

# Special *K* Fitness

3180 N Butler Ave Bldg. 300A  
Farmington, NM 87401



Phone: (505) 326-2460  
Fax: (505) 325-1943

## **Bill of Rights**

### **Non-Discrimination Statement**

Special K Fitness complies with applicable Federal civil rights laws and prohibits discrimination based on race, color, culture, religion, national origin, age, disability, gender identity, or sexual orientation. Special K Fitness does not exclude people or treat them differently because of race, color, culture, religion, national origin, age, disability, gender identity, or sexual orientation.

While this outpatient facility treats all ages, we are unable to treat some specific pediatric diagnoses.

### **Patient Bill of Rights**

You have the right to...

- Be informed of your patient rights in advance of receiving or discontinuing care when possible.
- Receive care and treatment regardless of disability, national origin, culture, age, color, race, religion, gender identity, sexual orientation.
- Give informed consent for all treatment.
- Participate in all areas of your care plan, treatment, care decisions, and discharge plan with access to your medical records within a reasonable timeframe.
- Receive appropriate assessment of your pain, that is medically necessary and appropriate for your care and treatment.
- Be treated with respect and dignity.
- Be communicated within a manner you can understand which is tailored to your age, language, understanding and ability including access to interpreter services and communication aides, at no cost.
- Receive care in a safe setting free from all forms of abuse, neglect, mistreatment, or exploitation.

Our priority is for you to have a positive patient/client experience. If your concerns are not being resolved with your immediate caregiver or the office manager, please contact the President of the company, Kim Noyes, at 505-326-2460.

### **Patient Responsibilities**

You have the responsibility to...

- Ask questions and promptly voice concerns.
- Give full and accurate information as it relates to your health, including prescription and non-prescription medications.

# Special Fitness

## Patient responsibilities continued.....

- Report changes in your condition or symptoms, including pain.
- Educate yourself and understand your treatment plan.
- Follow your recommended treatment plan.
- Be considerate of other patients and staff.
- Secure your valuables.
- Follow facility rules and regulations.
- Respect property that belongs to the facility or others.
- Understand and honor financial obligations related to your care, including understanding your own insurance coverage.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Ave SW., Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019  
1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

I acknowledge that I have read and understand the Patient Bill of Rights and Non-Discrimination Statement provided by Special K fitness.

---

*Patient signature (or parent/guardian if patient is under 18)*

---

*Date*