



Customer Responsibilities

We believe each customer is responsible to:

- Provide accurate information to National Home Health Care staff.
- Keep scheduled appointments with National Home Health Care staff and prescribing physician.
- Participate in reasonable actions to maintain a safe environment.
- Protect valuables in the home by storing them in an appropriate manner.
- Participate in planning for services and needs with National Home Health Care staff and physician.
- Follow the established plan of care that includes:
 1. Participation in training activities related to your care and responsibilities.
 2. Independent performance of required procedures upon completion of training.
 3. Adherence to procedures outlined in training.
 4. Assuming responsibility for care when National Home Health Care staff are not in the home and for care/service not provided by National Home Health Care.
- Permit authorized company representatives access to all company owned equipment for the purposes of performing service, repair, replacement or retrieval.
- Notify the company of any change in health insurance, address, telephone number, physician or prescribed use.
- Observe for possible health complications and report symptoms or problems to National Home Care staff and/or physician.
- Notify the company upon admission to a hospital, skilled nursing facility or whenever a physician indicates that the home medical equipment services are no longer necessary.
- Accept all financial responsibility for home medical equipment services furnished by the company.
- Use rental equipment with reasonable care, without modification or alteration and return in good condition when the need for such equipment no longer exists.
- Promptly report any malfunctions or defects in the equipment to the company.
- Use the equipment for the purposes so indicated in a safe and proper manner and in compliance with the physician's prescription and to keep the equipment in their possession and at the address to which it was delivered unless otherwise authorized by the company.
- Inform National Home Health Care management of any problem or complaints regarding your services.

I acknowledge I have received the Customer Responsibilities.

Customer's Signature

Date

04/09