

As an individual receiving home health care services from our organization, let it be known and understood that you have the following rights:

1. To select those who provide you home care services.
2. To be provided with legitimate identification by any person or persons who enters your residence to provide home care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, psychosocial state, physical or mental handicap, or personal cultural and ethnic preferences.
4. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be informed that you may rent or purchase items according to medical guidelines.
6. To be dealt with and treated with friendliness, courtesy, and respect by each and every individual representing the organization that provides treatment or services for you and to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
7. To have your confidentiality, privacy, safety, security, and property respected at all times.
8. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
9. To be provided with adequate information from which you can give your informed consent for the commencement of service.
10. To express concerns or grievances and have them investigated and recommend modifications to your home care service without fear of discrimination or reprisal.
11. To request and receive complete and up-to-date information relative to your condition, treatment, alternate treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.
12. To receive care and services within the scope of your health care plan, promptly and professionally, while being fully informed as to our organization's policies, procedures, and charges.
13. To refuse care, within the boundaries set by law, and receive professional information relative to the ramifications of consequences that will or may result due to such refusal.
14. To request and receive data regarding services or costs thereof privately and with confidentiality.
15. To request and receive the opportunity to examine or review your medical records.
16. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order.
17. To expect that all information received by this organization shall be kept confidential and shall not be released without written consent.
18. The right to review the organization's Privacy Notice.
19. The right to access, request amendment to, receive an accounting of disclosures regarding your health information as permitted under applicable law.
20. The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming.
21. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
22. To be informed of any experimental or investigational studies that are involved in your care and be provided the right to refuse any such activity.
23. To be informed of any financial interests or benefits when referred to another organization.
24. As a patient of this home care organization, you can expect that your reports of pain will be believed, and our concerned staff will quickly respond to your concerns by contacting your home health nurse or physician.
25. To file a complaint or question with our accrediting organization, ACHC, about MEDICAL SERVICE COMPANY as an organization if deemed necessary, call the ACHC Hotline at 1-855-937-2242.
26. For all other complaints regarding service or care you have received, please contact the Compliance Director at 440-735-3096. Within five (5) calendar days of receiving a beneficiary's complaint, you will receive confirmation of receipt and pending investigation. Within 14 days, the Medical Service Company shall provide notification to the beneficiary of the results of its investigation and response.

## Responsibilities of the Patient

You and the home care organization are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care program.

As a patient of the organization, you are responsible for the following:

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service.
2. To inform staff members, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies.
4. To review the organization's safety materials and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your health care plan you do not fully understand.
6. To notify your attending physician when you feel ill or encounter any unusual physical or mental stress or sensations.
7. To notify the organization when you will **not** be home at the time of a scheduled home care visit.
8. To notify the organization prior to changing your place of residence or your telephone number.
9. To notify the organization when encountering any problem with equipment or service.
10. To notify the organization if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health care plan developed for you.
12. To report any concerns regarding pain and pain management.
13. To make a conscious effort in showing respect and consideration to the organization's staff.
14. To meet financial commitments that has been agreed to with the organization.
15. To accept the consequences for adverse outcomes if you do not follow proposed care plan or course of treatment.
16. To ensure a home care visit is not disrupted and for safety purposes, no behavior detrimental to the scheduled care should occur, including unsecured pets and weapons. Our employees reserve the right to proceed or discontinue with the care at their discretion.

Family Owned & Operated

Since 1950