Consumer Rights and Responsibilities

* Use and care for the equipment provided and not allow use by anyone other than authorized patient.
* Comply with your physician’s orders and plan of care.
* Provide complete and accurate information regarding your health history and billing information.
* To review the organization's safety materials and actively participate in maintaining a safe environment in your home.
* To request additional assistance or information on any phase of your health care plan you do not fully understand.
* To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
* Dial “911” whenever a life threatening medical emergency arises.
* To notify the organization when you will not be home at the time of a scheduled home care visit.
* To notify the organization prior to changing your place of residence or your telephone number.
* To notify the organization when encountering any problem with equipment or service.
* Assume payment responsibility for services not covered by your insurance carrier, except where not allowed by law.
* To pay for the replacement costs of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.
* To notify the organization if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
* To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health care plan developed for you.
* To notify the organization of denial and/or restriction of the organization’s privacy policy.
* To be fully informed in advance about care to be provided and of any modifications to the care plan.
* To participate in the development and periodic revision of the plan of care.
* To refuse services or treatment after the consequences of refusing treatment are fully presented.
* To be informed in advance of the charges for services, including payment for care expected from third parties and any charges the client will be liable for.
* To have one’s property and person treated with respect, consideration, and recognition of client dignity and individuality.
* To be able to identify visiting staff members through proper organizational identification.
* To voice grievances/complaints or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal.
* To choose a health care provider.
* Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
* Be informed of client rights under state law to formulate advanced care directives.
* To receive appropriate and professional care without discrimination in accordance with physician orders.
* To be informed of any financial benefits when referred to an organization.
* To be informed of anticipated outcomes of care and of any barriers in outcome achievement.
* To request restrictions on releasing medical information.
* To revoke any previous consent/authorization for release of medical information.
* To examine and obtain a copy of your health records and request corrections.
* To request any disclosures of your medical records.
* To be informed of one’s responsibilities.
* To be informed of provider service/care limitations.