

1 Required for Adoption: Majority Vote

Category: 4

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10 **PROPOSED BY: NEW HAMPSHIRE CHAPTER**

11 **COSPONSORED BY: HEALTH POLICY AND ADMINISTRATION SECTION**

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13 **RC 21-05 PATIENT/CLIENT RIGHTS REGARDING ACCESS AND ADMISSION TO PHYSICAL**  
14 **THERAPY SERVICES**

15  
16 **That Access To, Admission To, and Patient/Client Rights Within Physical Therapy Services (HOD**  
17 **06-93-16-13) be retitled and amended by substitution:**

18  
19 **PATIENT/CLIENT RIGHTS REGARDING ACCESS TO, AND ADMISSION TO PATIENT/CLIENT**  
20 **RIGHTS WITHIN PHYSICAL THERAPY SERVICES**

21  
22 ***It is the position of the American Physical Therapy Association that:***

23  
24 **In providing physical therapy services, the physical therapist is accountable first and foremost to**  
25 **the individual receiving physical therapy. In all work situations it is imperative that physical**  
26 **therapists endeavor to know the nature and extent of any financial relationships of the referring**  
27 **practitioner with the physical therapy entity that may restrict the patient's/client's access to their**  
28 **physical therapist of choice.** The physical therapist is also accountable for abiding by  
29 professional standards and ethics and the laws governing the practice of physical therapy in the  
30 jurisdiction where the service is rendered.

31  
32 **The physical therapist shall ensure services regardless of race, creed, color, gender, age, national**  
33 **or ethnic origin, sexual orientation, disability, or health status. The physical therapist respects**  
34 **the rights of individuals referred or admitted to the physical therapy service. The individual**  
35 **referred or admitted to the physical therapy service has rights which include but are not limited**  
36 **to:**

- 37  
38 **1. Selection of a physical therapist of one's own choosing to the extent that is it reasonable and**  
39 **possible.**  
40  
41 **2. Access to information regarding practice policies and charges for services.**  
42  
43 **3. Knowledge of the identity of the physical therapist and other personnel providing or**  
44 **participating in the program of care.**  
45  
46 **4. Expectation that the referral source has no financial involvement in the physical therapy**  
47 **service. ~~If that is not the case, knowledge of the extent of any financial involvement in the~~**  
48 **~~service by the referring source.~~ When financial relationships exist in which referring**  
49 **practitioners attempt to restrict the patient's/client's access to the physical therapist of their**  
50 **choice, it is the responsibility of the physical therapist to formally disclose to patients/clients**  
51 **the nature of these referral relationships.**  
52  
53 **5. Involvement in the development of anticipated goals and expected outcomes, and the**  
54 **selection of interventions.**  
55  
56 **6. Knowledge of any substantial risks of the recommended examination and intervention.**

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- 2 **7. Participation in decisions involving the physical therapy plan of care to the extent reasonable**
- 3 **and possible.**
- 4
- 5 **8. Access to information concerning his or her condition.**
- 6
- 7 **9. Expectation that any discussion or consultation involving the case will be conducted**
- 8 **discreetly and that all communication and other records pertaining to the care, including the**
- 9 **sources or payment for treatment for treatment, will be treated as confidential.**
- 10
- 11 **10. Expectation of safety in the provision of services and safety in regard to the equipment and**
- 12 **physical environment.**
- 13
- 14 **11. Timely information about impending discharge and continuing care requirements.**
- 15
- 16 **12. Refusal of physical therapy services**
- 17
- 18 **13. Information regarding the practice's mechanism for the initiation, review, and resolution of**
- 19 **patient/client complaints.**
- 20

21 **SS:** The Model Practice Act was implemented in 1997, and clearly indicates that physical therapists shall  
22 disclose in writing to patients/clients any referral for profit relationships which exist in their work  
23 environment. Further, the current Guide to Professional Conduct, Principle 7.3, outlines the need for a  
24 physical therapist to disclose to the patient/client if the referring practitioner derives compensation from  
25 the provision of physical therapy. Corporate relationships are also frequently formed between physician  
26 groups and hospitals whereby risk sharing arrangements are established with insurance plans that  
27 provide incentives to participating physicians. Through these arrangements, patients/clients are too often  
28 unknowingly restricted in their referral options to healthcare providers within the hospital network-  
29 regardless of the fact that their health insurance covers a vastly greater number of providers. In addition,  
30 with the weakening of Stark II laws on the federal level, there has been growth in the referral for profit  
31 arena of health care, especially in indirect relationships (exorbitant rental arrangements, referral incentive  
32 programs/kickbacks, etc.).

