

As an individual receiving services from Orthofix, let it be understood that you have the following rights:

1. To select those who provide you home care services.
2. To have legitimate identification provided by any Orthofix personnel who enters your residence to provide services 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 of the limits of Orthofix care, and prescribed care if or when services are not within the scope, mission, or philosophy of Orthofix, and to be provided with transfer assistance to an appropriate care or service organization.
5. To be treated with friendliness, courtesy and respect by each and every individual representing Orthofix 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 person and property treated with respect, consideration, dignity, and individuality, and to have your confidentiality, privacy, safety, and security respected at all times.
7. Within the limited scope of services we provide, 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 fully informed, in advance, about your plan of care and any modifications to your plan of care with respect to Orthofix products, and 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, grievances, or recommend modifications to your home care service without fear of discrimination or reprisal. If you have any concerns about the patient care and safety with Orthofix that hasn't been addressed, you are encouraged to contact our management.
10. To request and receive from your physician complete and up-to-date information relative to your condition, treatment, alternative treatments, and risks of treatment within the physician's legal responsibilities of medical disclosure.
11. To receive the Orthofix items and services prescribed by your physician, promptly and professionally, while being fully informed as to Orthofix policies, procedures, and changes.
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 be fully informed, in advance, of any charges, including charges from any third party, and notified of any costs you will be required to pay.
14. To be fully informed of your responsibilities in the use of Orthofix products.
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 Orthofix is kept confidential and will not be released without your written consent. If a customer is mentally incompetent, written consent will be obtained from the customer's legal representative.
17. The right to be informed of any financial benefit to Orthofix if referred to another provider.
18. The right to review the organization's Privacy Notice.
19. The right to access, examine, request amendment to, receive an accounting of disclosures regarding your health information as permitted under applicable law.
20. The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming.
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. To have equipment provided that is clearly marked with the Orthofix name, address and telephone number. That telephone number may be used for information, questions, and/or complaints about Orthofix products and services.

If you have any questions, concerns or complaints regarding items or services provided by Orthofix, please contact the Orthofix Patient Services Department at 1-800-535-4492, or visit our web site: www.orthofix.com. You may also contact Medicare at 800-633-4227 or ACHC at 919-785-1214.

Orthofix hours of operation are 7:00 a.m. CST to 7:00 p.m. CST.