

Duke Medical Supply, Inc. Customer Bill of Rights

As a customer of Duke Medical Supply, Inc. you have the right to be fully informed of the following before care is initiated:

1. Supplies/products available directly or by contract;
2. Organization's ownership and control;
3. Any specific charges for services to be paid by client and those charges covered by insurance, third party payment or public benefit programs;
4. Billing policies, payment procedures and any changes in the information provided on admission as they occur within 15 days from the date the organization is made aware of the change;
5. Names and professional qualifications of the disciplines that will provide care and the proposed frequency of service;
6. Your rights to participate in the plan of care and/or any change in the plan before it is made;
7. The agency's policy on client advanced directives including a description of an individual's rights under State Law (whether statutory or as recognized by the courts of the State) and how such rights are implemented by the agency;
8. The organization's grievance procedures which includes contact names, phone numbers, hours of operation and how to communicate problems to the agency;
9. Receiving services without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle;
10. Receiving services without regard to whether or not any advance directive has been executed;
11. Make informed decisions about care and treatment plans and to receive information in a way that is understandable to the client;
12. Notified in advance of treatment options, transfer, when and why care will be discontinued;
13. Receive and access services consistently and in a timely manner in accordance with the organizations stated operational policy;
14. Education, instructions and requirements for continuing care when the services of the agency are discontinued;
15. 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. Receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization;
17. Be referred to another provider organization if the organization is unable to meet the client's needs or if the client is not satisfied with the care they are receiving;
18. Voice grievances regarding treatment, care or respect for property that is or fails to be furnished by anyone providing services on behalf of the organization without reprisal for doing so;
19. Receive information on grievance procedures, which include contact name, phone numbers, hours of operation and how to communicate problems to the agency;
20. Document a response from the agency regarding investigation and resolution of the grievance;
21. Be advised of the availability, purpose and appropriate use of State, Medicare and CHAP Hotline numbers;
22. Refuse treatment and be informed of potential results and/or risks;
23. Not receive any experimental treatment without the client's specific agreement and full understanding of information explained;
24. Be free of any mental, physical abuse, neglect or exploitation of any kind from agency staff;
25. Have his/her property treated with respect;
26. Confidentiality of his/her clinical records and the organization's policy for accessing and disclosure of clinical records;
27. Information regarding the organization's liability insurance upon request.