33  
34 Too often, physical therapists are unaware these arrangements exist in their workplace. Physical  
35 therapists need to accept responsibility for becoming more aware of these factors which can limit  
36 patient's/client's access to their practitioner of choice. It is imperative that physical therapy professionals  
37 assume responsibility for notifying patients/clients of these potential abuses and arrangements which can  
38 restrict their access to care as well as pose financial conflicts of interest of referring providers.

#### 39 **RELATIONSHIP TO APTA VISION 2020:**

40 Autonomous Practice  
41 Direct Access  
42 Professionalism  
43 Practitioner of Choice

#### 44 **KEYWORDS:**

45 Access  
46 Consumer Awareness  
47 Consumer Protection  
48 Disclosure  
49 Ownership  
50 Physician Owned Physical Therapy Services  
51 Rights  
52  
53

1 **CURRENT POLICY/POSITION:**

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3 ACCESS TO, ADMISSION TO, AND PATIENT/ CLIENT RIGHTS WITHIN PHYSICAL THERAPY  
4 SERVICES (HOD 06-03-16-13)

5  
6 *It is the position of the American Physical Therapy Association that:*

7  
8 In providing physical therapy services, the physical therapist is accountable first and foremost to the  
9 individual receiving physical therapy. The physical therapist is also accountable for abiding by  
10 professional standards and ethics and the laws governing the practice of physical therapy in the  
11 jurisdiction where the service is rendered.

12  
13 The physical therapist shall ensure services regardless of race, creed, color, gender, age, national or  
14 ethnic origin, sexual orientation, disability, or health status. The physical therapist respects the rights of  
15 individuals referred or admitted to the physical therapy service. The individual referred or admitted to the  
16 physical therapy service has rights which include but are not limited to:

- 17  
18 1. Selection of a physical therapist of one's own choosing to the extent that it is reasonable and  
19 possible.  
20 2. Access to information regarding practice policies and charges for services.  
21 3. Knowledge of the identity of the physical therapist and other personnel providing or participating  
22 in the program of care.  
23 4. Expectation that the referral source has no financial involvement in the service. If that is not the  
24 case, knowledge of the extent of any financial involvement in the service by the referring source.  
25 5. Involvement in the development of anticipated goals and expected outcomes, and the selection of  
26 interventions.  
27 6. Knowledge of any substantial risks of the recommended examination and intervention.  
28 7. Participation in decisions involving the physical therapy plan of care to the extent reasonable and  
29 possible.  
30 8. Access to information concerning his or her condition.  
31 9. Expectation that any discussion or consultation involving the case will be conducted discreetly  
32 and that all communications and other records pertaining to the care, including the sources of  
33 payment for treatment, will be treated as confidential.  
34 10. Expectation of safety in the provision of services and safety in regard to the equipment and  
35 physical environment.  
36 11. Timely information about impending discharge and continuing care requirements.  
37 12. Refusal of physical therapy services.  
38 13. Information regarding the practice's mechanism for the initiation, review, and resolution of patient/  
39 client complaints.

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41 **RELATED POLICY/POSITION:**

42  
43 PROFESSIONAL FEES FOR PHYSICAL THERAPY SERVICES (HOD 06-00-22-34), p 24

44  
45 OPPOSITION TO PHYSICIAN OWNERSHIP OF PHYSICAL THERAPY SERVICE (HOD 06-03-27-25), p 50

46  
47 FINANCIAL CONSIDERATIONS IN PRACTICE (HOD 06-99-13-17), p 50

48  
49 PROFESSIONAL PRACTICE RELATIONSHIPS (HOD 06-02-24-47), p 41

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