

## **CLIENT BILL OF RIGHTS AND RESPONSIBILITIES**

Home care clients have a right to be notified in writing of their rights and obligations before treatment is begun. The client's family, with the client's permission, or guardian may exercise the client's rights when the client has been judged incompetent. Home care providers have an obligation to protect and promote the rights of their clients to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations and standards, including the following rights.

### **YOU HAVE THE RIGHT TO:**

- Be treated, and have your property treated, with dignity, courtesy and respect, recognizing that each person is a unique individual.
- Have relationships with home care providers that are based on honesty and ethical standards of conduct.
- Receive a written statement of the scope of care, treatment and/or services that are provided by the company directly or through contractual arrangements.
- Reasonable coordination and continuity of services from referring agency to home medical equipment service provider, timely response when home care equipment is needed or requested and to be informed in a timely manner of impending discharge.
- Be fully informed upon admission of the company's policies, procedures, ownership or control of the local facility and the process for receiving, reviewing and resolving your complaints or concerns about your care, treatment and/or services.
- Receive complete explanations of charges for care, treatment, services and equipment, including eligibility for third-party reimbursement, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
- Receive quality home care equipment and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability.
- Receive home care equipment, treatment and services from qualified personnel and to receive instructions on self care, safe and effective operation of equipment and your responsibilities regarding home care equipment, treatment and services, including pain and pain management modalities.

## **CLIENT BILL OF RIGHTS AND RESPONSIBILITIES (continued)**

- Participate in decisions concerning the nature and purpose of any technical procedure which will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action.
- Be informed of the anticipated outcomes of care, treatment and/or services and of any barriers in achieving those outcomes.
- Confidentiality of all your records (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.
- Review information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
- Express dissatisfaction and to suggest changes in any service without discrimination, reprisal or unreasonable interruption of services.
- Be advised of the telephone number and hours of operation of the state's Home Health "Hot Line." The hours are 8 AM to 5 PM and the number is 1-602-542-1025.
- Be advised of any change in the plan of care before the change is made.
- Participate in the planning of the care and in planning changes in the care, and to be advised that you have the right to do so.
- Receive information in a manner and/or language that you understand.
- Accept or refuse medical treatment while competent and to make decisions about care/services to be received should you lose competency.
- Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.

## **CLIENT BILL OF RIGHTS AND RESPONSIBILITIES (continued)**

### **CLIENT RESPONSIBILITIES:**

- You have the responsibility to:
  - Adhere to the plan of treatment or service established by your physician.
  - Adhere to the company's policies and procedures.
  - Participate in the development of an effective plan of care which will involve the management of pain, if appropriate.
  - Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide services.
  - Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
  - Communicate any information, concerns and/or questions related to pain, perceived risks in your care, treatment and/or services, and unexpected changes in your condition.
  - Be available at the time deliveries are made and to allow New Tech Mobility's representative to enter your residence at reasonable times to repair or exchange equipment or to provide care, treatment and/or services.
  - Notify the company if you are going to be unavailable.
  - Treat company personnel with respect and dignity without discrimination.
  - Provide a safe environment for staff to provide care and services.
  - Care for and safely use equipment, according to instructions provided, for the purpose it was prescribed and only for/on the client for whom it was prescribed. Monitor the quantity of oxygen, nutritional products, medications and supplies in your home and reorder as required to assure timely delivery of the required items.
  - Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.

## **CLIENT BILL OF RIGHTS AND RESPONSIBILITIES (continued)**

- Protect equipment from fire, water, theft or other damage. You agree not to transfer or allow your equipment to be used by any other person without prior written consent of the company and further agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases the company from any liability related to the equipment and its uses, and from any resulting negative client outcomes.
- Except where contrary to federal or state law, you are responsible for equipment rental and sale charges which your insurance company or companies does not pay. You are responsible for prompt settlement in full of your accounts unless prior arrangements have been approved by company administration.
- The company should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify the company immediately of any address or telephone changes whether temporary or permanent.

### **CLIENT INFORMATION:**

- After-Hours Services:
  - An answering service will answer New Tech Mobility's phones after normal business hours. You may leave a message or inform the operator that you wish to speak to a company representative and the on-call staff will be contacted. Only equipment requiring emergency maintenance or replacement (i.e., life support, oxygen) will be serviced after hours.
- Complaint Procedure:
  - You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. The company telephone number is 480-868-9071. When you call, ask to speak with the Operations Manager, Performance Improvement Coordinator, Supervisor or the Administrator/CEO.
  - New Tech Mobility has a formal grievance procedure that ensures that your concerns shall be reviewed and an investigation started within 48 hours. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance.
  - If you feel the need to discuss your concerns, dissatisfaction or complaints with other than New Tech Mobility staff, the state provides a Home Health "Hot Line." The hours of operation are 8 AM to 5 PM and the number is 1-602-542-1025.

**CLIENT BILL OF RIGHTS AND RESPONSIBILITIES (continued)**

I have been informed of and understand my rights and responsibilities.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Representative Signature (OR)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date