

Keene Medical Products, Inc Client Bill of Rights

Privacy Rights:

1. **Confidential Communications.** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communications, you must make a written request to: **Patient Advocate, Keene Medical Products, Inc., PO Box 439, Lebanon, NH 03766.** Specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request:** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to: **Patient Advocate.** Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to: **Patient Advocate,** in order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our organization may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to: **Patient Advocate.** You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our customers have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to: **Patient Advocate.** All requests for an "accounting of disclosures" must state period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our organization may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of Privacy Practices.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact, **Patient Advocate.**
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact: **Patient Advocate.** All complaints must be submitted in writing, or resolve issues with the New Hampshire Division of Public Health and Human Services.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons describe in the authorization. Please note we are required to retain records of your care.

As a Client you have the right to...

1. Receive appropriate and professional care without discrimination based on race, creed, gender, age, handicap, sexual orientation, veteran status, or lifestyle.
2. Be involved in ethical issues and conflicts regarding your care or services.
3. Participate in the development and periodic revision of the plan of care, and to be informed in advance of changes to the plan. To inform the organization of health information with regard to equipment/services.
4. Refuse treatment within the confines of the law and to be informed of the consequences of such action, and to be involved in experimental research only upon the client's voluntary written consent.
5. Voice grievances and suggest changes in service or staff without fear or restraint, discrimination, or reprisal. Make complaints to your local Keene Medical Products, Inc. store, or write to: **Patient Advocate, Keene Medical Products, Inc.**, PO Box 439, Lebanon, NH 03766.
6. Be free from emotional, psychological, sexual, and physical abuse and from exploitation by the home health care provider.
7. Be free from chemical and physical restraints except as authorized in writing by a physician.
8. Be informed in advance of the charges for services, including payment for care expected from third parties, billing policies, and any charges the client will be expected to pay. To inform **Keene Medical Products, Inc.** of financial hardships created by the purchase or rental of equipment/services.
9. Formulate advance directives, and expect **Keene Medical Products, Inc.** staff to respect and carry them out and to receive service in the event advance directives are in place. Also, forego advanced directives and still receive treatment.
10. Decide to have resuscitation withheld.
11. Names of Owners, and qualifications of all individuals providing service to clients.
12. To be told upon request about **Keene Medical Products, Inc.** liability insurance and company policies.
13. Be treated with consideration, respect, and full recognition of the client's dignity and individuality, including privacy in treatment and personal care and respect for personal property.
14. Be informed that care is evaluated through the provider's quality assurance program.
15. Access necessary company professional services 24 hours a day, 7 days a week.
16. Be advised of the availability, purpose, and appropriate use of State, Medicare, Federal, and accrediting body. Hotline numbers.
17. To be referred to another agency if not satisfied with our service or if **Keene Medical Products, Inc.** cannot meet the client's needs.
18. Service/products and equipment available directly or by contract.
19. Be notified in advance of treatment options, transfers, and when and why care will be continued, or discontinued.
20. Participate in the selection of options for alternative levels of care or referral to other organizations, as indicated by the client's need for continuing care.

As a Client you have the responsibility to...

1. Give accurate and complete health information
2. Assist in creating and maintaining a safe home environment in which care will be delivered.
3. Participate in developing and following the plan of care.
4. Request information about anything that is not understood and express concerns regarding services provided.
5. Inform Keene Medical Products, Inc. when unable to keep an appointment for a home care visit.
6. Inform Keene Medical Products, Inc. of the existence of, and any changes made to, advance directives.
7. Contact your doctor whenever you notice any change in your condition.
8. Comply with **Keene Medical Products, Inc.** policies on cleaning and maintaining equipment.

As a Home Medical Equipment Dealer, Keene Medical Products, Inc has the right/responsibility to...

1. Render the highest level of care promptly and competently, taking into account the health and safety of the patient.
2. Provide quality home medical equipment and services, which are appropriate for the patients needs.
3. Instruct the patients and/or caregivers in the proper use of the equipment.
4. Explain fully and accurately to patients and/or caregivers the client's rights and obligations regarding the rental, sale and service of home medical equipment.
5. Continue to expand and improve professional knowledge and skills to provide patients with equipment and services, which are continually updated.
6. Abide by both Federal and local laws and regulations, which govern the home medical equipment industry.
7. Avoid participating, directly or indirectly, with a source of patient's referrals in a "captive referral arrangement", whereby patients are directed to utilize a supplier of home medical equipment in derogation of the patient's rights to select the suppliers of their choice.
8. Act in good faith to be honest, truthful, and fair to all concerned.