



PATIENT RESPONSIBILITIES

You and ActivStyle, Inc. are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care program. As a client of ActivStyle, Inc., you are responsible for the following:

1. To provide complete and accurate information at all times, including but not limited to: Insurance Information and any/all Insurance changes; up to date name, address, and telephone numbers; up to date Medical Information including diagnosis, Physician information, changes in status or need, etc. ****You must notify ActivStyle, Inc. of all/any changes.****
2. To notify ActivStyle, Inc. if you are hospitalized, staying in a nursing home temporarily or permanently, and/or if your physician modifies or ceases your home care prescription.
3. To order Medical Supplies as medically needed and use them as they are intended. To not order supplies if there is excess on hand, if used as a convenience item deemed by your Insurance, and if supplies are not medically necessary at the time of use.
4. To inform a ActivStyle, Inc., as appropriate, of your health history, including past hospitalizations, nursing home stays, illnesses, injuries, etc.
5. To involve yourself, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies.
6. To review ActivStyle, Inc.'s safety materials and actively participate in maintaining a safe environment in your home.
7. To request additional assistance or information on any phase of your health care plan that you may not fully understand.
8. To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
9. To notify ActivStyle, Inc. when you will not be home at the time of a scheduled delivery of supplies.
10. To notify ActivStyle, Inc. when encountering any problems with your medical supplies and/or services.
11. To make a conscious effort to properly care for your supply items and to comply with all other aspects of the home health care plan developed for you.
12. To notify ActivStyle, Inc. of denial and/or restriction of the ActivStyle, Inc.'s privacy policy.

PATIENT BILL OF RIGHTS

As an individual receiving home services from ActivStyle, Inc., let it be known and understood that you have the following rights:

1. 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 be fully informed in advance of any changes in the care or treatment to be provided by our organization when those changes may affect your well being.
5. To participate in the development and modification of your care plan.
6. 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.
7. To be advised, before care is initiated, of the extent to which payment for services may be expected from Medicare/Medicaid, insurance, or your liability for payment, billing cycles and changes in payment.
8. To have your privacy and your property respected at all times and to be treated with respect, consideration, and recognition of dignity and individuality.
9. To express concerns or grievances or recommend modifications to your home care service without fear of restraint, interference, coercion, discrimination, or reprisal. You may contact any following organizations with grievances:
Illinois Medicaid (800) 226-0768 Iowa Medicaid PO Box # 36450, Des Moines, IA 50315
Minnesota Medicaid (800) 657-3750 North Dakota Medicaid (800) 755-2604 Ohio Medicaid (800) 324-8680 # 2
Wisconsin Medicaid (800) 362 3002 Medicare (800) Medicare ACHC (919) 785-1214
10. To expect that all information received by this organization shall be kept confidential and shall not be released without written authorization.
11. The right to review ActivStyle, Inc.'s Privacy Practices.
12. To receive the appropriate or prescribed service in a professional manner without discrimination.
13. To be informed of any financial benefits when referred to another organization.
14. 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 assistance to an appropriate care of service organization.
15. To be fully informed of your rights and responsibilities in a language you understand.