



Patient Responsibilities:

To ensure the best care possible, and allow us to assist you, you must understand your role in the health care system. As a customer of **UVBioTek**, you are responsible for the following:

To provide complete and accurate information at all times, including but not limited to: Insurance information and any/all insurance changes, up to date name, address and telephone numbers, up to date medical information to include diagnosis, physician information, changes in status or needs.

To request additional assistance or information on any issue with your order that you do not fully understand.

To notify **UVBioTek** when encountering any problems with your medical system.

To notify **UVBioTek** of denial and/or restriction of the **UVBioTek** privacy policy.

Patient Bill of Rights:

As a patient receiving medical devices from **UVBioTek**, you have the following rights:

To select those who provide your medical devices.

To be provided with legitimate identification by any person or persons entering your residence to provide delivery services or maintenance of your medical device

To be provided with adequate information from which you can give your informed authorization for the commencement of your order, the continuation of your order, the transfer of your order to another provider, or the termination of your order

To be advised, before the order is shipped, of the extent to which payment for the medical device may be expected from your insurance, or your liability for payment, billing cycles and changes in payment.

To have your privacy respected at all times and to be treated with respect, consideration, and recognition of dignity and individuality.

To express concerns, grievances or recommend modifications to your home care service without fear of restraint, interference, coercion, discrimination or reprisal.

To expect that information received by **UVBioTek** will be kept confidential and shall not be released without written authorization.

The right to review **UVBioTek privacy practices.**

To receive the appropriate customer service in a professional manner without discrimination.

THIRD PARTY PERMISSIONS: I give permission for the following family members or associates to communicate with UVBioTek regarding the purchase, shipping, set up and training of equipment purchased thru UVBioTek.

NAME: _____ **DATE OF BIRTH:** _____

NAME: _____ **DATE OF BIRTH:** _____

Please sign and date indicating your receipt of the following:

HIPAA Privacy Policy and HIPAA Bill of Rights Confirmation

* I confirm that I have received a copy of **UVBioTek HIPAA Privacy Policy:**

Signature: _____ Date: _____

Print Name: _____

*I confirm that I have received a copy of **UVBioTek Patient Responsibilities and Patient Bill of Rights**

Signature: _____ Date: _____

Print Name: _____

Phone#: _____ e-mail: _____