

SECTION III. Patient Rights and Responsibilities

As a home care provider, we have an obligation to protect and promote the exercise of your rights. We must provide these rights and responsibilities to you and/or your legal representative in a way you can understand. Written rights must be provided during the initial evaluation visit before care begins. A verbal explanation of these rights may be provided at the same time or within a specified timeframe and ongoing as needed.

YOUR RIGHTS

RESPECT AND CONSIDERATION - YOU HAVE THE RIGHT TO:

- Be fully informed of your rights and responsibilities, and to exercise your rights as a home care patient. You may select a representative who may also exercise these rights for you. In the event that you are declared to lack legal capacity to make health care decisions, your legal representative may exercise your rights.
- Have a relationship with our staff that is based on honesty and ethical standards of conduct. To have ethical issues addressed, and inform you of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.
- Be free from mistreatment, neglect, verbal, mental, sexual and physical abuse, including injuries of an unknown source and misappropriation of your property (exploitation). Agency staff who identify, notice or recognize these incidences or circumstances must report their findings immediately to the home health agency and other appropriate authorities in accordance with state law. If our agency staff suspects abuse or mistreatment of any kind, we will report our suspicions in accordance with our policy and state law.
- Have your property and person treated with respect and consideration; recognition of your individuality and dignity; and to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or disability. If you feel that you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so. Our staff is prohibited from accepting gifts or borrowing from you.
- Receive information in plain language to ensure accurate communication, in a manner that is accessible, timely and free of charge to:
 - Persons with disabilities. This includes access to websites, auxiliary aids and services in accordance with state and federal law and regulations.
 - Persons with limited English proficiency. This includes access to interpreters and written translation.

FILING A GRIEVANCE - YOU HAVE THE RIGHT TO:

- Receive the name, business address and phone number for the agency Administrator in order to lodge complaints.
- Lodge complaints and have your complaints as well as your family's or your representative's complaints heard, investigated and if possible resolved. Complaints may include, but are not limited to:
 - Treatment or care that is (or fails to be) provided;
 - Treatment or care that is inconsistent or inappropriate;
 - Lack of respect for your property and/or person by anyone who is providing services on behalf of our agency; or
 - Mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source and/or misappropriation of your property (exploitation) by anyone providing services on behalf of the agency.
- Receive information on our complaint resolution process, and know about the results of complaint investigations. We must document both the existence and the resolution of the complaint. We must also take action to prevent further potential violations, including retaliation, while the complaint is being investigated.
- Voice grievances /complaints regarding treatment or care, or recommend changes in policy, staff or care/service to us or an outside entity without fear of coercion, discrimination, restraint, interference, reprisal for doing so.
- Be advised when you are accepted for treatment or care, of the availability of the state's toll-free home care hotline number, its purpose and hours of operation. The hotline receives complaints or questions about local home care agencies and is also used to lodge complaints concerning the implementation of the advance directives requirements.
- Be informed how to contact The Joint Commission to ask questions, report grievances or voice complaints. Contact information for The Joint Commission is provided in our Problem Solving Procedure.

Our complaint resolution process and the state hotline number are provided in our Problem Solving Procedure.

DECISION MAKING - YOU HAVE THE RIGHT TO:

