



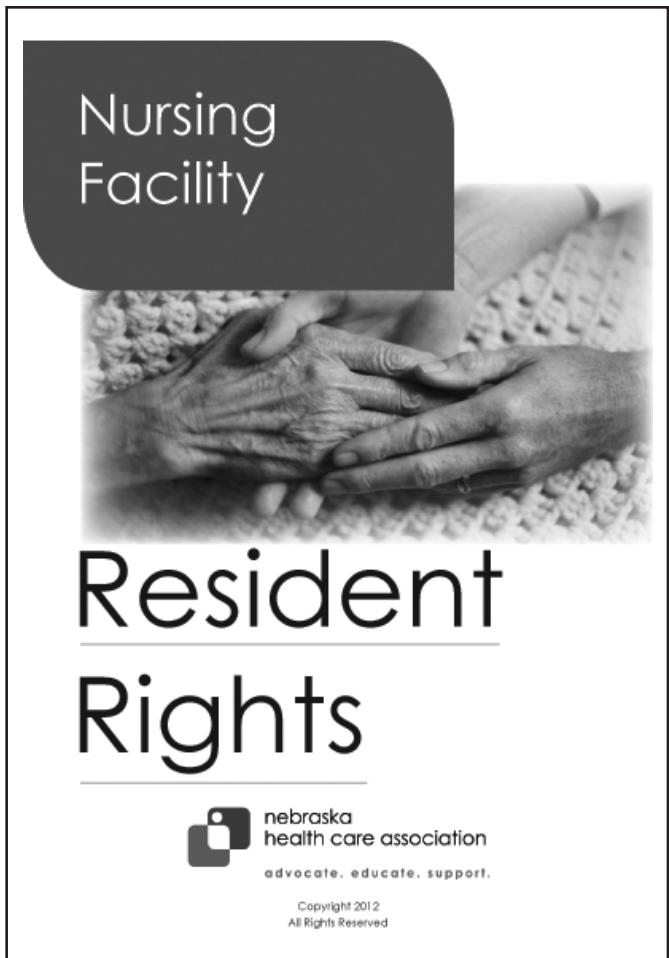
nebraska  
health care association

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# Nursing Facility Resident Rights

## Revised in 2012

Residents' rights in nursing facilities are established under federal law (OBRA 1987) and under Nebraska State Law. All residents have certain rights and responsibilities when living in a nursing facility. Nebraska Health Care Association (NHCA) has developed the Resident Rights booklet specific to nursing facilities to assist your residents in understanding their rights and responsibilities as well as the facility's rights and responsibilities. This booklet includes an acknowledgment form the resident can sign to indicate they received the information about their rights. Please contact the NHCA office for more information.



**Large Print: Member \$24.95; Non-Member \$37.50**

**Small Print: Member \$24.95; Non-Member \$37.50**

**Sold in Bundles of 25**

To order, use the order form on back or contact the

## **Nebraska Health Care Association**

3900 NW 12th St Ste 100, Lincoln NE 68521-3037

Phone 402-435-3551

Fax 402-475-6289

[www.nehca.org](http://www.nehca.org)



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## ORDER FORM

# Nursing Facility Resident Rights

Order Online or Mail, Fax or Phone Your Order to:

### Nebraska Health Care Association

3900 NW 12th St Ste 100, Lincoln NE 68521-3037  
Fax 402-475-6289 Phone 402-435-3551 www.nehca.org

### SHIPPING INFORMATION

Person Ordering \_\_\_\_\_ E-mail \_\_\_\_\_

Facility \_\_\_\_\_

Address (If PO box number, also include street address for UPS delivery) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (Include area code) \_\_\_\_\_

Date \_\_\_\_\_ Purchase Order Number \_\_\_\_\_

Member  Non-Member

### ORDER AND BILLING INFORMATION

Large Print Member Price .....\$24.95

Small Print Member Price ..... \$24.95

Large Print Non-Member Price.....\$37.50

Small Print Non-Member Price..... \$37.50

Quantity Ordered ..... \_\_\_\_\_

Quantity Ordered ..... \_\_\_\_\_

SALES TOTAL (Total Cost of Manuals) .....\$ \_\_\_\_\_

SHIPPING AND HANDLING (15% of Sales Total, MINIMUM of \$5.50, MAXIMUM of \$45.00)..\$ \_\_\_\_\_

TAXABLE AMOUNT (Sales Total + Shipping/Handling) .....\$ \_\_\_\_\_

SALES TAX (Your city tax plus state tax of 5.5% x Taxable Amount) .....\$ \_\_\_\_\_

TOTAL AMOUNT DUE (Taxable Amount + Sales Tax).....\$ \_\_\_\_\_

- PLEASE BILL (Member Facilities Only)**
- CHECK ENCLOSED (Make Checks Payable to NHCA)**
- BILL MY CREDIT CARD FOR \$ \_\_\_\_\_**

CREDIT CARD INFORMATION: To pay by credit card, complete the information below (please print) or call 402-435-3551.

Cardholder's Name (PRINT) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code # on Card Back \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Billing Address, City, State, Zip \_\_\_\_\_

Cardholder's E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Your signature will authorize this transaction.