



Patient Rights and Responsibilities

Mayo Clinic Store

PATIENT RIGHTS

Specific rights are listed below.

As a patient, I, or my legally authorized representative, have the right to:

- Receive care no matter what my race, creed, color, national origin, ancestry, religion, gender, sexual orientation, marital status, age, newborn status, handicap, or source of payment.
- Be able to identify Mayo Clinic Store personnel through proper identification.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care, the frequency of visits, as well as any modifications to the plan of care.
- Be informed in advance of care/service being provided and their financial responsibility.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Have my property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of my property.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Receive communication in regards to any filed grievance/complaint within the time frames as dictated by federal regulation.
- Have all communication and records about my health care kept private.
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- Be able to choose a health care provider.
- Upon admission to the Mayo Clinic Store, receive a Patient Rights and Responsibilities statement and be allowed to ask any questions.
- Be informed of any financial benefits when referred to an organization.
- Receive language translation and interpretation free of charge. Mayo Clinic Store personnel can provide additional assistance to those with hearing or vision impairments.

PATIENT RESPONSIBILITIES

Specific responsibilities are listed below.

As a patient, I, or my legally authorized representative, have the responsibility to:

- Pay any copays or deductibles determined by my insurer.
- Notify Mayo Clinic Store personnel immediately if my insurance provider changes to ensure accurate and timely claims filing.
- Notify Mayo Clinic Store personnel of discontinued use of ongoing rental equipment.
- Notify Mayo Clinic Store personnel immediately if I enter a skilled nursing facility, hospice, or have home health services.
- Reorder supplies only when my current supply is nearly exhausted, damaged, or broken.
- Be an active participant in my care.
- Ask questions when I do not understand what I have been told about my care. I can ask questions like those below if I do not know what to ask.
 - What is my primary focus of care?
 - What do I need to do next?
 - Why is it important for me to do this?
- Be honest with Mayo Clinic Store personnel if I do not understand instructions or if I will not be able to do them at home.
- Call my provider or doctor about changes in my condition.
- Accept the outcomes of my actions if I choose not to take part in the plan of care as directed by my care provider.
- Obey safety rules.
- Not threaten or harm Mayo Clinic Store personnel.

Patient Rights and Responsibilities (continued)

COMPLAINT MANAGEMENT PROCESS

If we fail to meet your expectations, we invite you to share your concerns regarding your safety and quality of care with:

- Any Mayo Clinic Store personnel
- The manager and/or director of any Mayo Clinic Store
- The Office of Patient Experience

We encourage you to share your complaints immediately. If you feel that any of your concerns or complaints have not been resolved, you may start a formal grievance with the Office of Patient Experience by calling 1-844-544-0036 or email at opx@mayo.edu. If you prefer to mail in a notice of your grievance, mail it to:

Office of Patient Experience
200 First Street SW
Rochester, MN 55905

You will be contacted by the Office of Patient Experience to discuss your concerns and start the review process. The information will be reviewed by the appropriate personnel and leadership involved in your care. A letter will be sent to you within 5 working days with an update that the review is in process. Within 14 days, you will be sent the result of your grievance in writing.

If you have limited English proficiency (LEP), an interpreter or translated written materials will be provided to you, when available.

You can also ask for a list of resource agencies from the Office of Patient Experience. If you choose not to use Mayo Clinic Store's grievance process, or if we are unable to resolve a concern(s) to your satisfaction, you also have the right to contact the following agencies:

Accreditation Commission for Healthcare (ACHC)
1-855-937-2242

Medicare
1-800-633-4227