



PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

You have the right to:

1. Be fully informed in advance about the service to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the service plan.
2. Participate in the development and periodic revision of the plan of service.
3. Informed consent and refusal of service after the consequences of refusing service are fully presented.
4. Be informed, both orally and in writing, in advance of the service being provided, of the charges, including payment for service expected from third parties and any charges for which the patient will be responsible.
5. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
6. Be able to identify staff members through proper identification.
7. Voice grievances/complaints regarding service, lack of respect of property or recommend changes in policy, staff, or service without restraint, interference, coercion, discrimination, or reprisal.
8. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
9. Choose a health care provider.
10. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
11. Be advised of the agency's policies and procedures regarding the disclosure of patient records.
12. Receive appropriate service without discrimination in accordance with physician orders.
13. Be informed of any financial benefits when referred to an organization.
14. Be fully informed of one's responsibilities.
15. Be informed of provider service limitations.

You have the responsibility:

1. To ask questions about any part of the plan of service or plan of care that you do not understand.
2. To protect the equipment from fire, water, theft, or other damage while it is in your possession.
3. To use the equipment for the purpose for which it was prescribed, following instructions for use, handling, care, safety, and cleaning.
4. To supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account.
5. To be at home for scheduled visits or notify us to make other arrangements.
6. To notify us immediately of:
 - a. Equipment failure, damage or need of supplies.
 - b. Any change in your prescription or physician.
 - c. Any change or loss in insurance coverage.
 - d. Any change in address or telephone number, whether permanent or temporary.
 - e. Any discontinued equipment or services.
7. To be respectful of the property owned by our company and considerate of our personnel.
8. To contact us if you acquire an infectious disease during the time we provide service