

## HENLEY MEDICAL

### CLIENT/PATIENT BILL OF RIGHTS

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

1. The right to choose a healthcare provider, including an attending physician. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons entering your residence to provide home care for you.
3. To be provided with adequate information from which you can give your informed authorization for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
4. To receive information about the scope of services that the organization will provide and specific limitations on those services. To receive appropriate care without discrimination in accordance with physicians orders, if applicable.
5. To be fully informed in advance about care/service to be provided, informed of the disciplines that furnish care and the frequency of visits, as well as any modifications in the care or treatment to be provided when those changes may affect your well-being.
6. To participate in the development and modification of your care plan.
7. To accept or 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.
8. To be advised both orally and in writing, before care is initiated, of the extent to which payment for services may be expected from Medicare/Medicaid, insurance, and any charges for which the client/patient will be responsible.
9. To have your privacy and your property respected at all times and to be treated with respect, consideration, and recognition of dignity and individuality. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
10. To express complaints or grievances regarding treatment or care or lack of respect of property or recommend changes in policy, personnel, or care/service or modifications to your home care service without fear of restraint, interference, coercion, discrimination, or reprisal. Have grievances/complaints regarding treatment/care that is or fails to be furnished, or lack of respect of property investigated. **If you have a complaint or grievance about our services you may file a complaint to Henley Medical, Attn: Ave Henley, Compliance Officer, 1090 McCallie Avenue, Chattanooga, TN 37404, by calling (423) 698-4200 or by email to [amhenley@henleymedical.com](mailto:amhenley@henleymedical.com). If a complaint has been filed with Henley Medical and you are still not satisfied you may call the Accreditation Commission for HealthCare Complaint Hotline at 1-855-937-2242 (9am – 5pm), the TN Health Care Facilities Complaint Hotline at (877) 287-0010 (8am – 4:30pm), or the Palmetto Government Benefits Administrators Hotline at 1-803-735-1034.**
11. To expect that all information received by this organization shall be kept confidential and private and shall not be released without written authorization. To be advised on the agency's policies and procedures regarding the disclosure of clinical records.
12. The right to review Henley Medical's Privacy Notice.
13. The right to confidentiality and privacy of all patient/client medical information or Protected Health Information.
14. To receive the appropriate or prescribed service in a professional manner without discrimination.
15. To be informed of any financial benefits when referred to another organization.
16. To be fully informed of your rights and responsibilities in a language you understand.
17. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.
18. To formulate and have honored by all health care personnel an Advance Directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order. (Required for clinical services.)
19. To be informed of anticipated outcomes of services or care and of any barriers in outcome achievement. (Required for clinical services.)
20. **DMEPOS Supplier Standards (Effective Immediately)** DMEPOS suppliers have the option to disclose the following statement in order to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.