

Reliant Healthcare

Patient Rights and Responsibilities

All patients to whom specialty pharmacy services are being provided possess basic rights. These include:

Your Rights

You have the right to:

- Be treated with personal dignity, consideration and respect.
- Personal privacy and security and to have your personal health information shared with the Specialty Care Management Plan and Plan of Care only, in accordance with state and federal law.
- Be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Receive information in a manner that you can understand.
- Have cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex, or handicap.
- Be fully informed on admission of the nature of the care and treatment that will be provided by the company, how much it will cost and how billing and payment will be handled.
- Receive care from professionally trained personnel.
- Be informed in advance about the equipment, services, and care to be furnished, the anticipated timeframe for delivery of medications, equipment/supplies, name(s) and responsibilities of staff members who are providing and responsible for your care, treatment or services, the planned frequency of visits proposed to be furnished, expected, and unexpected outcomes, potential risks or problems and barriers to treatment.
- To identify the company's staff members involved in your care, including their job title, and to speak with a staff members supervisor if requested.
- Have a relationship with our staff that is based on honesty and ethical standards of conduct. You have the right to be informed of our policies and procedures regarding any financial benefit we receive if we refer you to another organization, service, individual, or other reciprocal relationship.
- To know about philosophy and characteristics of the Specialty Care Management Plan and your individualized Plan of Care.
- To received information about the Specialty Care Management Plan and your individualized Plan of Care.
- To receive administrative information regarding changes in, or termination of, the your Specialty Care Management Plan / Plan of Care.
- The right to decline participation, revoke consent, or disenroll at any point in time.
- Choose your health care provider and communicate (speak) with them; and have the right of choice in the assignment of care providers.
- Reasonable coordination and continuity of services from referring provider to pharmacy provider, timely response when medication and services/equipment is needed or requested.

- Receive medication, medical supplies and equipment that meets professional and industry standards.
- Actively participate in planning or resolving problems related to your care and in designing a care plan for your needs and periodically updating it as your condition changes.
- Have family involved in decision making as appropriate, concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law.
- Receive appropriate instruction and/or education from qualified personnel to achieve an optimal level of self-care and to learn to operate equipment in an effective, safe manner.
- Refuse or discontinue care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of your care, treatment and services to the extent permitted by law. However, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.
- Participate or refuse to participate in research, investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research.
- Expect confidentiality of all information related to your care, subject to applicable regulations. Our Notice of Privacy Practices describes your rights in detail.
- Refuse filming or recording or revoke consent for filming or recording of care, treatment or services for purposes other than identification, diagnosis or treatment.
- Access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records.
- Be informed within a reasonable time of anticipated termination of service or if agency services are denied.
- Execute a legal living will to authorize discontinuation of treatment, which will be respected in accordance with agency policy, or designate a desire to withhold/withdraw life support in the event of a terminal illness or unconsciousness, in accordance with the Patient Self-Discrimination Act.
- Address your wishes concerning end-of-life decisions and to have health care providers comply with your advance directives in accordance with state law before care is furnished and receive care without conditions or discrimination based on the execution of advance directives.
- Know how to make a complaint or recommend changes in agency policies and services and have the freedom to do so. You also have the right to know about the results of such complaints. The organization must document both the existence of a complaint in the resolution of the complaint.
- Be informed verbally and in writing at the time of the admission, the approximate maximum dollar amount, if any, of care or services to be borne by the patient.

Your Responsibility

All patients who receive home care services have certain responsibilities:

You have the responsibility to:

- Remain under a doctor's care while receiving services.
- Provide complete and accurate information to the best of your knowledge about your present complaints, past illness(es), hospitalizations, pain, medications, allergies and other matters relating to your health.
- Provide requested insurance and financial information and sign required consents and releases. The responsibility to submit any forms that are necessary to participate in the Specialty Care Management Plan, to the extent required by law.
- Provide accurate clinical and contact information, and to notify our staff of changes in this information.
- To notify your treating provider of your participation in the Specialty Care Management Plan, if applicable.
- Adhere to the treatment plan established by your doctor.
- Ask questions when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- Discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Notify us of perceived risks, unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
- Participate in your care by asking questions and expressing concerns.
- Be available at the time deliveries are made and allow our representatives to enter your home at all reasonable time to repair equipment or provide adequate substitutions.
- Care for and safely use medical equipment according to instructions provided for the purpose it was prescribed and only for/on the patient for whom it was prescribed.
- Notify us as soon as possible of an unexpected incident involving staff or injury from using the equipment/device.
- Monitor the quantity of medications and supplies in your home and reorder as required to assure timely delivery of the required items.
- Cooperate with your doctor, our staff and other caregivers.
- Accept the responsibility for any refusal of treatment.
- Show respect and consideration for agency staff and equipment.
- Abide by our policies which restrict duties our staff may perform.
- Advise our administration of any dissatisfaction or problems with your care or equipment/supplies.
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Follow the organization's rules and regulations.
- Notify us immediately of any address or telephone changes whether temporary or permanent.
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, not smoking or putting weapons away during your care).