Patient Rights & Responsibilities
Consent to Privacy Practices

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care, may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify the **Spectrum Diabetic Services** of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify **Spectrum Diabetic Services** in such instances.
3. The patient should promptly notify the **Spectrum Diabetic Services** of any changes to their address or telephone.
4. The patient should promptly notify the **Spectrum Diabetic Services** of any changes concerning their physician.
5. The patient should notify **Spectrum Diabetic Services** of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

Consent to Privacy Practices of Spectrum Diabetic Services, LLC Effective Date: April 14, 2003

You have been provided with a copy of **Spectrum Diabetic Services, LLC** "Notice of Privacy Practices" that describes how we will use health information concerning our service to you. The notice details how we will use this information to provide treatment care for you, to gain reimbursement for our services and to improve our operations to better serve you and other patients.

We are required to document that:

- We have given you our Notice of Privacy Practices and that you have had the opportunity to review it;
- **Spectrum Diabetic Services, LLC** will notify you of changes in our Notice of Privacy Practices prior to implementing those changes;
- You may request restrictions as to how your health information may be used although **Spectrum Diabetic Services, LLC** is not required to agree to those restrictions;
- Any restrictions to which **Spectrum Diabetic Services, LLC** agrees to will be respected.
- You may revoke this consent in writing at any time, although **Spectrum Diabetic Services, LLC** can proceed with uses and disclosures that pertain to treatment, payment, or healthcare issues that take place before the consent was revoked.

Please provide your signature below to indicate understanding and consent for use of health information related to our service.

_____ _____ Date:_____

Signature of Patient or Legal Representative Witness