



PATIENT'S RIGHTS AND RESPONSIBILITIES

As a patient you have the *right* to:

1. Choose your provider of home medical supplies and equipment. You also have the right to refuse service within the confines of the law and be given information concerning consequence of refusing services.
2. Receive a timely response from Charm Medical Supply regarding your request for home medical supplies and equipment.
3. Be given appropriate service without discrimination due to diagnosis, race, creed, color, religion, sex, national origin, sexual preference, handicap, disability or age.
4. Be treated with courtesy and respect by all Charm Medical Supply personnel who provide service to you, in addition to being free from physical and mental abuse, neglect and exploitative practices.
5. Be given proper identification by name and title of all Charm Medical Supply personnel who provide service to you.
6. Be given all necessary information, in a manner you can understand, so that you will be able to give informed consent for your services.
7. Receive complete privacy and confidentiality with regard to your condition, diagnosis, records, files, and any other personal health information or pertinent data as mandated by federal HIPAA regulations.
8. Access and review your records as mandated by federal HIPAA regulations.
9. Be involved in the planning and ordering process in addition to being notified of any changes in your medical equipment and/or supply services.
10. Register any complaints regarding services with us and/or appropriate federal and state agencies without fear of discrimination or unreasonable interruption of services. Patients may call our office with any complaints, grievances, and/or recommendations for change. Patients may also call MassHealth at 1-800-841-2900 or Medicare at 1-800-633-4227. *(Please see the Patient Complaints/Grievances Policy included with the information packet for further information on our complaint policy and procedure.)*
11. Rent or purchase inexpensive/routinely purchased Medicare items.
12. Patients also have the right to refuse any service.

As a patient you have the *responsibility* to:

1. **Promptly complete, date, sign and return each delivery ticket** per delivery received to Charm Medical Supply.
2. **Confirm** supplies needed **each** and **every** month, as required by your insurance payor.
3. **Inform** Charm Medical Supply of **any** changes in your health insurance or other third party payer coverage.
4. **Inform** Charm Medical Supply of **any** changes in your address or telephone number.
5. **Inform** Charm Medical Supply if you are under the care plan of another Home Medical Equipment provider.
6. **Provide accurate and complete health information** and report any unexpected changes in your condition to your physician, as this may require a change in your home medical equipment and supplies.
7. **Meet financial commitments** by promptly meeting any financial obligation agreed to with Charm Medical Supply. Patient is financially responsible for invoices not covered due to ineligibility on date of service. Patient has the option to return the unused/unopened product. *(Please see the Billing and Reimbursement Practices and Patient Responsibility documents included with the information packet for more information).*
8. **Follow instructions** on the care, use and maintenance of equipment and return rental equipment in good condition.
9. **Show respect** and consideration for Charm Medical Supply personnel and property.
10. **Provide feedback** to Charm Medical Supply regarding service needs and expectations.
11. **Read, complete & sign the Notice of Privacy Practices** included with this information packet.
12. **Request** further information concerning anything you do not understand.

RETURN THIS COPY- SIGNED AND DATED- TO CHARM MEDICAL SUPPLY

X

Signature of Patient, Parent or Guardian

Date



PATIENT ACKNOWLEDGEMENT OF DOCUMENTATION RECEIPT

I, the undersigned, acknowledge that I have *received, read and understand* the following documents provided to me from Charm Medical Supply:

- Patient's Rights and Responsibilities *
- Patient Agreement *
- Delivery Authorization *
- Patient Information Release *
- Patient Acknowledgement of Receipt *
- DMEPOS Medicare Supplier Standards
- Notice of Privacy Practices
- Patient Complaint/Grievances Policy
- Billing and Reimbursement Practices
- Emergency Policies & Procedures for Patients
- Community Resource List

**** I have completed the documents (marked with an *) required by Charm Medical Supply in order to initiate the services I've requested. ALL five (5) documents requiring a signature will be returned in the self-addressed, stamped envelope provided to me by Charm Medical Supply.***

Patient Name

X

Patient or Patient Guardian/Caregiver Signature

DATE

RETURN THIS COPY- *SIGNED AND DATED*- TO CHARM MEDICAL SUPPLY

880 Corporate Park Drive, Pembroke, MA 02359
781-829-9813 (local), 877-94-CHARM (toll free), 781-829-9836 (fax)
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