PATIENT RESPONSIBILITIES

- 1. Client agrees that rental equipment will be used with reasonable care, not altered or modified and returned in good condition (normal wear and tear expected).
- 2. Client agrees to promptly report to Alliance Medical Services any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
- 3. Client agrees to provide Alliance Medical Services access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment.
- 4. Client agrees to use the equipment for the purposes so indicated an in compliance with the physician's prescription.
- 5. Client agrees to keep the equipment in their possession and at the address, to which it was delivered unless otherwise authorized by Alliance Medical Services.
- 6. Client agrees to notify Alliance Medical Services of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
- Client agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to Alliance Medical Services for any services furnished by Alliance Medical Services.
- 8. Client agrees to accept all financial responsibility for home medical equipment furnished by Alliance Medical Services.
- 9. Client agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.
- 10. Client agrees not to modify the rental equipment without the prior consent of Alliance Medical Services.
- 11. Client agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
- 12. Client agrees that title to the rental equipment and all parts shall remain with alliance Medical Services at all times unless equipment is purchased and paid for in full.
- 13. Client agrees that Alliance Medical Services shall not insure or be responsible to the client for any personal injury or property damage related to any equipment; including that caused by use of improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fir or act of act.
- 14. Client understands that Alliance Medical Services retains the right to refuse delivery of service to any client at any time.
- 15. Client agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.
- 16. Client understands that they be informed by Alliance Medical Services in advance of any changes in the Plan of Care.
- 17. It is the Clients right:
 - To be free from mental and/or physical abuse.
 - To refuse experimental treatment and/or experimental drugs.
 - To be treated with dignity in our Plan of care.
 - Right to receive or not receive treatment.
 - Right to privacy of care
- 18. The Client has the right to be treated grant4ed by their civil rights without any discrimination noted by Alliance Medical Services.
- 19. When the client/patient is unable to make medical or other decisions, the family should be consulted for direction.