

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

As a patient being served by our Organization, you have the right to:

- Be fully informed of all your rights and responsibilities and the right to exercise your rights while receiving service in the home.
- Your family/guardian(s) have the right to exercise your rights in the event you are unable to.
- Choose a health care provider.
- Be informed of anticipated outcomes of care and of any barriers to outcome achievement.
- Give your consent and have your questions answered prior to the start of any care or treatment.
- Be fully informed of services available, disciplines that will furnish care and the frequency of visits proposed to be furnished.
- Be given appropriate and professional health care services in accordance with physician's orders without discrimination against your race, creed, color, religion, sex, age, national origin, sexual orientation or disability.
- Be given proper identification by name and title of persons providing health care and/or service to you.
- Receive evaluation, intervention and education from personnel who are appropriately licensed or certified and who have completed approved courses in their respective fields.
- Be treated with courtesy, respect for property and person, and be free from physical and mental abuse and/or neglect.
- Be given information in advance of care on changes of services and be notified of the anticipated time for termination of services.
- Know in advance cost of care and if you will be responsible for any payment.
- Request information regarding insurance benefits.
- Change your home care agency and be referred to another agency if you are denied services solely on you inability to pay for services.
- Be notified in advance, and be able to participate in, any necessary changes in your plan of services/care.
- Have your medical records treated with privacy and confidentiality.
- Be informed of the agency policy and procedure regarding privacy and disclosure of protected health information.
- Refuse treatment and be informed of the consequences of your action.
- Formulate advance directives for health care.
- Voice grievances with and/or suggest changes in health care services without being threatened, restrained or discriminated against. Grievances will be acknowledged within 48 hours and handled confidentially.
- Appropriate assessment and management of pain.
- Be informed of any financial benefits to our organization when referred to another organization.
- Be informed of Company's service and care limitations.

As a patient, you have the responsibility to:

- Give accurate and complete health information concerning your past and present illnesses, hospitalizations, medication, allergies and other pertinent items that may affect your current plan of care/services.
- Participate in the development and updating of your plan of care/services, and adhere to the plan.
- Remain Under your physician's care while receiving services from our organization.
- Inform the agency when you will not be able to keep a scheduled health care visit or delivery.
- Request further information concerning anything you do not understand regarding your ordered treatment and care.
- Report changes in your insurance benefits information immediately to the agency and provide confirmation of receipt of delivery of goods and services.
- Acknowledge financial responsibility for any balance owing on your account
- Communicate any changes in health status or treatment.