

Client/Patient Bill of Rights and Responsibilities

(Standard Drx 2-2a)

As an Edwards Health Care Services, Inc. (EHCS) client/patient, you have the right to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Choose a health care provider, including choosing an attending physician
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Receive appropriate care without discrimination in accordance with physician orders
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable

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As an EHCS client/patient, you have the responsibility to:

- Provide EHCS with the information needed to supply you with the appropriate supplies and submit claims to your insurance and collect payment
- Sign and return any requested paperwork that allows EHCS to provide you with your medical supplies and bill your insurance, which may include obtaining protected health information (PHI) from your physician or insurance company
- Cooperate with EHCS representatives to ensure prompt delivery of your medical supplies
- Promptly pay any deductibles, copays or charges owed by you
- Inform EHCS of any change in your:
 - Place of residence
 - Medical condition, including any stays in a skilled facility, nursing home, or hospital
 - Insurance or financial status
 - Physician
 - Brand of supplies

IMPORTANT PHONE NUMBERS

- Medicare: 1-800-MEDICARE
- Ohio Attorney General: 1-614-466-4320
- Ohio Jobs & Family Services: 1-614-466-6282
- Accreditation Commission for Health Care: 1-919-785-1214 (contact for any complaints about EHCS)

FLORIDA RESIDENTS ONLY

If you are a resident of Florida, please make note of the following contact numbers:

- To report a complaint regarding the services provided, please call the AHCA Complaint Line at 1-888-419-3456
- To report abuse, neglect, or exploitation, please call 1-800-96-ABUSE
- To report suspected Medicaid fraud, please call 1-866-762-2237