

Shoreline Medical Equipment, LLC
PATIENT HANDOUTS
PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving services from Shoreline Medical Equipment, LLC should be informed of their rights. Therefore, you are entitled to:

1. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
2. Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
3. Receive information about the scope of services that the organization will provide and specific limitations on those services
4. Participate in the development and periodic revision of the plan of care
5. Refuse care or treatment after the consequences of refusing care or treatment are fully presented
6. Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
7. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
8. Be able to identify visiting personnel members through proper identification
9. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
10. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
11. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
12. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
13. Be advised on agency's policies and procedures regarding the disclosure of clinical records
14. Choose a health care provider, including choosing an attending physician, if applicable
15. Receive appropriate care without discrimination in accordance with physician orders, if applicable
16. Be informed of any financial benefits when referred to an organization
17. Be fully informed of one's responsibilities

PATIENT RESPONSIBILITIES

1. Patient agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear and tear excepted).
2. Patient agrees to promptly report to Shoreline Medical Equipment, LLC any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
3. Patient agrees to provide Shoreline Medical Equipment, LLC access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment.
4. Patient agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
5. Patient agrees to keep the equipment in their possession and at the address, to which it was delivered unless otherwise authorized by Shoreline Medical Equipment, LLC
6. Patient agrees to notify Shoreline Medical Equipment, LLC of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
7. Patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to Shoreline Medical Equipment, LLC for any services furnished by Shoreline Medical Equipment, LLC.
8. Patient agrees to accept all financial responsibility for home medical equipment furnished by Shoreline Medical Equipment, LLC
9. Patient agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
10. Patient agrees not to modify the rental equipment without the prior consent of Shoreline Medical Equipment, LLC
11. Patient agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
12. Patient agrees that title to the rental equipment and all parts shall remain with Shoreline Medical Equipment, LLC at all times unless equipment is purchased and paid for in full.
13. Patient agrees that Shoreline Medical Equipment, LLC 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
14. Patient understands that Shoreline Medical Equipment, LLC retains the right to refuse delivery of service to any patient at any time.
15. 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.