- Choose your health care providers, including your attending physician, and communicate with those providers.
- Participate in, consent to or refuse care in advance of and during treatment and be fully informed in advance about your care/service, where appropriate, including:
 - The completion of all assessments;
 - The care, treatments and services to be provided, based on the comprehensive assessment;
 - Establishing and revising your plan of care;
 - The disciplines that will provide the care, including the name(s) and responsibilities of staff members who are providing and responsible for your care;
 - The frequency of visits;
 - The scope of services we will provide, specific limitations on services and barriers to treatment;
 - Expected outcomes of care, including patient-identified goals and anticipated risks and benefits;
 - Any factors that could impact treatment effectiveness; and
 - Any changes in the care to be provided.
- Receive all services outlined in your plan of care.
- Consent to or refuse care in advance of and during treatment without fear of reprisal or discrimination and after being informed of the consequences for doing so.
- Receive information about the services covered under the Medicare home health benefit.
- Be informed regarding the collection and reporting of OASIS information. OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
- Receive proper written notice, in advance of a specific service being furnished, if the agency believes that the service may be non-covered care; or in advance of reducing or terminating ongoing care in accordance with federal laws and regulations.
- Be informed of our transfer and discharge policies.
- Have family involved in decision making as appropriate concerning your care, treatment and services, when approved by you or your representative (if any) and when allowed by law.
- Participate or refuse to participate in research, investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research.
- Formulate advance directives; to receive written information about the agency's policies on advance directives, including a description of applicable state law. You will be informed if we cannot implement an advance directive on the basis of conscience.

- Have health care providers comply with your advance directives in accordance with state laws and receive care without conditions or discrimination based on the execution of advance directives.
- Refuse or discontinue care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of care/services to the extent permitted by law; however, should you refuse to comply with the plan for care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.

PRIVACY AND SECURITY - YOU HAVE THE RIGHT TO:

- Personal privacy and security during home care visits. Our visiting staff will wear proper identification so you can identify them.
- Confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home.
- Refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment.
- Access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law.
- Request us to release information written about you only as required by law or your written authorization and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail.

FINANCIAL INFORMATION - YOU HAVE THE RIGHT TO:

- Be advised orally and in writing before care is initiated of:
 - Our billing policies and payment procedures;
 - The extent to which payment may be expected from Medicare, Medicaid, any other federally funded or aided program or any other third-party sources known to us;
 - Charges for services that may not be covered by known payers; and
 - Charges that you may have to pay.
- Be advised orally and in writing of any changes in payment, charges and your payment liability when they occur, and to be advised of these changes as soon as possible, in advance of the next home health visit in accordance with federal patient notice laws and regulations.
- Have access to all bills, upon request for services you have received regardless of whether the bills are paid by you or another party.

QUALITY OF CARE - YOU HAVE THE RIGHT TO:

- Receive information about organization ownership and control.
- Receive high quality, appropriate care without discrimination, in accordance with physician orders.
- Pain assessment and to receive effective pain management and symptom control. You also have the right to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments.
- Be admitted only if we can provide the care you need. A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available, or we will admit you, but only after explaining our limitations and the lack of a suitable alternative.
- Receive emergency instructions and be told what to do in case of an emergency.
- Be advised of the names, addresses and telephone numbers of the following federal- and state-funded entities that serve the area where you reside: Agency on Aging, Center for Independent Living, Protection and Advocacy Agency, Aging and Disability Resource Center and the Quality Improvement Organization. See the back cover of this booklet for more information.

YOUR RESPONSIBILITIES

YOU HAVE THE RESPONSIBILITY TO:

- Remain under a doctor's care while receiving services.
- Provide complete and accurate information to the best of your knowledge about your present complaints, past illness(es), hospitalizations, pain, medications, allergies and other matters relating to your health.
- Provide the Agency with all requested insurance and financial information.
- Sign the required consent for services and releases for billing purposes.
- Notify us of perceived risks or unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
- Provide a safe home environment in which your care can be given.
- Cooperate with your doctor, our staff and other caregivers by following directions.
- Accept the responsibility for any refusal of treatment.
- Treat Agency personnel with respect and consideration.
- Abide by agency policies that restrict duties our staff may perform.
- Follow the organization's rules and regulations.
- Advise Agency administration of any dissatisfaction or problems with your care.
- Be present at your residence at the time mutually agreed upon. If you cannot keep the appointment, inform the Agency to reschedule the visit.
- Assume any agreed financial obligations for the care, fulfilling them as promptly as possible.
- Ask questions about your care, treatment and services or other instruction when you do not understand what you are expected to do.
- Discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.