

## **PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

### **Patient Rights:**

1. To select those who provide your durable medical equipment.
2. As requested by you, to be provided with legitimate identification by any person who provides services for you.
3. To receive services in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be treated with friendliness, courtesy and respect by any individual representing Restore Motion who provides services for you.
5. To participate in your plan of service so that it is designed to satisfy, as best as possible to your current needs.
6. To be provided with adequate information from which you can give your informed consent for the delivery of service, the continuation of service, the transfer of service to another provider, or the termination of service.
7. To express concerns or grievances or recommend modifications to your plan of care without fear of discrimination or reprisal:
  - a. Restore Motion Compliance Officer (888) 627-8810.
  - b. Accreditation Commission for Health Care (855) 937-2242.
  - c. The Medicare complaints hotline (800) MEDICARE.
8. To receive services within the scope of your plan of care, promptly and professionally, while being fully informed as to company policies, procedures, and charges.
9. Receive clear instructions in the use of all products and equipment and the treatment plan designated and ordered by your Health Care Professional
10. To refuse treatment and services and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
11. To request and receive the opportunity to examine or review your medical records.
12. Be informed, in advance of service being provided of financial responsibility.
13. Be informed of any financial benefits when referred to an organization.
14. Be informed of patient rights under state law to formulate an Advanced Directive, if applicable
15. To be provided with confidentiality and privacy of all information contained in our patient record.

### **Patient Responsibilities:**

1. To use all products only in the manner for which they were intended and will not attempt to make modifications or changes of any kind.
2. To provide accurate information, to the extent possible including such information as your name, address, phone number, insurance information, same or similar items, etc.
3. To notify Restore Motion with changes to your medical needs, as it relates to the services provided to you.
4. To follow your plan of care as instructed by Health Care Provider.
5. To treat all representative of Restore Motion with respect.

6. To properly care for durable medical equipment in your possession, as instructed by Restore Motion.
7. To notify Restore Motion promptly in the event of any equipment malfunctions and permit a Restore Motion representative to repair or provide replacement equipment.
8. If you are impacted by a disaster or emergency and have questions about your equipment please contact Restore Motion 1-800-996-4001
9. To notify Restore Motion if you are hospitalized or in Hospice while you are renting equipment.
10. To notify Restore Motion if your place of residence changes, such as moving to a nursing home (SNF), while you are renting equipment.
11. To notify Restore Motion when you will not be home at the time of a scheduled visit.