



PATIENT RIGHTS AND RESPONSIBILITIES:

As a patient you have the right to:

1. Be informed of your rights both verbally and in writing at the time of admission and prior to the initiation of care.
2. Participate in the selection of your home care provider, to communicate with them in a language or form you can understand prior to service.
3. Receive competent, individualized care and service regardless of age, race, color national origin, religion, sex, diagnosis, disability or any other category protected by law or decisions regarding advance directives.
4. Be treated with dignity, courtesy, consideration, respect and have your property treated with respect.
5. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
6. Be informed verbally and in writing of the services available and related charges, as they apply to the primary insurance, other payers, and self-pay coverage before it is initiated. Be informed of any changes in the sources of payment and your financial responsibility as soon as possible, but no later than thirty (30) days after the provider is notified.
7. Be informed both orally and in writing, in advance of the Plan of Care, of any changes in the Plan of Care, and to be included in the planning of care before treatment begins of all treatment prescribed. Be informed as to when and how services will be provided and the names and functions of any person and affiliated program providing care and services, including photo identification of agency staff and participate in the development of the discharge plan.
8. Participate in the planning of your care and be advised of any changes to the Plan of Care. Be informed of transfer to another organization and/or impending discharge from service, as well as any continuing care needs or services, in a timely manner, as your condition progresses or changes.
9. Receive training in the prescribed home therapy to include:
 - a. Reasons for treatment and use of supplies and equipment.
 - b. Possible risks and side effects of treatment.
 - c. Written instructions and demonstration by a registered nurse.
 - d. Supervision by a registered nurse until you can perform required tasks safely.
10. Receive information and any changes regarding our Patient Management Program upon coming onto service with us including:
 - a. Our philosophy and the characteristics of our program.
 - b. Access to your personal health information and how it is shared within state and federal law.
 - c. Identify staff members and to speak with a supervisor if requested.
 - d. Speak with a health professional (pharmacist or nurse).
 - e. Leave our services and go to another pharmacy or home infusion provider.
11. Refuse care and/or treatment and opt-out of our Patient Management Program after being fully informed of and understanding the consequences of such actions and to initiate an Advance Directive, "Living Will", Durable Power of Attorney and other directives about your care consistent with applicable laws.
12. To receive an appropriate assessment of pain and management of your pain.
13. Receive information regarding community resources and be informed of any financial relationships between InfuCare Rx and other providers to which you may be referred to by the agency.
14. Be informed of the procedures for submitting patient complaints, voice complaints and recommend changes in the policies to InfuCare Rx by calling 877-828-3940. If dissatisfied with the outcome you may also contact your local State Department of Health or any outside agent of the patient's choice. The expression of any such complaints by the patient shall be free from interference, coercion, discrimination or reprisal.

15. Express complaints about the care and services provided or not provided and complaints concerning lack of respect for property by personnel furnishing services.
16. Receive oral notification that your complaint has been received and is being investigated within five (5) calendar days of receiving your complaint. Receive a written response within 14 days of the results of our investigation. If dissatisfied with the outcome, you may submit an appeal to the agency's governing authority which will be reviewed within 30 days of receipt.
17. Be informed of any alternatives to your prescribed treatment and any risks and benefits associated with the alternatives.
18. Be allowed to participate (or not) in any investigational studies relevant to your diagnosis, after being informed of the risks and benefits of the treatment.
19. Receive timely notice of impending discharge or transfer to another agency or to a different level of care and be advised of the consequences and alternatives to such transfers.
20. Be advised of your privacy rights, including confidential treatment of records, and access to your health records on request. Information will not be released without your written consent, except in those instances required by law regulation or third-party reimbursement.
21. In the situation where the patient lacks capacity to exercise rights, the rights shall be exercised by an individual guardian or entity legally authorized to represent the patient.

As a homecare patient, you have the responsibility to:

1. Submit forms that are necessary to receive services.
2. Notify the treating provider of participation in the services provided by the organization.
3. Provide treating providers with accurate medical and contact information and notify provider of any changes.
4. Maintain rental or leased (non-purchased) equipment to the provider in its original condition.
5. Notify the organization of any concerns about the care or services provided.
6. Be seen by a doctor on a regular and ongoing basis and share complete and accurate health information regarding your contact information, medical history, condition, response to treatment and/or changes in your health status.
7. Participate in the planning of and be responsible for following the recommended treatment plan.
8. Carry out your therapy as instructed and make it known if you do not understand or cannot follow the treatment plan.
9. Cooperate with agency staff and not discriminate against staff.
10. Be available to receive deliveries and nursing visits.
11. Notify the provider in advance if/when you cannot keep an appointment.
12. Maintain a safe home setting for storage of medication, administration of care and maintain confidentiality of all medical documents that may be left in the home.
13. Notify the agency in the event of a readmission to the hospital, out-of-town-plans or changes in address/phone.
14. Be responsible for your actions if you refuse treatment or do not follow the agency's recommendations.
15. Take responsibility for financial obligations of your care.