

CUSTOMER BILL OF RIGHTS

1. To be fully informed in advance about care to be provided and of any modifications to the care plan
2. To participate in the development and periodic revision of the plan of care
3. To refuse services or treatment after the consequences of refusing treatment are fully presented
4. To be informed both orally and in writing, in advance of the charges for services, including payment for care expected from third parties and any charges the client will be liable for
5. To have one's property and person treated with respect, consideration, and recognition of client dignity and individuality
6. To be able to identify visiting staff members through proper organizational identification
7. To voice grievances/complaints regarding services, lack of respect of property or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal
8. Have grievances/complaints regarding services that is (or fails to be) furnished, or lack of respect of property investigated.
9. To choose a health care provider
10. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
11. Be advised on organization's policies and procedures regarding the disclosure of records.
12. To receive appropriate and professional care without discrimination in accordance with physician orders
13. To be informed of any financial benefits when referred to an organization
14. To be informed of one's responsibilities.
15. Be informed of organization's service limitations.
16. Be informed of client rights under state law to formulate advanced care directive

RESPONSIBILITIES OF THE CUSTOMER

1. To provide complete and accurate information concerning your present health, when appropriate to your services
2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself, as needed and as able, in developing, carrying out, and modifying your homecare service plan, such as properly cleaning and storing your equipment and supplies.
4. To review all safety materials given to you and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your healthcare plan you do not fully understand.
6. To notify your attending physician when you feel ill, encounter any unusual physical or mental stress, or sensations.
7. To notify the organization when you will not be home at the time of a scheduled delivery
8. To notify the organization prior to changing your place of residence, your telephone number, or your medical insurance provider.
9. To notify the organization when encountering any problem with equipment or service.
10. To notify the organization if you are to be hospitalized or if your physician changes or discontinues your homecare prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home healthcare plan developed for you.
12. To notify the organization of denial and/or restriction of the organization's privacy policy.

CUSTOMER CONCERNS

Our goal is to provide nothing but the highest quality of services to our customers; this is why your concerns are our concerns. If you have any concerns about the services you are receiving from our organization we would like to hear from you.

You may contact our customer service representative at 1-800-368-2358. If they are not able to resolve your concern, the concern will be forwarded to the manager, who will contact you within 5 business days to resolve your concern/complaint.

We have also provided Hotline numbers if you may have a concern regarding fraud and abuse or any treatment or services provided by our organization.

Medicare Hot-line 1-800-447-8477 Illinois State Medicaid 1-888-557-9503
Accreditation Commission for Health Care 919-785-1214
Illinois Department of Professional Regulations 312-814-6910