



PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

As a Patient, You Have The Right To:

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

As a Patient, You Have The Responsibility To:

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, and other pertinent items.
2. Assist in developing and maintaining a safe home environment
3. Inform your supplier when you will not be able to keep home service/repair visit appointments
4. Participate in the development and update of your home medical equipment care plan.
5. Adhere to your supplier's equipment plan of service
6. Give information regarding concerns and problems you have to your supplier's staff members.
7. Contact our doctor whenever you notice a change in your condition.
8. Inform your supplier when you have a problem with equipment, a change in your medical equipment needs, a change in residence or phone number, or if you acquire any infectious disease.
9. Follow the treatment plan as ordered by your physician. If you do not understand your treatment plan, it is your responsibility to let us know.
10. Assume the sole responsibility and liability of any injury to persons or damage to property (including the equipment) resulting from: (1) Operation not in accordance with supplied operating instructions; (2) Maintenance not in accordance with authorized maintenance instructions; (3) Maintenance by anyone other than a factory authorized service representative; (4) Modifications of equipment or accessories. If you do not understand the instructions supplied, it is your responsibility to let us know.
11. Accept any consequences should you refuse treatment or service or if you do not follow the instructions given to you pertaining to your equipment use.
12. Respect the rights of those professionals providing you service or care. You are also responsible for respecting the medical equipment/property that is placed in your home by our company.
13. Pay any charges, incurred by you, not covered by your insurance or home health care program, unless other arrangements have been made.
14. Notify your supplier or ADVANC DIRECTIVES (living wills, DNR, etc.) being in place and any changes thereof.

Locations:

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