

Assist Home Care, Inc.

Patient Rights & Responsibilities

Patient Name: M|SITE.SHIP_TO_NAME Patient ID: M|CUSTOMER.PATIENT_ID

As an individual receiving home care services, let it be known that you have the following rights:

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person(s) who enter your residence to provide home care services.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides treatment or services for you
5. To assist in the development and planning of your home care program so that it is designed to satisfy, as best as possible to your current needs.
6. 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 home care provider, or the termination of service.
7. To express concerns or grievances or recommend modifications to your home care services without fear of discrimination or reprisal. The Medicare hotline number is 1-866-238-9650.
8. To request and receive complete and up-to-date information relative to your condition, treatment and risks of treatment.
9. To receive treatment and services within the scope of your home care plan, promptly and professionally, while being fully informed as to company policies, procedures and charges.
10. To refuse treatment and services within the boundaries set by law, and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
11. To request and receive the opportunity to examine or review your medical records.

As an individual receiving home care services, let it be known that you have the following responsibilities:

1. To provide accurate and complete information and notify Assist Home Care, Inc. of any changes in status, including medical, change of address or insurance.
2. To advise Assist Home Care, Inc. of any changes in phone number, address, physician, insurance company or payor source.
3. To comply with Physician's prescribed treatment and be responsible for the outcomes if they do not follow the prescribed treatment.
4. To make known whether you understand the products and services provided and what you are expected to do.
5. To comply with the service plan and to communicate any change in the physician's order.
6. To plan to any emergencies that may occur in the home.
7. To respect the rights, professional integrity and dignity of those providing your care.
8. To notify our staff if you wish to cancel services or change a scheduled visit.
9. To follow any instructions, rules and regulations as provided by Assist Home Care, Inc..
10. To properly store, clean and maintain your equipment as recommended by the manufacturer.
11. To contact Assist Home Care, Inc. when equipment is not working properly and to allow Assist Home Care, Inc. staff access to equipment for repair and maintenance.
12. To meet the financial obligations agreed to with Assist Home Care, Inc..

Signatures

	M DRIVER.FIRST_NAME M DRIVER.LAST_NAME	M C CURRENTDATE
Patient or Patient's Representative	Company Representative	Date
Relationship to Patient: (if not 'Self')		
Reason Patient Could Not Sign:		