

PATIENT'S RIGHTS

As an individual receiving services from Makena Medical, Inc. shall have the following rights:

1. To select those who provide you services.
2. To be provided with legitimate identification by any person or persons who enters your residence to provide care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
4. To be promptly informed if the prescribed care or services are not within the scope of Makena Medical and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be treated with courtesy and respect by each and every individual who provides treatment or services for you, and be free from neglect or abuse be it physical or mental.
6. To have your privacy and your property respected at all times.
7. To be provided with adequate information from which you can give your informed consent for the provision of service.
8. To receive care and services within the scope of your health care plan, promptly and professionally, while being fully informed as to our organization's policies, procedures, and charges.
9. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
10. To have all information received by Makena Medical kept confidential and not be released unless you give your consent or it is permitted by law.
11. To transfer your service to another health care provider, or the termination of service by Makena Medical.
12. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
13. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.
14. To 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.
15. To request and receive data regarding services or costs thereof privately and with confidentiality.
16. To request and receive the opportunity to examine or review your medical records.
17. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.

PATIENT'S RESPONSIBILITIES

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your home care service plan
2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself in developing, carrying out, and modifying your home care service plan that includes properly cleaning and storing of your home medical equipment.
4. To review Makena Medical's safety procedures and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your home care service plan you do not fully understand.
6. To notify your physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
7. To notify Makena Medical, in advance, when you cannot be home for a scheduled home care visit.
8. To notify Makena Medical prior to changing your place of residence or your telephone number.
9. To notify Makena Medical when encountering any problem with equipment or service.
10. To notify Makena Medical if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home care service plan developed for you.