PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

Know the name and qualifications of all individuals providing service to you.

Receive services without regard to race, color, gender, sexual orientation, age, disability, religion, gender identity, national origin or payment ability/source, including Medicare, Medicaid and CHIP.

Receive care of the highest quality with consideration respect for personal dignity, cultural preferences, psychosocial needs, spiritual beliefs and personal values; confidentiality, privacy, security, dignity, effective communication that considers hearing, speech and visual impairment in a timely manner.

Receive safe, appropriate care and services in a timely manner with respect to your decisions based on your personal, cultural and ethnic preference.

Be knowledgeable of, be told in advance of treatment options, and to participate in decisions, and changes about your care.

Be informed about the nature and purpose of any technical procedure that will be performed, including information about both the potential benefits and burdens.

Receive all the information regarding your condition and procedures that are necessary to make informed decisions about care and treatment plans and to receive that information in a way that is understandable.

Be free from mental and physical abuse, neglect, damage to or theft of property, or exploitation of any kind.

Have access to your confidential medical records.

Have clinical issues treated and maintained in a confidential manner and to be advised of the agency's policies and procedures regarding disclosure.

Formulate advance directives (living will) and to accept or refuse medical or surgical treatment and to receive written information about the Agency's policy on client advance directives.

Refuse all or part of your care, to the extent permitted by law, and is informed of the expected consequences of such action.

Be informed of any experimental research or investigational activities and the right to refuse such.

Be informed of and to understand the way billing is handled by the Agency and of any changes in billing procedures within 15 days.

Be fully informed of all services & equipment provided by the Agency, directly or through contract, for which you will have to pay, the specific charges for those services, & which charges may be covered by insurance or public benefit programs.

Have WellOne staff determine if you have pain, the type, intensity & frequency of the pain.

Have your pain managed appropriately in a respectful manner.

Be educated about pain and managing pain.

Be informed of your payment responsibilities, and of the Agency's policy concerning payment for service.

Be referred to another Agency and if referred to be informed of any financial benefit to WellOne.

Be heard regarding concerns and complaints and not receive coercion, discrimination, reparation or interruption in service because of those complaints.

Understand the Agency's mechanism for receiving, reviewing, and resolving patient complaints and to be provided information on grievance procedures with assurance of no retribution and receive a written and or verbal response to all grievances.

Be informed in writing of a right to appeal a determination or decree made by WellOne with regard to eligibility for services, types of services or change in services if client feels rights have been violated.

Be fully informed of the Agency's ownership and control.

Be informed on how to exercise these rights.

PATIENT RESPONSIBILITIES

To notify us of any change in your condition (including hospitalization, symptoms and allergies etc.)

To comply with WellOne's policies for health care service.

To notify WellOne 24 hours prior to being unable to keep an appointment.

To notify WellOne of any changes in insurance coverage prior to the visit.

To pay for services not otherwise covered by third party payers.

To notify WellOne of any change in advance directive.

To notify WellOne of any dissatisfaction with our services.

To treat WellOne staff with courtesy & respect, & provide a safe environment for care provided.

To exhibit behavior that is reasonable and responsible.

To provide care and supervision for all accompanying children

To maintain and take full responsibility for your own belongings.

To ask questions regarding your health care and financial concerns to which you need clarification.