

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

RIGHTS - As a patient, you have the right to:

1. Kind and respectful care in which your individual, physical, emotional, social and spiritual needs, concerns and property are regarded.
2. Care that is given without discrimination as to race, age, color, creed, sex, religion, handicap, sexual preference, or national origin.
3. Be given proper identification by name and title of all staff providing services, have care provided by qualified personnel who are knowledgeable to perform procedures at the level of care required, expect reasonable continuity of care by all staff, and be given information on how staff may be reached at all hours of the day for emergency purposes.
4. Expect and receive care in a timely manner, appropriate to your needs and to receive accurate and reasonable responses to your requests in a reasonable time frame.
5. Discuss problems, voice grievances and suggest changes regarding your care, the services provided and/or the staff without fear of reprisal or retaliation, discrimination by the agency in action or verbally.
6. Be fully informed, prior to, or at the time of, acceptance of services available and related charges; whether health insurance, Medicare, Medicaid, or other health programs cover the services.
7. Interact with all persons involved in your care, including your physician as appropriate; to be involved in the decisions regarding and planning of your care; to be involved in ethical issues regarding your care; and to receive appropriate instructions and education that you can understand regarding the plan of treatment and care plan.
8. Expect confidentiality, privacy and individuality as it relates to your social, religious, psychological well-being, medical care programs, records and communications.
9. Request and examine all information being maintained by the agency including your patient chart and financial records to include information regarding your diagnosis, prognosis, treatment and provision and costs of services.
10. To be informed of any financial benefit or relationship to MedPro Rx of any agency that performs services that are subcontracted or referred.
11. To refuse treatment, be it routine or experimental, and/or to decline participation, revoke consent, refuse or disenroll in MedPro Rx, Inc. program offerings at any point in time, as well as be informed of the possible health consequences of such refusal.
12. To choose any health care provider for any health care service required.
13. To be informed in writing, and in advance, of the agency's grounds for termination of services and to seek assistance in finding and transferring the provision of care.
14. Obtain information on the relationship of the agency to other health care providers and related institutions insofar as your care is concerned.
15. To be notified within 10 days when the agency's license has been revoked, suspended, cancelled, annulled, withdrawn, recalled or amended.
16. Have an advance care directive, i.e. living will, or health care power of attorney according to state law without fear of discrimination or differentiation of care.

17. To have access to services 24 hours a day, 365 days a year. During non-business hours, a pharmacist is available 24 hours a day, 7 days a week via answering service and cellular phone system. This pharmacist is available to answer questions, schedule nursing services, coordinate clinical care, dispense medications, or perform whatever function necessary for the continuance of therapy for the patients of MedPro Rx, Inc.

RESPONSIBILITIES - All patients have the responsibility to:

1. Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, allergies and any matters relating to your health, to the best of your ability and knowledge.
2. Assist in developing and maintaining a safe environment for home care services by disposing of medications and medical supplies and following other safety instructions as directed by your home care provider.
3. Participate in the planning of your care and follow the plan of treatment and care ordered by your physician and explained to you by a staff member of the health care provider.
4. Sign the required consents and releases for the provision of care and filing of insurance after being given adequate information in order to make an informed consent.
5. Report unexpected changes in your condition to your provider including:
 - a. Change in address or telephone number
 - b. Change in home caregiver
 - c. Plans to be away at expected visit and/or delivery times
 - d. Changes in medications not provided by your provider
 - e. Change in physicians and/or other health care providers
6. Inform the provider of any lack of understanding that may prevent adequate care from being provided.
7. Assure that financial obligations are fulfilled as promptly as possible according to the financial agreement.
8. Give information regarding your concerns and problems to a staff member or relay them to the customer service or quality improvement department.
9. Treat agency personnel with respect and follow instructions given regarding your plan of treatment and confidentiality of care, and understand the consequences of refusal of treatment or neglect in following instructions given.
10. Assist the home care provider with information by which an adequate number of supplies and/or medications can be provided.
11. To formulate an advance care directive, i.e. living will or health care power of attorney, for acceptance or refusal of medical treatment.

PATIENT GRIEVANCE PROCEDURE:

It is the intention of MedPro-Rx, Inc. that all patients, or their representatives, have the right to present their grievances without fear of reprisal in any form and to receive a prompt and reasonable response. Each complaint is reviewed and investigated. The patient/caregiver can request a written response to the complaint. If a patient/caregiver has a grievance they should follow this procedure:

1. Refer all complaints or questions to Andy Clark between 8:00 AM and 4:00 PM. Monday through Friday. The complaint may also be in writing and should be mailed to:

MedPro Rx, Inc.
140 Northway Court
Raleigh, North Carolina 27615

2. Complaints may also be registered at the office of MedPro-Rx, Inc. between 8:00 AM and 4:00 PM, Monday through Friday by calling 888/571-3100 or 919/847-9001. Complaints may also be faxed to 800/582-9315.
3. All complaints will receive a written response within five business days of receipt.
4. The patient/caregiver may also report a complaint regarding services provided to the following government departments:

State Office:
State Attorney General Office
(Listed in your local phone directory)

Federal Office:
The Department of Consumer and Regulatory Affairs
Service Facility Regulations Administration
614 H. Street, NW
Washington, DC 20001

Accreditation Commission
For Home Care
4700 Falls of the Neuse Road
Suite 280
Raleigh, NC 27609
919-785-1214

North Carolina Board of Pharmacy
6015 Farrington Road
Suite 201
Post Office Box 4560
Chapel Hill, North Carolina 27515-4560
911-942-4454

URAC
1220 L Street, NW, Suite 400
Washington, DC 20005
202-216-9006

NC Division of Health Service Regulation
Complaints hotline # 800-624-3004 (within NC) or 919-733-8499 (8:30am-4pm)
Mailing address: Complaint Intake Unit, NC Division of Health Service Regulation,
2711 Mail Service Center, Raleigh, NC 27699

NC Department of Health and Human Services Careline
Mon-Fri except state holidays
800-662-7030 (English/Spanish)
877-452-2514 TTY

NC Division of Health Service Regulation
Licensure and Certification Section
919-733-1610
Mailing address: Acute Care, Home Care and CLIA Branch, Licensure and Certification Branch,
NC Division of Health Service Regulation, 2712 Mail Service Center, Raleigh, NC 27699