

Rights as a Patient

As a patient of Bennett Medical Services you have the right:

1. To be treated with dignity and to have your privacy and property respected at all times.
2. To exercise your rights as a client or to have your authorized, designated representative exercise your rights as a client.
3. To select those who provide you home care services.
4. To receive appropriate care and services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, physical or mental handicap, or personal cultural or ethnic heritage, and to be free from any mental abuse, physical abuse, neglect, or exploitation of any kind by agency staff.
5. To be informed of billing and reimbursement methodologies prior to the start of care and as changes occur, including fees for services and products provided, direct pay responsibilities, and notification of insurance coverage.
6. To receive services within a reasonable timeframe given the limits of your insurance and physician.
7. To participate in the development and modification of your care and services plan; to refuse treatment, within the boundaries set by law; and to receive professional information relative to the ramifications or consequences that may result due to such refusal.
8. To review the organization's Privacy Notice.
9. To expect that all information received by this organization shall be kept confidential and shall not be released without written authorization.
10. To request and to receive the opportunity to examine or review your medical record.
11. To express concerns or grievances or recommend modification to your home care service without fear of discrimination or reprisal and to be involved, as appropriate, in discussions and resolutions of conflicts and/or ethical issues related to your care.
12. To be informed that the CHAP hot line number 1-800-656-9656 can be assessed 9:00 am to 5:00 pm EST should you have unresolved organization complaints or questions about the organization.
13. To know the organization ownership and control, the names and professional qualifications of the disciplines that will provide care, and the proposed frequency of service.
14. To be provided with legitimate identification by any person or persons who enters your residence to provide home care services.
15. To be notified in advance of treatment options, transfers, discontinuation of care, and to participate in the selection of options for alternative levels of care or referral to other organizations, as indicated by the client's need for continuing care.
16. To receive disclosure information regarding and beneficial relationships the organization has that may result in profit for the referring organization.
17. To not receive and experimental treatment without your specific agreement and full understanding of information explained.
18. To be fully informed of your rights and responsibilities.