

Patient Responsibilities and Rights

Patient's Responsibilities

1. As a patient of the Organization you are responsible for the following:
 - 1.1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your home care service plan.
 - 1.2. To inform a staff member, as appropriate, of your health history, including past illnesses and injuries, etc.
 - 1.3. To involve yourself in developing, carrying out, and modifying your home care service plan, which includes properly cleaning and storing of your home medical equipment.
 - 1.4. To review the Organization safety procedures and actively participate in maintaining a safe environment in your home.
 - 1.5. To notify your caregiver when you feel ill, or encounter any unusual physical or mental stress or sensations.
 - 1.6. To notify the Organization, in advance, when you cannot be home for a scheduled home care visit.
 - 1.7. To notify the Organization prior to changing your place of residence or your telephone number.
 - 1.8. To notify the Organization when encountering any problem with equipment or service.
 - 1.9. To notify the Organization if you are to be sized or if your caregiver modifies or ceases your home care prescription.
 - 1.10. To make a conscious effort to care for equipment supplied and to comply with all other aspects of the home care service plan developed for you.

Patient's Bill of Rights

1. All the Organization patients receiving care are provided a copy of their rights which includes but is not limited to:
 - 1.1. To select those who provide their home care services.
 - 1.2. To be provided with legitimate identification by any person or persons who enters their residence to provide home care.
 - 1.3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
 - 1.4. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the Organization, and therefore are provided with transfer assistance to an appropriate care or service organization.
 - 1.5. To be dealt with and treated with friendliness, courtesy and respect by each individual representing the Organization who provides treatment or services for you, and be free from neglect or abuse; physical or mental.
 - 1.6. To have your privacy and your property respected at all times.
 - 1.7. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
 - 1.8. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
 - 1.9. To express concerns, grievances, or recommend modifications to your home care service without fear of discrimination or reprisal.
 - 1.10. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.