

## Statement of Patient Rights and Responsibilities

A patient is the person who has been accepted for the provision of service by the agency. A patient's rights will be respected by all agency employees and will be integrated into all home care programs. All employees of FACTOR SUPPORT NETWORK that provide patient care services are aware of the rights of the patients and have the responsibility to protect and promote such rights. Each patient has the right to:

1. Service without discrimination as to race, color, sex, religion, age, handicap, marital status, national ethnic origin or any other category protected by law or decisions regarding advance directives in accordance with physician orders.
2. A free choice of which home care agency from which they want to obtain services.
3. A reasonable and timely response by the agency to a request for service.
4. Confidentiality and privacy of all information contained in the medical record in accordance, with applicable State and Federal laws and FACTOR SUPPORT NETWORK policies with respect to the treatment of a patient's protected health information is set forth in the notice of privacy practices. Personal Health Information will be shared with the Patient Management Program only in accordance with state and federal law.
5. Written information regarding name, address, and phone number of the agency, hours of operation and pertinent agency rules.
6. Complete information regarding diagnosis, plan of treatment, and expected outcomes.
7. Reasonable notice of, and assistance with, transfer to another agency or discharge, assuming continuity of care, where indicated with information regarding financial benefits to the referred agency when available.
8. The home care agency's oral and written statement to honestly represent the agency's capability, services, benefits, and costs and to be informed of the services available and related charges.
9. Receive, on request, an itemized bill, regardless of source of payment. Be informed both in oral and written form prior to initiation of care to the extent which payment for agency services may be expected from any third-party payer and the extent to which payment may be required by the patient.
10. Accept or refuse care or treatment prior to initiation of care or upon admission or at any time during treatment to the extent permitted by law, and to be informed of possible health consequences of the patient's decision.
11. Be informed of the procedures for submitting patient complaints and voicing grievances and suggestions regarding any changes in policy, staff or care/services to agency staff without adversely affecting service. Your expression will be free from restraint, interference, coercion, discrimination or reprisal. Contact the branch General Manager. If the patient is not satisfied by the response of FACTOR SUPPORT NETWORK, the patient may complain to their state Department of Health or any outside representative of the patients' choice. Verbal or written complaints can be made to:

Accreditation Commission for Health Care  
139 Weston Oaks Ct  
Cary, NC 27513  
855-937-2242 (toll free)

URAC  
1220 L Street NW  
Suite 400  
Washington D.C. 20005  
202-216-9010

12. Express complaints about care and services provided or not provided and complaints concerning lack of respect of property by personnel furnishing services on behalf of FACTOR SUPPORT NETWORK, and to expect the agency to investigate such complaints within 5 days of receipt of complaint. If dissatisfied with the outcome, may submit an appeal to the governing authority, which will be reviewed within 30 days of receipt of the appeal request. Complaints concerning privacy rights can be directed to FACTOR SUPPORT NETWORK Privacy Officer at 1-844-599-8791 or [www.biomatrixsprx.ethicspoint.com](http://www.biomatrixsprx.ethicspoint.com).
13. Be informed of these rights and your responsibilities both verbally and in writing, at the time of admission and prior to the initiation of care, as evidence by this document.
14. Participate in the development and periodic revision of the plan of care, and discharge plan. Be fully informed in advance of all care/services/ treatments the agency is to provide, when and how services will be provided, and the name and functions of any person and affiliated agency providing care and services and be advised in advance of any changes to the plan of care.

Potential outcomes of care and any barriers in outcome achievement will be discussed as appropriate with patient and/or family as necessary.

15. Have the right to know about philosophy and characteristics of the patient management program.
16. Be treated with consideration, respect and full recognition of his/her dignity and individuality, including the respect of one's property.
17. Be given proper identification by name and job title of everyone who provides home care services to you. If requested, be able to speak with a pharmacist or supervisor.
18. Be advised on company's policies and procedures regarding disclosure of clinical records and review your clinical record at your written request/request a copy of your chart in accordance with the procedures set forth in the FACTOR SUPPORT NETWORK Notice of Privacy Practices.
19. To have FACTOR SUPPORT NETWORK make appropriate referrals for the patient to receive appropriate care and the benefits and services to which the patient is entitled while receiving homecare and for discharge planning and be informed of any financial benefits when referred to an organization.
20. Access to necessary professional services 24 hours/day, 7 days/week. FACTOR SUPPORT NETWORK business hours are 9am-5pm Monday through Friday. All medical and staffing emergencies will be addressed by on call nurse or pharmacist.
21. Receive upon request, evidence-based practice information for clinical decisions including the level of evidence or consensus describing the process for intervention in instance where there is no evidence-based research, conflicting evidence, or no level of evidence.
22. To have appropriate assessment and management of pain and symptom control for conditions related to terminal illness.
23. If desired, to be referred to other health care providers within an external health care system. Patient may also be referred to their own prescriber for follow-up.
24. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of customer property.
25. Choose a health care provider, including choosing an attending physician.
26. On admission or at any time during treatment, services may be subject to internal or external review. A decision may be made to deny service or discharge. This will occur after discussion with patient and appropriate healthcare team members.
27. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co-pay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, suicide prevention/behavioral health programs, etc.)
28. Has the right to decline participation, revoke consent or disenrollment in any services at any point in time.

**As a home care patient, you have the responsibility to:**

1. Give accurate and complete health and personal information concerning your illness, hospitalizations, medications, allergies, and other pertinent items used to plan and provide care/services. Notify the patient management program of any changes in this information.
2. Remain under a physician's care while receiving services from FACTOR SUPPORT NETWORK.
3. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in the Patient Management Program.
4. Submit any forms necessary to participate in the program, to the extent required by law.
5. Participate in the development of an effective plan of care/treatment/services.
6. Provide FACTOR SUPPORT NETWORK with all requested insurance information and appropriate financial records as requested.
7. Maintain a safe home environment in which your care may be given. Treat staff with respect and consideration.
8. Inform FACTOR SUPPORT NETWORK when you will not be able to keep a home care visit or delivery visit.
9. Follow instructions, rules and regulations. Be an active and compliant participant in your plan of care and accept the consequences if you do not.

10. State any concerns about your ability to follow your plan of care. Ask questions concerning anything you do not understand.
11. Follow instructions on the care, use and maintenance of equipment and return rental equipment in good condition.
12. Contact your physician whenever you notice a change in your condition.
13. Notify FACTOR SUPPORT NETWORK if you acquire any infectious disease except where exempt by law.
14. Notify FACTOR SUPPORT NETWORK whenever you have a problem with our equipment.
15. Meet any financial commitments agreed to with FACTOR SUPPORT NETWORK.
16. Contact the company when:
  - Your doctor changes your orders/prescription
  - You are hospitalized or go to a long-term care facility
  - You change your address, phone number, doctor/physician, temporary or permanent
  - You change insurance provider or your insurance plan changes