



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
- Medical Necessity of Services
- Scheduling and Cancellation Policies
- The Team Process and Your Care Plan
- Confidentiality
- Complaint and Grievance Procedure
- Patient Bill of Rights
- Patient Responsibilities
- Safety and Evaluation Procedures
- Program Satisfaction Data

Additionally, the Center Orientation components below have been reviewed with me, a family member, or other designee.

- Entrance and Parking
- Coat Closet
- Check In/Out
- Reception Area
- Program Director's Office
- Restrooms
- Water Fountain

Patient Signature

Date

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

Staff Signature

Date

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