



**HOLLY HILL
PHARMACY**
Home Infusion Services

1702 RIDGEWOOD AVE
HOLLY HILL, FL 32117
386-677-7377

PATIENT RIGHTS AND RESPONSIBILITIES

As a client or a family member of the client receiving home care services, you possess the following basic rights and responsibilities:

The Right To:

- Be informed of your rights and responsibilities before initiation of care.
- Be informed in advance about care that is to be provided, the disciplines that will furnish the care, the frequency of visits and any modifications to the plan of care.
- Receive information about the scope of services that Holly Hill Pharmacy Home Infusion Services provides and specific limitations on those services.
- Be treated with dignity, respect, and consideration by qualified staff.
- Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse.
- Receive appropriate care without discrimination in accordance with physician orders if applicable.
- Have your property treated with respect, dignity and privacy.
- Be informed in advance of the extent to which payment may be expected from third party payers and what costs you will be responsible for. Be advised orally and in writing no later than 30 calendar days from the date the agency becomes aware.
- Be informed of your rights to formulate an Advance Directive.
- Refuse all or part of your care to the extent permitted by law and be informed of the expected consequences of such action.
- Be informed of any financial benefit to the organization resulting from my referral to another organization, service or individual.
- Expect confidentiality of all information, including records related to your care.
- Be informed within a reasonable time of anticipated termination of services, what services you will need and where you can obtain that care.
- Review your client record upon written request.
- Voice grievances regarding care of lack of respect without being subject to discrimination or reprisal by contacting the Administrator and be informed of the resolution within fourteen (14) days.
- Be able to identify visiting personnel members through proper identification.
- Provide accurate and complete information that may affect your care.
- Sign the required consents and releases for insurance billing.
- Provide all requested insurance, financial records, and copies of any executed Advance Directive.
- Pay for charges that the organization informed you that you were responsible for.
- Notify the organization and your physician when changes occur in your condition.
- Participate in establishing and revising your service delivery plan of care.
- Request further information concerning anything that you do not understand.
- Accept the consequences when you refuse care or are non-compliant.

- Provide a safe environment in which your care can be given.
- Cooperate with the caregivers and the organization's staff.
- Choose a health care provider, including choosing an attending physician, if applicable.
- Treat the organization's staff with dignity, respect, and consideration.
- Notify the organization if you are unable to keep an appointment.
- Notify the organization if you are dissatisfied with Holly Hill Pharmacy Home Infusion Services' services.