



Patient Rights and Responsibilities

Patients receiving products and services from Advanced Care Scripts (ACS) have the following rights:

1. To select those who provide your health care services.
2. To be provided with legitimate identification by any person or persons who may enter your residence to provide care to you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
4. To be promptly informed if the prescribed care or services are not within the scope of service, mission, or philosophy of ACS, and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be dealt with and treated with friendliness, courtesy, and respect by each and every individual representing ACS who comes in contact with you during the course of your therapy insuring freedom from mental, physical, sexual and verbal abuse, neglect and exploitation.
6. To have your privacy and property respected at all times.
7. To assist in the development and planning of your health care program that is designed to satisfy in the best possible manner your current needs as they have been presented.
8. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or termination of service.
9. To express concerns or grievances or recommend modification to your ACS product or service provider without fear of discrimination or reprisal.
10. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.
11. To receive care and service within the scope of your health care plan, promptly and professionally, while being fully informed of ACS' policies, procedures, and charges relative to your care and who is providing your care.
12. To refuse care within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
13. To request and receive the opportunity to examine or review your medical records.
14. To request and receive data regarding services or costs thereof privately and with confidentiality.
15. To formulate and have honored by all health care personnel as it pertains to the service being provided, an advance directive, such as a Living Will or Durable Power of Attorney for Health Care, or a Do Not Resuscitate Order, if applicable.
16. To expect that all information received by ACS will be kept confidential and will not be released without written consent of you or your responsible party.
17. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
18. To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.
19. To have any pain which you might experience in the course of your care managed pharmaceutically and by other methods to your satisfaction and using the best medical capabilities available to date, if applicable.
20. To be informed and give documented consent if any part of care is being recorded or filmed for use within the organization for education or performance improvement. If this same information is to be used externally e.g. for marketing purposes, a separate documented consent will be obtained for this purpose.

21. To be informed of any unanticipated or negative outcomes of care, treatment and services that relate to as serious sentinel event during the course of care.
22. The patient has the right to access, request amendments to, and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law.

Patients receiving products and services from Advanced Care Scripts have the following responsibilities:

1. To provide accurate information concerning your present health status, current medications, allergies and insurance coverage.
2. To inform a staff member, if applicable, 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 plan of care, if applicable.
4. To review ACS' evaluation of your home environment and make necessary corrections, as you are able, if applicable.
5. To request additional assistance or information on any phase of your health care plan that you do not fully understand.
6. To notify your physician and ACS when you feel ill or encounter any unusual physical or mental stress or sensations, which may be the result of the care, products or services being provided.
7. To notify ACS when you will not be home at the time of a scheduled delivery or visit, if applicable.
8. To notify ACS prior to changing your address or telephone number.
9. To notify ACS when you encounter any problem with equipment or service.
10. To notify ACS if you are hospitalized or if your physician modifies or stops your service or care, if applicable.
11. To make a conscious effort to properly care for all equipment supplied and to comply with all other aspects of the ACS service program developed for you,
12. To ask questions related to the care and services provided for you by ACS.
13. To follow instructions given to you by ACS for the care and services being provided, if applicable
14. To meet financial commitments resulting from the care and services provided by ACS.
15. To treat ACS representatives with respect in the care and services being provided.
16. To provide information requested from ACS needed to provide care.
17. To follow ACS' rules and regulations as they pertain to the products and services provided by ACS.
18. To adhere to the above mentioned responsibilities and accept the consequences involved should these responsibilities not be met.

For Questions or Concerns: 866-944-9511