



PATIENT RIGHTS

As a patient of Family Factor, you have the right to...

1. Choose your healthcare provider.
2. Be fully informed, in advance, of the care and treatment to be provided, including being informed in advance of any changes in the care or treatment.
3. Be informed of the Rights of the Elderly, Mental Health Directives, Advanced Directives, DNR orders, and the availability of Durable Power of Attorney.
4. Have your person and property treated with dignity, consideration, respect and privacy by all Family Factor employees.
5. Receive information regarding Family Factor's policies, procedures, and charges, as well as your eligibility for insurance reimbursement and responsibility for any costs not covered by Medicare, Medicaid, and other insurance programs.
6. Be informed of any changes in coverage of charges for which the client may be liable within 30 days of Family Factor becoming aware of such change.
7. Receive appropriate and professional quality healthcare services without discrimination due to race, creed, color, religion, sex, national origin, sexual preference, handicap, or age.
8. Know the name and qualification of all Family Factor employees who provide healthcare services to you.
9. Have Family Factor's staff communicate in a language or form that you and your family can understand.
10. Privacy and confidentiality regarding the services Family Factor provides and to review your medical records upon request.
11. Request that Family Factor release your medical records, except when not authorized by law.
12. Voice complaints regarding care or lack of respect for property without being subject to discrimination or reprisal.
13. Be informed of the State Home Health Agency Hotline to answer questions and accept complaints.
14. Make complaints to the State Department of Health without being subject to discrimination or reprisal.
15. Make complaints to our accrediting agency (CHAP: 800-656-9656) without being subject to discrimination or reprisal.
16. Receive pertinent information about your condition and treatment to allow you to give informed consent.
17. Participate in the development of your plan of care, as well as discuss problems or changes in your plan of care.
18. Accept or refuse treatment to the extent permitted by law and to be informed of the consequences of such action.
19. Participate in discussions concerning ethical issues related to care.
20. Be informed of any experimental treatment or research, and to give voluntary informed consent.
21. Be given reasonable notice regarding the termination of services or the anticipated transfer of consent.
22. Be informed of organizational ownership and control as well as any relationships the organization has that might pay the organization when it makes referrals.

By signing, I am stating that I have read, understand and received a copy of this document. I also understand that I may call Family Factor at any time for further explanation of these rights.

Patient Signature

Date

Representative Signature / Relationship to Patient

Date



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