

Patient's Bill of Rights and Responsibilities

You have the right to:

- Considerate and respectful service. Obtain service without regard to race, creed, national origin, gender, sexual preference, age, disability or illness, or religious affiliation.
- Speak with a health care professional.
- Confidentiality of all information pertaining to you, your medical care, and service and to have personal health information shared in accordance with state and federal law.
- A timely response to your request for service and to expect continuity of services.
- Select the home medical equipment supplier of your choice.
- Be privy to information on your treatment outcomes.
- Make informed decisions regarding your care planning.
- Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved, your right to refuse all or part of the services, and to be informed of expected consequences of any such action based on the current body of knowledge.
- Agree to or refuse any part of the plan of service or plan of care.
- Be told what service will be provided in your home, how often, and by whom.
- An explanation of charges including policy for payment.
- Voice grievances or complaints regarding treatment of care without fear of termination of service or other retaliation.
- Be treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown sources, and misappropriation of client/patient property.
- Have your communication needs met.
- Receive information about the philosophy and characteristics of AcariaHealth's patient management (clinical) programs, including administrative information regarding changes in or termination of the clinical program.
- Identify the staff member of the clinical program and their job title, and to speak with a supervisor of the staff member, if requested.
- Be referred to other health care providers, if desired, within an external health care system (for example, dietician, pain specialist, mental health services, etc.). You may also be referred back to your own prescriber for follow up.
- Receive assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs, and health plan programs (for example, tobacco cessation programs, disease management, pain management, and suicide prevention and behavioral health programs).
- Decline participation, revoke consent, or disenroll from the clinical program at any point in time without jeopardizing access to care, treatment, or other services being provided.

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You have the responsibility to:

- **Provide accurate and complete information to AcariaHealth regarding your medical history and current condition, any payers which may cover your care, financial information, and to promptly inform AcariaHealth of any changes.**
- **Provide AcariaHealth with an authorized decision-maker if you are unable to make decisions regarding care, treatment, or services, in accordance with state and federal law.**
- **Participate in planning, evaluation, and revising your care plan to the degree that you are able.**
- **Adhere to the plan of care, which you may have participated in developing. Ask questions about any part of the plan of care that you do not understand.**
- **Talk to AcariaHealth about what to expect regarding pain and pain management:**
 - **Discuss pain relief options with us**
 - **Work with our team and your other providers to develop a pain management plan.**
 - **Ask for help with pain relief when pain begins**
 - **Help our team assess your pain and tell us if your pain is not relieved**
 - **Discuss your worries about taking pain medications with us**
- **Arrange for supplies, equipment, medications, and other services, which AcariaHealth cannot provide, that are necessary for provision of care and your safety.**
- **Protect any equipment from fire, water, theft, or other damage while it is in your possession.**
- **Use equipment for the purpose for which it was prescribed, following instructions provided for use, handling care, safety, and cleaning.**
- **Supply us with necessary insurance information so that we can collect payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account.**
- **Be at home for scheduled service visits or notify us in advance to make other arrangements.**
- **Notify us immediately of:**
 - **Equipment failure, damage, or need of supplies.**
 - **Any change in your prescription or physician.**
 - **Any change or loss of insurance coverage.**
 - **Any change of address or telephone number, whether permanent or temporary.**
 - **Discontinued equipment or services.**
- **Contact us if you acquire an infectious disease during the time we provide services.**
- **Accept the consequences for any refusal of treatment or choice of noncompliance, including changes in reimbursement eligibility.**
- **Submit any forms that are necessary for participation in the clinical program, to the extent required by law.**
- **Give accurate clinical and contact information and to notify the clinical program of changes in this information.**
- **Notify your treating provider of your participation in the clinical program, if applicable.**