## Upchurch Holdings, LLC., dba Life Therapeutic 3514 Country Club Ave., Ste 2 Fort Smith, AR 72903

## Our Mission: Improve the Quality of Life in the Communities We Serve

## CLIENT BILL OF RIGHTS AND RESPONSIBILITIES CONSUMER STATEMENT OF ORIENTATION INCLUDING RIGHTS OF THE ELDERLY

The law provides you with certain rights as a consumer and with additional rights if you are 55 years of age or older. All consumers have these rights.

## YOU HAVE THE RIGHT:

- To Be Treated As A Citizen.
- To Be Free From Physical Or Chemical Restraints Unless Ordered By A Physician To Protect Yourself Or Others.
- To Have A Family Member Or Guardian Exercise Your Rights As A Consumer Of DME Supplier If You Are Judged Incompetent.
- To Have The Consent Of Your Guardian Before Participation In A Behavior Modification Program Involving Use Of Restraints Or Adverse Stimuli For Mentally Retarded Individuals.
- To Be Free From Physical, Mental Abuse Of Exploitation.
- To Be Treated Individually With Respect, Considerations, And Dignity With Personal Care And Privacy.
- To Not Be Denied Appropriate Care On The Basis Of Race, Sex, Religion, Color, National Origin, Marital Status, Or Source Of Payment.
- To Communicate With Others In Native Language To Acquire Treatment, Care Or Service.
- To Voice Commendations Or Grievances, Concerning Treatment Or Care Or The Lack Or Respect For Property Without Restraint, Or Interference, Coercion, Discrimination, Or Reprisal By Contacting Your Dme Supplier.
- The Freedom To Associate, Communicate And Meet Privately With Others And Restrict Unauthorized Individuals From Handling Your Mail.
- The Freedom To Participate In Activities Of Social, Religious, Or Community Groups Unless Physician Determines Participation Would Be Harmful.
- To Manage Your Personal Financial Affairs And Request A Written Receipt For Financial Services Performed By An Authorized Individual.
- To Have Access To Your Own Records With Knowledge That Records Are Confidential And Are Not Released Without Your Written Consent, Unless Authorized By Law.
- To Have Your Property And Privacy Treated With Respect; And All Your Medical, Financial, And Other Care Related Information Treated As Confidential.
- To Receive Answers To Your Questions Concerning Health Treatments And Conditions Unless Prohibited In Writing By A Physician.
- To Choose A Personal Physician
- To Be Informed In Advance And Participate In Planning Your Total Care And Frequency.
- To Refuse Treatment After Possible Consequences Of Refusing Treatment Are Fully Explained.
- To Not Receive Experimental Treatment Or Participate In Research Unless You Give Written, Voluntary Informed Consent.
- Not Be Required To Perform Services For DME Supplier.