

PATIENT BILL OF RIGHTS

You Have the Right to:

- Service that is considerate and respectful of your person, property, dignity and individuality
- Obtain appropriate care/services regardless of race, creed, national origin, sex, age, disability, illness, religious affiliation, economic status or source of payment and in accordance with physician orders
- Be advised of policies and procedures regarding the disclosure of clinical records
- Confidentiality of all information pertaining to you, your medical care and service
- A timely response to your request for service and to expect continuity of services
- Select the home medical equipment supplier of your choice
- Be fully informed in advance about service to be provided, disciplines that furnish care, frequency of visits and any modifications to the plan of care
- Make informed decisions regarding and participate in, your care planning
- Be informed of provider service/care limitations
- Be told what services will be provided in your home, how often and by whom and be able to identify visiting staff members through proper identification
- Be informed, both verbally and in writing, in advanced of services being provided, payment expected from third parties and an estimate of charges for which you will be responsible
- Agree to or refuse any part of the plan of service, care or treatment after the consequences of refusing services/care or treatment are fully presented
- Be informed of the grievance procedure and voice grievances of any kind, or recommended changes in policies or staff, without fear of termination of service or other reprisals
- Have grievances/complaints regarding care furnished, care not furnished or failure to respect person or property fully investigated
- Be informed of any financial benefits to our company, when referred to another organization
- Have your communication needs met
- Receive product warranty, all products are to be free from defects

You Have the Responsibility to:

- Ask questions about any part of the plan of service or plan of care that you do not understand
- Use the equipment/supplies for the purpose for which it was prescribed, following instructions provided for use, handling care, safety and or cleaning if applicable
- Supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account
- Be at home for scheduled service visits or notify us in advanced to make other arrangements
- Notify us immediately if;
 - Damage to or need of additional supplies or equipment failure
 - Any change in your prescription
 - Any change or loss of insurance
 - Any change of address or telephone number, whether permanent or temporary
 - Discontinued use of service
- Be respectful of the property owned by Rocky Mountain Medical and considerate of our personnel
- Contact us if you acquire an infectious disease during the time services are being provided

Please note the products Rocky Mountain Medical provides are not life sustaining. For any medical emergency please go to your nearest emergency center or call 911. We also recommend that our clients keep extra supplies at their disposal.

Resources

American Urological Association, Non-profit Urological Health Foundation, 1(800) 828-7866, www.urologyhealth.org

Medicare, Medicare beneficiary eligibility and benefits, 1(800) MEDICARE, www.medicare.gov

National Spinal Cord Injury Association, 718-803-3782, www.spinalcord.org

American Red Cross, 1(800)733-2767, www.redcross.org

Rocky Mountain Medical Contact Information

Texas Branch
25301 Borough Park Drive Suite 208 The Woodlands, TX 77380
Toll Free 1(855) 292-9111
Fax 1(800)576-1442

Washington Branch
14 East Mission Ave Suite 2 Spokane WA 99202
Phone (509)847-8344
Fax (509)466-0775