

SLEEP WELLNESS CENTER PATIENTS HAVE THE RIGHT TO:

- To be treated with respect and dignity, regardless of race, religion, cultural variables, gender, sexual orientation, marital status, age, disability, or source of payment.
- To identify visiting staff members through proper identification.
- To confidentiality of all information in the patient record and of Protected Health information.
- To receive accurate information about their health-related concerns.
- To be informed both orally and in writing, in advance of any care/service, of payments that will be the responsibility of the patient.
- To participate in the development or revision of any plan of service or care and be informed of any care/service limitations.
- To consent to, or refuse (along with consequences if treatment is refused), to any care or treatment.
- To select and/or change their health care provider.
- To receive appropriate care/service without discrimination in accordance with physician orders.
- To know the effectiveness, possible side effects and problems of all forms of treatment.
- To voice grievances/complaints regarding treatment or care, lack of respect to property or recommend changes in policy or staff, without restraint, interference, coercion, discrimination, or reprisal.
- To have one's property treated with respect and report a complaint if property is damaged.
- To receive and have reviewed a copy of the Medicare Supplier Standards.

SLEEP WELLNESS CENTER PATIENTS HAVE THE RESPONSIBILITY TO:

- To inform the supplier or physician of any complications or side effects from the treatment prescribed.
- To be honest about their medical history.
- To ask about anything they do not understand.
- To follow health advice and medical instructions.
- To report any significant changes in symptoms or failure to improve.
- To provide useful feedback about services and policies.
- To communicate with the company about a complaint or grievance.
- To assume responsibility of any co-pays or deductibles that will not be covered by the insurance company.
- To respect the suppliers medical equipment and protect it from, fire, theft, or damage.
- To notify the supplier immediately of any of the following:
 - a) Any failure, damage, or theft of the supplier's equipment.
 - b) Any supplies needed to use the equipment.
 - c) Changes in prescription from physician.
 - d) Change in insurance or physician
 - e) Change of address or phone number