



**RANGE  
OF MOTION**  
ATLANTA, GEORGIA

### **PATIENT BILL OF RIGHTS**

As an individual receiving home care services from Range of Motion, Inc., let it be known and understood that you have the following rights:

1. To select those who provide you home care services.
2. To be provided with legitimate identification by any person or persons who enters your residence to provide home care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, psychosocial state, physical or mental handicap, or personal cultural and ethnic preferences.
4. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of Range of Motion, Inc., and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing Range of Motion, Inc. that provides treatment or services for you and to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
6. To have your confidentiality, privacy, safety, security, and property respected at all times.
7. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
8. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
9. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
10. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.
11. To receive care and services within the scope of your care plan, promptly and professionally, while being informed to Range of Motion, Inc.'s policies, procedures, and charges.
12. To refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
13. To request and receive data regarding services or costs thereof privately and with confidentiality.
14. To request and receive the opportunity to examine or review your medical records.
15. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order.
16. To expect that all information received by Range of Motion, Inc. shall be kept confidential and shall not be released without written consent.
17. The right to review Range of Motion, Inc.'s Privacy Notice.
18. The right to access, request amendment to, receive an accounting of disclosures regarding your health information as permitted under applicable law.
19. The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming.
20. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
21. To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.
22. As a patient of Range of Motion, Inc., you can expect that your reports of pain will be believed, and our concerned staff will quickly respond to your concerns by contacting your home health nurse or physician.