

Your Patient Rights and Responsibilities

Introduction

As a patient, you are the most important member of the healthcare team. To receive the best health care, you should be an active participant in your treatment. Being a participant means that you have both rights and responsibilities, and that we will work together to ensure safe and effective care.

As a patient, you have the following rights:

- The right to receive healthcare services without discrimination based on race, color, creed, religion, sex, sexual orientation, gender identify, nationality, age, disability, or any other protected status, in accordance with prescriber orders.
- The right to be treated with consideration, respect, dignity, and courtesy by healthcare providers and to have my property and individuality respected.
- The right to know the name, title, and role of every staff member involved in my care.
- The right to participate in the development and periodic revision of my plan of care, including discharge planning, and to participate in decisions regarding my treatment, including the right to refuse treatment.
- The right to receive care that promotes comfort and dignity at the end of life.
- The right to receive clear explanations about my treatment, including risks, benefits, and expected outcomes, in a manner I can understand.
- The right to be informed, orally and in writing, of an estimate of costs for treatment and payments expected from my insurance provider(s) before receiving the care and services prescribed by my prescriber.
- The right to be informed about any financial relationships, partnerships, or ownership interests between Vital Care and other providers that could affect the services I receive.
- The right to receive care in a timely manner.
- The right to receive treatment for pain, including assessment and appropriate management.
- The right to receive information on advance directives, living wills, and healthcare surrogate documents.
- The right to have my healthcare decisions honored in accordance with my advance directives, if applicable.

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- The right to be given information about my therapy and all procedures so that I can make an informed decision about whether I want to consent, including the expected outcome of my treatment and any challenges or problems that might prevent me from achieving the expected outcome.
- 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. This includes the right to be informed about policies and procedures concerning the release of my clinical records.
- 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.
- The right to receive education and training so that I can be as independent as possible in managing my therapy.
- The right to refuse treatment at any time and be given information about the potential medical consequences of refusing treatment.
- The right to be free from abuse, neglect, exploitation, retaliation, and mistreatment, including verbal, mental, sexual, and physical abuse, injuries of unknown source, and misappropriation of property.
- The right to voice grievances or complaints regarding my treatment or care, including any failure to provide care, or any lack of respect for my property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, reprisal, or repercussion.
- The right to have all grievances or complaints thoroughly investigated, including concerns about my treatment, any failure to provide treatment, or lack of respect for my property, and to receive a timely response.
- The right to express concerns or suggest changes regarding safety and quality of care during my home care treatment without having my care negatively affected.
- The right to request a transfer to another agency or provider and to be informed of any benefits or consequences of transferring care.
- The right to choose a healthcare provider, including selecting my attending prescriber/physician.
- The right to access, review, and request amendments to my medical record upon written request, in accordance with applicable law.
- The right to receive an accounting of disclosures of my protected health information.
- The right to receive information about the scope of services provided by the pharmacy, as well as limitations or exclusions relevant to my treatment or care.
- The right to be informed of my responsibilities.

As a patient, you have the following responsibilities:

- To provide accurate and complete health information, including past illnesses, hospitalizations, medications, allergies, and other relevant details.
- To assist in developing and maintaining a safe environment.
- To inform Vital Care if I cannot keep a scheduled appointment.
- To actively participate in the development and periodic review of my care plan.
- To comply with the care plan as prescribed.
- To read the educational materials provided by Vital Care (or have them read to me) and follow the instructions given.
- To inform Vital Care of any significant changes in my condition, medications, or lab results that may affect my therapy.
- To notify Vital Care of any changes in my address, telephone number, emergency contact information, or place of residence to ensure continuity of service.
- To inform Vital Care of any changes in my insurance benefits, coverage, marital status, or employment status to prevent service interruptions.
- To ask for clarification if I do not understand any part of my treatment, care or responsibilities.
- To communicate concerns or problems to my nurse, pharmacist, or a Vital Care manager.
- To treat members of my healthcare team with respect and consideration and to respect the property of Vital Care and its staff.
- To properly maintain and return any equipment provided for my therapy in accordance with instructions given by Vital Care.
- To complete and submit any necessary forms required for my services and notify my prescriber of my participation in services provided by Vital Care.

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, reviewed its contents, and had the opportunity to ask questions. If you have any questions or concerns in the future, please contact your Vital Care pharmacy and ask for the pharmacy manager or nurse. We will be happy to assist you.