



PATIENT'S RIGHTS and RESPONSIBILITIES

Patient's Name

PATIENT'S RIGHTS: I have been informed of the following during the initial evaluation visit before the start of treatment:

- 1. The services available from Home Parenteral Services of related charges, including any charges for services not covered under my insurance.
2. To be treated with consideration, respect and full recognition of patient ethics, dignity, and individuality.
3. To expect that all records and information shall be kept confidential except as authorized or required by law.
4. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
5. To be assured the personnel who provide care are qualified through education and experience to carry out the services for which they are responsible.
6. Any responsibilities I have in the care process, general and specific, including the right to participate in planning of care.
7. That transfer of therapy to another Infusion Company after training has been completed may result in charges to the patient for training services.
8. If Home Parenteral Services is unable to meet identified patient needs you will be informed of those needs and will be referred to an alternate service if available.
9. Home Parenteral Services' philosophy supports resuscitative services and life sustaining treatment unless a decision to the contrary has been made in conjunction with your physician.
10. The right to pain assessment and management.
11. The right to have his or her property treated with respect.
12. Patient has received pump warranty information and Medicare Provider Standards.

THE PATIENT HAS THE RESPONSIBILITY TO:

- 1. Report any unexpected changes in their condition to their physician.
2. Express any concerns about their understanding of the course of treatment or their ability to comply with instructions.
3. Follow instructions as given by the staff of Home Parenteral Services in performing a procedure or using a piece of equipment.
4. Accept the consequences if they refuse to follow instructions.
5. Notify Home Parenteral Services when a piece of rental equipment is no longer needed.
6. Notify Home Parenteral Services if they will not be home for a scheduled visit.
7. Treat Home Parenteral Services personnel with dignity, courtesy, and respect.
8. Notify Home Parenteral Services if environment is not safe for delivery of services.
9. Notify Home Parenteral Services of a change of address or telephone number and if an emergency arises.
10. Provide an accurate medical history.

Signature: Patient/Responsible Party Date

Signature: Home Parenteral Services Date

Our goal is to provide quality care. In the event you are unhappy with our services, so that we may address any issues, please contact Lynn Kelley, President or Debbie Cain, Vice President at: 417-887-7525 or 1-800-637-9201 or mail to: Home Parenteral Services 2220 W. Sunset \* Springfield, MO \* 65807 If you are unsatisfied, you may contact The Joint Commission at 1-800-994-6610.

Home Parenteral Services is affiliated with CoxHealth and is licensed and regulated by the Missouri State Board of Pharmacy