

PULMONARY PROVIDERS GROUP, INC.

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24 Hour Service 847.226.3049 • Fax 847.824.0529 • Toll Free 877.214.0400

Patient/Client Bill of Rights

As an individual receiving home care services, let it be known and understood that you have the following rights:

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons who enter your residence to provide home care services for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides treatment or services for you and be free from neglect or abuse, be it physical or mental.
5. To assist in the development and planning of your home care program 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 commencement of service, the continuation of service, the transfer of service to another home care provider, or the termination of service.
7. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal and to be able to file a complaint with the Company. To receive oral or written confirmation from the supplier within five (5) calendar days from date of supplier receiving the complain stating that the supplier has received the complain and began the investigation process. To be notify in writing about the results of supplier's investigation and response within fourteen (14) days. Suppliers phone number is 847 824-0500 All complaints will be reviewed annually for enhanced consumer satisfaction. The Medicare hotline number is 1-866 238-9650
8. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments and risks of treatment.
9. To receive treatment and services within the scope of your home care plan, promptly and professionally, while being fully informed as to company policies, procedures and charges.
10. To refuse treatment and services within the boundaries set by law, 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.

Patient Responsibilities

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies and other pertinent items.
2. Assist in developing and maintaining a safe environment.
3. Inform healthcare provider when you will not be able to keep a homecare visit.
4. Participate in the development and update of your homecare plan of service / treatment.
5. Adhere to your developed / updated homecare plan of Service / treatment.
6. Request further information concerning anything you do not understand.
7. Contact your doctor whenever you notice any unusual feelings or sensations during your plan of service / treatment.
8. Contact your doctor whenever you notice any change in your condition.
9. Contact healthcare provider whenever your insurance company or plan changes.
10. Contact healthcare provider whenever you have an equipment problem.
11. Contact healthcare provider whenever you have received a change in your homecare prescriptions.
12. Contact healthcare provider whenever you are to be hospitalized.
13. Give information regarding concerns and problems you have to a staff member.
14. Contact healthcare provider prior to any change of address.
15. **Contact healthcare provider if you acquire an infectious disease during the time you are receiving services and/or care from healthcare provider except where exempted by law.**