



CUSTOMER BILL OF RIGHTS AND RESPONSIBILITIES

As a customer of TODT HILL PHARMACY DBA PHARMACY ON WHEELS you are entitled to:

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

Your Responsibilities, you agree:

- That rental equipment will be used with reasonable care, not altered or modified and returned in good condition (normal wear and tear expected), if applicable
- To report any malfunctions or defects in rental equipment immediately so that repair or replacement can be made, if applicable
- To provide access to rental equipment for repair/replacement or pick up, if applicable
- To utilize equipment provided in accordance with your physician's orders
- To keep rental equipment at the location given at the time of rental and not to remove it to any other location unless authorized by the provider, if applicable
- To notify provider immediately of any hospitalizations, change in address, insurance, telephone #, or physician, or if you do not need the equipment any longer, if applicable
- To sign an assignment of benefit for all insurance payers to provider
- To accept financial responsibility for HME/supplies provided as allowed by insurance carrier
- To pay replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect
- Not to modify rental equipment, if applicable
- That the title of rental equipment remains with TODT HILL PHARMACY DBA PHARMACY ON until such time the equipment is purchased and paid in full
- That **TODT HILL PHARMACY DBA PHARMACY ON WHEELS** shall not insure or be responsible to you 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, fire or act of God.
- That the provider retains the right to refuse delivery of service/equipment at any time.