



Patient Rights and Responsibilities

Comfort Compression will protect and promote each patient's rights and responsibilities, which also apply to your legally designated representative, patient-designated support person (health care representative) and/or parent/guardian of minors. You and your representative will be included in decisions related to your compression garment and mastectomy care needs. Information will be provided and explained in a manner everyone understands.

WE WILL:

- Ensure you will have access to considerate, high-quality, safe, products without regard to race, creed, color, national origin, religion, disability, sex, gender identity, sexual orientation, or age.
- Honor your wishes concerning designation of a representative. If you are unable to communicate your wishes and have no written advance directive on file, we will accept an individual who claims to be your representative.
- Promptly notify a family member or representative of your choice and your own doctor of your care or complications as they arise, if requested.
- Communicate with the physician or other practitioner who is primarily responsible for your care.
- Provide information to you and your representative. This may include treatment options with potential benefits, risks, likelihood of achieving desired outcome, alternatives, and costs so you or your representative can make an informed decision.
- Honor your request or refusal of treatment considered medically necessary with an explanation of the medical consequences of a refusal.
- Support your right to consent or refuse to participate in unusual, research or experimental projects without compromising your access to services.
- Ensure you receive care/services by competent staff and know their name and professional status. You will be informed of any circumstantial reason for changes in staff caring for you.
- Inform you of any need to transfer your care to another provider who may supply you with needed products.
- Provide personal privacy, including physical privacy while being measured or fit for compression or mastectomy care products.
- Provide care in an environment that is free of all forms of abuse or harassment.
- Respect your privacy, protect the confidentiality of your clinical records and provide detailed information in a form called Notice of Privacy Practices.
- Obtain your consent prior to photographing, recording or filming any aspect of your care.
- Provide access to or a copy of any records kept by Comfort Compression regarding your care in a timely manner.
- Provide you with cost of services rendered within a reasonable time.
- Inform you of the relationship of Comfort Compression to other organizations participating in the provision of your care.
- Provide a prompt and courteous response to complaints.

AS A PATIENT, YOU OR YOUR REPRESENTATIVE ARE EXPECTED TO:

- Participate in making decisions about your health care and to ask questions of your Comfort Compression provider about your compression or mastectomy care needs.
- Provide accurate and complete personal and health information to provide you with appropriate care.



- Follow your practitioner's orders, continue recommended treatment and accept the outcomes, should you choose not to follow the recommended plan of care.
- Notify your provider of any change in your condition.
- Be considerate of others and their property, including Comfort Compression staff and offices.
- Follow building policies regarding no smoking, no illegal substances and prohibition of weapons on the premises.
- Provide complete and accurate information for insurance claims and work with billing offices to pay your bills timely.
- You or your representative may contact any of the following verbally or in writing to discuss concerns about your care, safety or an ethical issue. We will review your grievance and respond in a timely manner.
- Comfort Compression Compliance Officer at 812-303-3831, Lorien@comfortcompression.com
- Indiana State Department of Health, 2 North Meridian Street, Indianapolis, IN 46204-7373, phone 317-233-1325 or TTY, 317-233-5577
- Board of Certification/Accreditation: 1-877-776-2200
- ACHC: **(855) 937-2242**
- CMS 1-800-MEDICARE