

Merrimack Adult Day Health Center

32 Daniel Webster Hwy. Suite 10

Merrimack, NH 03054

P: 603-417-6656 F: 603-417-7113

Celine Baribeau, Owner

Email: celine@merrimackadhc.com

As a participant, you have the right to:

1. Expect continuity in the care provided.
2. Receive your care in a timely and confidential manner.
3. Refuse treatment or medication.
4. Examine your records during office hours after giving reasonable notice.
5. Receive prompt response to reasonable questions you have about your record, your plan of care, and what may happen if you refuse to follow your plan of care.

As a participant, your responsibilities are to:

1. Give MADHC complete and accurate information about health and support services you are receiving, previous medical advice, medications and treatment you are following, and medical insurance information.
2. Inform the Nursing Department and staff of changes in your health or reactions to medications and treatment.
3. Follow your plan of care and be responsible for your health and social needs, as much as possible.
4. Notify MADHC in advance if you are unable to attend on a scheduled day.

The responsibilities of Merrimack Adult Day Health Center:

1. Provide ongoing monitoring of participant's health and support needs.
2. Provide a comprehensive care plan with participants.
3. Coordinate medical and social service referrals for participants.
4. To develop a discharge plan which is periodically reviewed.
5. To keep records and documentation which support care and planning.

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You may discharge from Merrimack Adult Day Health Center when:

1. Your condition has improved toward independent living, and you have obtained maximum benefits from the Program; or
2. You require long-term care due to physical and mental deterioration; or
3. Your care needs exceed the scope of the Program services; or
4. Your behavior is a danger to yourself or others; or
5. You elect to discontinue participation in the program; or
6. You do not fulfill the obligations of this agreement.

As part of your plan of care, our services include:

- Nursing Services & Health Oversight
- Occupational Therapy
- Physical Therapy
- Speech/Language Therapy
- Restorative Therapy
- Nutritional and Dietary Services
- Counseling Services
- Various activities

These services will be reviewed periodically to determine their appropriateness and may be revised with our involvement, as your condition changes.

Participant and/or Responsible Party Signature:		Date:
Celine Baribeau and/or Program's Staff Signature:		Date: