

Four Leaf Clover, Inc.
PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving services from Four Leaf Clover, Inc. should be informed of their rights. Therefore, you are entitled to:

1. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services.
2. Receive a timely response from Four Leaf Clover, Inc. when homecare services/care is needed or requested.
3. Be fully informed in advance about service/care to be provided and any modifications to the plan of service/care.
4. Participate in the development and periodic revision of the plan of service/care.
5. Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
6. Be informed in advance of the charges, including payment for service/care expected from third parties and any charges for which the patient will be responsible.
7. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
8. Voice grievances/complaints or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination or reprisal.
9. Choose a health care provider.
10. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
11. Receive appropriate service/care without discrimination in accordance with physician orders.
12. Be informed of any financial benefits when referred to an organization.
13. Be fully informed of one's responsibilities.
14. Be informed of provider service/care limitations.
15. Be informed of patient rights under state law to formulate advance care directives.
16. Be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.
17. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services
18. Receive a timely response from Four Leaf Clover, Inc. when homecare services or care are needed or requested
19. Be fully informed in advance about service or care to be provided, and any modifications to the plan of service or the plan of care
20. Participate in the development and periodic revision of the plan of service or the plan of care

PATIENT RESPONSIBILITIES

1. Patient agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
2. Patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits, to be paid directly to Four Leaf Clover, Inc. for any services furnished by Four Leaf Clover, Inc.
3. Patient agrees that Four Leaf Clover, Inc. shall not insure or be responsible to the patient for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God
4. Patient understands that Four Leaf Clover, Inc. retains the right to refuse delivery of service to any patient at any time.
5. Patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

When the patient is unable to make medical or other decisions, the family should be consulted for direction. All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Patient Bill of Rights and Responsibilities.

The patient and caregiver(s) will also receive a copy of the DMEPOS Supplier Standards, which is included in the Patient Handouts forms.