

PATIENT BILL OF RIGHTS AND 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
- 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 the 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
- Choose a healthcare provider, including an attending physician, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Receive clear instructions in the use of all products and equipment and the treatment plan designated and ordered by your physician
- Be informed, in advance of care/service being provided and their financial responsibility
- Be fully informed of one's responsibilities
- 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
- 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
- Be informed of any financial benefits when referred to an organization
- Receive service without regard to race, religion, color, age, gender, handicap, sexual orientation, veteran status or lifestyle
- Know that the company does not engage in any relationships that may result in profit for the referring organization
- Know the company's liability insurance is utilized when the corporation is found to be legally liable
- 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
- Express content, concern, or dissatisfaction with any aspect of care, employees, product or equipment or any company related services by calling DJO Customer Support at 1-888-225-4398 Monday Friday 9:00am 5:00pm Central Time or by writing to: DJO, LLC, 2900 Lake Vista Drive, Suite 200, Lewisville, TX 75067 or contact the Accreditation Commission for Health Care at 919-785-1214 or State of California Department of Consumer Affairs at 800-952-5210



Your responsibilities include the following:

- Caring for and using the device as instructed by a DJO representative
- Not modifying any equipment without the prior written consent of the Company
- Not allowing the use of any equipment by anyone other than you, the patient
- Notifying the Company promptly in the case of any equipment malfunctions and allowing a Company representative to repair or provide replacement
- equipment within an agreed upon timeframe
- Understanding that DJO is able to provide you with estimates only of the amount your insurance company may pay for the product
- If you are impacted by a disaster or emergency and have questions about your equipment, please contact DJO at 1-888-225-4398.
- For more information about emergency preparedness please visit https://www.ready.gov/
- Accepting responsibility for payment of any balance due on equipment or services supplied by DJO, LLC if your insurance carrier(s) do not pay the
- entire billed amount and understanding that you may be financially responsible in the event of a determination of noncoverage
- Understanding that this product is single patient use only

Product Returns: DJO accepts returns only within 14 days from the date of service. Please call 1-888-225-4398 and a Return Specialist will help you. Product exchanges are handled at the clinic within 14 days from the date of service.