deerfield Rd., Windsor, CT 06095 • 860-270-0600

Vocational Services • 22 Prestige Park Circle, East Hartford, CT 06108 • 860-728-1061

Adult Day Services • 24 Stott Avenue, Norwich, CT 06360 • 860-859-4148

Patient Handbook and Orientation Checklist

Dear _____ :

Thank you for your interest in our programs and services. Your program at Easterseals is designed to provide you with services that will help you to meet your rehabilitation goals. Your Medical Rehabilitation Team will be working with you to make sure that you understand your program, to answer any of your questions, and ultimately to ensure your success. Your Team will provide you with regular updates on your progress and offer suggestions for additional services you might find helpful. It is important for you to be comfortable at the Center and we assure you that you will be treated with dignity and respect. Lastly, we ask that you observe all patient responsibilities and safety procedures to help ensure a safe and appropriate environment for all persons served.

I, _____, have received the patient handbook which includes the following:

- | | |
|--|---|
| _____ An Overview of the Center's Policies | _____ Complaint and Grievance Procedure |
| _____ Medical Necessity of services | _____ Patient Bill of Rights |
| _____ Scheduling and Cancellation Policies | _____ Patient Responsibilities |
| _____ The Team Process and Your Care Plan | _____ Safety and Evaluation Procedures |
| _____ Confidentiality | _____ Program Satisfaction Data |
| _____ Center Orientation | |
| _____ Entrance and Parking | _____ Program Director's office |
| _____ Coat Closet | _____ Restrooms |
| _____ Check In/Out | _____ Water Fountain |
| _____ Reception Area | |

All of the above has been reviewed with me, a family member or other designee.

Patient Signature _____
Date
(Parent, Guardian, or Conservator if individual is under 18 years of age or has Conservator)

Staff Signature _____
Date