

## **RIGHTS AND RESPONSIBILITIES**

**As a patient of the Veterans Affairs Medical Center, you have the RIGHT to:**

1. Be treated with appropriate, considerate, respectful and courteous care.
2. Discuss with our staff your concerns or issues pertaining to the quality of services and/or devices furnished to you.
3. To express your concerns regarding the timeliness of services and devices provided.
4. To discuss your eligibility and entitlement to Prosthetic Services with staff personnel.
5. To have privacy; to refuse to take part in any research studies.
6. Complete and have placed on file a copy of your Patient Satisfaction Form clearly stating your questions and concerns.
7. To receive a response to a written complaint in a timely manner.
8. To refuse treatment/equipment to the extent permitted by law and to be informed of consequences of actions.
9. To appeal any decision made by the Prosthetic & Sensory Aids Service concerning your eligibility and entitlement to receive such services.

**As a patient of the Veterans Affairs Medical Center, you have the RESPONSIBILITY to:**

1. To treat VA and Vendor staff with respect and courtesy.
2. Take reasonable care when using devices and/or appliances issued to you.
3. Exercise reasonable care and maintenance of devices and appliances issued to you.
4. Immediately advise the Prosthetic & Sensory Aids Service of defective equipment.
5. Advise your Clinician at the VA Medical Center when equipment is no longer required for your use.
6. Not to sell or give away any equipment provided to you by the Department of Veterans Affairs.
7. To comply with the prescribed plan of treatment and to communicate any concerns and health care needs with health care providers.

**As a Respiratory Patient of the VA Medical Center, you have the RESPONSIBILITY to:**

1. Allow the vendor staff to make home visits on a regular basis.
2. Immediately advise the vendor that supplies your oxygen, of any problems with your oxygen equipment.

(CONTRACTOR NAME) is referred to hereinafter as the Company"

### **Release of Medical Information**

I understand that my signature on this agreement authorizes any entity with medical information regarding me to release to Company any information regarding my medical history, treatments or other relevant medical information. I understand that my signature on this agreement authorizes Company to release my Company medical records to:

- a. any authorized representative of certain local, state, or national licensing, credentialing or accrediting boards or bodies, such as the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).
- b. certain local, state, and national entities, as well as certain public utilities, for Emergency Preparedness planning purposes.
- c. other providers of clinical care involved in my medical care.

This release specifically includes the release of my clinical records. I understand that I have the right to refuse to release my medical records, and that by signing this agreement, I waive that right. This consent is valid for whatever time period is reasonably necessary for these authorized representatives to complete these tasks and shall remain in effect until such time as I revoke it in writing. The revocation will have a prospective application only.

### **PROVISION OF PRODUCTS**

I understand that my signature on this agreement authorizes Company to provide the products and/or services to me. I also understand that the products and/or services provided to me by Company or its agents are provided under the direction of my physician and that Company is not liable for any act or omission when following the instructions of my physician.

### **NOTE!! OXYGEN CLIENTS**

I have received written and verbal instruction on the safe use, storage, and handling related to oxygen therapy. I understand that smoking or open flames are not allowed within 8 feet of the oxygen equipment or my person while oxygen therapy is used as Oxygen Supports Combustion. Any use of either is at my own risk and considered a safety hazard.

### **ELECTRICAL SAFETY**

(Applies only if indicated on front of form). I have been instructed that my electrical outlets are not grounded. I have the option of having this condition corrected by a certified electrician, or using the equipment "as is". If I choose to use the equipment with a non-grounded outlet, the Company is not responsible for any problems associated with such use.

**By signing on the reverse side, the signor certifies that he/she has read the foregoing, received a copy thereof, and is the patient, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms on behalf of the patient.**