



PATIENT RIGHTS & RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, in advance of care/service being provided and their financial responsibility
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of your plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

YOU HAVE THE RESPONSIBILITY TO:

- Adhere to the plan of treatment or service established by your physician.
- Adhere to the company's policies and procedures.
- To submit any forms that are necessary to participate in the program, to the extent required by law.
- Participate in the development of an effective plan of care/treatment/services.
- Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
- Provide any necessary forms and documentation needed to participate in patient management programs, to the extent required by law.
- Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
- Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.

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- Be available at the time medication deliveries are made.
- Notify the company if you are going to be unavailable.
- Treat company personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
- Provide a safe environment for Cancer Partners of Nebraska Pharmacy representatives to provide services.
- Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose it was prescribed and only for/on the individual for whom it was prescribed.
- Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.
- Protect equipment from fire, water, theft or other damage. You agree not to transfer or allow your equipment to be used by any other person without prior written consent of the company and further agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases the company from any liability related to the equipment and its uses, and from any resulting negative customer outcomes.
- Except where contrary to federal or state law, you are responsible for equipment rental and sale charges that your insurance company or companies do not pay. You are responsible for prompt settlement in full of your accounts unless prior arrangements have been approved by company administration.
- The company should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify the company immediately of any address or telephone changes whether temporary or permanent.

GRIEVANCES AND COMPLAINTS

- You have the right to raise grievances or complaints with the clinic or pharmacy verbally or in writing by contacting any one of the parties below:
 - ❖ Justin Rousek – Executive Director, justinr@cancerpartners.com, (402) 420-7000
 - ❖ Becky Shedeed – Director of Clinical Services, beckys@cancerpartners.com, (402) 420-7000
 - ❖ Max Owens, PharmD – Director of Pharmacy, maxo@cancerpartners.com, (402) 420-7000
 - ❖ Nebraska State Pharmacy Board – (402) 471-3121
 - ❖ ACHC – Credentialing Organization (855) 937-2242

Note: Any patient may request an additional paper copy.