

STATEMENT OF PATIENT RIGHTS & RESPONSIBILITIES:

As an individual receiving medical services from THH, you have the following rights and responsibilities: You have the right to:

- Choose your home medical equipment provider. You also have the right to refuse care or services within the confines of the law and be given information of consequences for refusing care or services.
- Be given appropriate, professional, quality care and services without discrimination due to diagnosis, race, creed, color, religion, sex, national origin, sexual orientation, handicap, disability, or age.
- Have you and your property treated with courtesy and respect, and voice grievances or complaints to the organization regarding treatment, care, or service without discrimination or reprisal for doing so.
- Be given proper identification by name and title for any personnel who provides care and services to you.
- Know in advance of charges, payment policies, and if you will be responsible for payment of services, supplies, or equipment not covered in our plan of care.
- Be informed in advance of any change in charges and/or payment responsibilities.
- Be involved in the care of planning process in addition to being notified of any charges in your home medical equipment services.
- Participate in the consideration of ethical issues that arise in your care.
- Have you and your family/caregiver taught about your illness and treatment so that you can participate in your care to the degree possible.
- Be given the necessary information so that you will be able to give informed consent for your care or service, and information is provided to you in a manner that you can understand.
- Receive timely response and estimated time of delivery from the organization regarding your request for home medical equipment.
- Receive complete confidentiality of all medical, financial, and other information related to your care. A client record cannot be released to any other party without the client's legal representative's written consent.
- Be advised of the organization's policies and procedures regarding accessing and/or disclosure of your records.
- To have access to or receive a copy of your clinical record upon written request.
- To be informed about and assisted in executing an advance directive.
- Review and recommend changes in the organization's policies and services, without fear of coercion, discrimination, or reprisal. You have the responsibility to:
 - Provide accurate and complete health information, present and past, and report any unexpected changes in condition to your physician.

- Provide all requested insurance and financial records including changes in plans, coverage, or benefits and promptly meet financial obligations agreed to with the organization.
- Accept responsibility for changes in reimbursement eligibility.
- Agree to accept all caregivers without discrimination due to diagnosis, race, creed, color, religion, sex, national origin, sexual orientation, handicap, disability, or age.
- Show respect and consideration for the organization's personnel and property.
- Sign all required consents and releases.
- Participate in the development of your care plan.
- Request further information concerning anything you do not understand.
- Accept responsibility for any refusal of treatment or choice of not adhering to your care plan.
- Assist in developing and keeping a safe environment.
- Protect your valuables by storing them carefully in an appropriate manner.
- Follow instructions on the care, use and maintenance of equipment and return rental equipment in good condition.
- Inform the organization when you will not be able to keep an appointment or if your address or phone number changes.
- Inform the organization of any intent to be hospitalized or if you no longer need or are using your rental equipment.
- Provide a copy of an advance directive, if one exists, and notify organization personnel when changes are made.
- Provide feedback to the organization regarding service/care needs and expectation or any dissatisfaction with service.