

# vitalcare

## SPECIALTY

### **Your Patient Rights and Responsibilities to The Patient Management Program**

#### **Introduction**

As a patient, you are the most important member of the health care team. To get the best health care possible, you should be a “partner” to us as your health care provider. Being a partner means that you have rights and responsibilities and that we will cooperate with each other during your care.

#### **As a patient you have the following rights:**

1. The right to access to health care services, regardless of race, creed, religion, sex, nationality, sexual orientation, age, or disability in accordance with prescriber orders.
2. The right to be treated with consideration, respect, dignity, and courtesy by health care providers and to have my property and individuality respected.
3. The right to be told the name and title of every staff member with whom I come in contact.
4. The right to participate in the plan of care, including discharge planning, and to participate in decisions regarding my treatment, including the right to refuse treatment.
5. The right to participate in planning the care and receiving care that will help me maintain my comfort and dignity at the end of life.
6. The right to have treatments and their frequency explained in words I am able to understand.

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7. The right to be informed (orally and in writing) an estimate of costs for treatment and payments expected from my insurance provider(s) before receiving the care and services prescribed by my prescriber.
8. The right to have information about financial relationships or partnership between Vital Care and other providers of care which can affect the services I receive.
9. The right to receive care in a timely manner.
10. The right to receive treatment for pain.
11. The right to know information on advance directives, living wills and health care surrogate documents.
12. The right to be given information about my therapy and all procedures so that I can make an informed decision about whether or not I want to consent, including the expected outcome of my treatment, and any challenges or problems that might prevent me from having the expected outcome.
13. The right to have my privacy respected and to have information about me and my medical care remain confidential as set forth in Vital Care's Notice of Privacy Practices; the right to be informed about Vital Care's policies and procedures concerning release of my clinical records.
13. The right to be cared for by personnel who are qualified, through education and experience, to carry out the services for which they are responsible.

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14. The right to receive education and training so that I can be as independent as possible in my therapy.
15. The right to refuse treatment at any time and be given information about the medical consequences of refusing treatment.
16. The right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
17. The right to information on how to report a grievance and recommend a change in a policy or a procedure; the right to report a grievance to the staff or manager of Vital Care about my treatment or service; or lack of respect for my property without restraint, interference, coercion, discrimination, reprisal, repercussion or interruption of service.
18. The right to express a concern or suggest a change regarding safety during my home care treatment without having my care negatively affected.
19. The right to be given assistance in transferring to another agency if I choose to do so.
20. The right to choose a health care provider, including choosing an attending prescriber/physician.
21. The right to review my medical record upon my written request.
22. The right to receive information about the scope of services of the pharmacy, as well as limitations of the pharmacy pertinent to my treatment or care; and

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23. The right to have my complaints investigated concerning lack of respect for my property or about any treatment that is or is not being furnished to me.
24. The Right to speak to a health care professional.
25. The right to receive information about the Patient Management Program.
26. The right to decline participation, or disenroll, at any point in time.

### **As a patient you have the following responsibilities**

1. To give accurate and complete health information concerning my past illnesses, hospitalization, medications, allergies, and other pertinent items.
2. To assist in developing and maintaining a safe environment.
3. To inform Vital Care when I will not be able to keep a home care visit appointment.
4. To participate in the development and update of my home care plan.
5. To comply with the developed care plan.
6. To read the educational materials given to me by Vital Care (or have them Read to me) and adhere to the instructions given to me.
7. To inform Vital Care of any significant changes in my condition, medications, or lab work that may affect my therapy course.
8. To inform Vital Care of any changes in my place of residence or telephone number so they can continue to provide service without interruption.
9. To inform Vital Care of any changes to my insurance benefits or coverage,

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marital status, or change in employment, so that services can be provided without interruption in payments.

10. To ask for additional information if I do not understand something.
11. To give information regarding my concerns or problems to my nurse, pharmacist, or the Vital Care manager.
12. To treat the members of my health care team with consideration and to Be respectful of the property of Vital Care and its person.
13. To complete and submit forms necessary to receive services, notify my prescriber of participation in services provided by the organization, and appropriately maintain any equipment provided for use during therapy.
14. To notify the treating prescriber of their participation in the Patient Management Program.

### **Acknowledgement of Patient Rights and Responsibilities**

A Vital Care representative will ask you to sign a statement on the consent form acknowledging that you have received this document and that you have been given a chance to review it and ask questions. If you have any questions or comments about these in the future, feel free to call your Vital Care pharmacy and ask for the pharmacy manager or nurse, and we will be glad to answer any questions you might have.