



Patient Bill of Rights

As an individual receiving home care services from Walker Home Medical, Inc, you have the following rights:

- To select those who provide your home care services.
- To be provided with legitimate identification by any person entering your residence to provide home care for you.
- To be provided with adequate information from which you can give your informed authorization for the commencement of service, the continuation of service, the transfer of service to another provider, or the termination of service.
- To be fully informed in advance of any changes in the care or treatment to be provided by our organization when those changes may affect your well-being.
- To participate in the development and modification of your care plan.
- To accept or refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
- To be advised, before care is initiated, of the extent to which payment for services may be expected from Medicare/Medicaid, commercial insurance and your liability for payment of deductibles and co-insurance, billing cycles and changes in payment.
- To have your privacy and your property always respected and to be treated with respect, consideration, and recognition of dignity and individuality.
- To express concerns or grievances or recommend modifications to your home care service without fear of restraint, interference, coercion, discrimination, or reprisal.
- To expect that all information received by this organization shall be kept confidential and shall not be released without written authorization.
- The right to review Walker Home Medical's privacy notice.
- The right to confidentiality and privacy of all patient/client medical information or protected health information.
- To receive the appropriate or prescribed service in a professional manner without discrimination.
- To be informed of any financial benefits when referred to another organization.
- To be fully informed of your rights and responsibilities in a language you understand.
- To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and to be provided with transfer assistance to an appropriate care or service organization.
- 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.
- To be informed of anticipated outcomes of services or care and of any barriers in outcome achievement.

Responsibilities of the Patient/Client

You and Walker Home Medical, Inc. are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care plan. As a patient of Walker Home Medical, Inc., you are responsible for the following:

- **To notify Walker Home Medical immediately of a change of address, contact information or insurance policy.**
- To notify Walker Home Medical when encountering any problems with equipment or service.
- To notify Walker Home Medical if you are to be hospitalized or if your physician modifies or ceases your home care needs.
- To notify Walker Home Medical when you will not be home at the time of a scheduled home care visit.
- 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.
- To provide complete and accurate information concerning your present health, medication, allergies, etc when appropriate to your care/service.
- To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
- 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.
- To review Walker Home Medical's safety materials and actively participate in maintaining a safe environment in your home.
- To request additional assistance or information on any phase of your health care plan you do not fully understand.
- To notify your attending physician when you feel ill or encounter any unusual physical or mental stress or sensations.