PATIENT RIGHTS AND RESPONSIBILITIES

As providers, we have an obligation to protect the rights of our patients and explain these rights to you before care begins. Your caregiver may exercise these rights for you in the event that you are not competent to exercise them yourself. It is your right to be given information about your rights and responsibilities for receiving care and services in a language you can understand, including the agency’s mission, philosophy, or limitation in the scope of services.

YOU HAVE THE RIGHT TO:

**Dignity and respect** - to not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or handicap. Both patient and caregiver have a right to mutual respect and dignity, including respect for property. Our staff is discouraged from accepting gifts and prohibited from borrowing from you. You have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by our employees.

**Ethical standards and conduct** - to have a relationship with our staff that is based on honesty and ethical standards of conduct.

**Settle complaints** - to be informed of the procedure to follow to settle complaints about the care that is, or should have been furnished, and regarding a lack of respect for property. You also have the right to know about the outcome of such complaints.

**No reprisals** - to voice grievances without fear of discrimination or reprisal for having done so.

**State hotline** - the telephone number for the state’s “Hotline” which receives complaints or questions about local agencies is: 1-800-356-9596.

DECISION MAKING – YOU HAVE THE RIGHT TO:

**Information about your care** - to be notified about the frequency of the services that are proposed to be furnished, and to know the names and responsibilities of the disciplines providing your care. You also have the right to receive information about the services covered under the hospice benefit and about the scope of services that we will provide and specific limitations on those services.

**Be notified of changes to your care** - to be advised of any change in your plan of care before the change is made.

**Plan your care** - to actively participate in the planning of your care and in planning changes in the care, and to be advised that you have the right to do so. You also have the right to choose your attending physician.

**Accept or refuse treatment** - to be informed in writing of your rights under state law to make decisions concerning medical care, including your right to accept or refuse treatment and to be given information concerning the consequences of your decisions, and your right to formulate advance directives.

**Implement advance directives** - to be informed in writing of advance directives.

**Compliance with your wishes** - to have health care providers comply with advance directives in accordance with state laws.

**Receive care without conditions** - to receive care without condition or discrimination based on the execution of advance directives.

**Refuse services** - to refuse services without fear of reprisal or discrimination However, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to refer you to another source of care.
PATIENT RIGHTS AND RESPONSIBILITIES CONTINUED

PRIVACY – YOU HAVE THE RIGHT TO:

Confidentiality - to have a confidential medical record. Please refer to our Notice of Privacy Practices for more information.

FINANCIAL INFORMATION – YOU HAVE THE RIGHT TO:

Insurance information - to be informed of the extent to which payment may be expected from Medicare, Medicaid, or any other payor known to us before any care is delivered.

QUALITY OF CARE – YOU HAVE THE RIGHT TO:

Receive high quality care - to receive care of the highest quality and receive effective pain management and symptom control for conditions related to your terminal diagnosis.

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 admit you, but only after explaining our limitations and the lack of a suitable alternative.

Receive emergency instructions - to be told what to do in case of emergency.

WE WILL ASSURE THAT:

Physicians’ orders are followed - all medically related care is provided in accordance with your physicians’ orders and that a plan of care specifies the services and their frequency and duration.

Personal care is provided - by a trained hospice aide who is supervised by a nurse.

YOU HAVE THE RESPONSIBILITY TO:

Notify us of changes in your condition - to notify us of changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms).

Follow the Care Plan - to follow the plan of care and accept responsibility for any refusal of treatment.

Notify us of schedule changes - to notify us if your visit schedule needs to be changed (for example, you have other appointments or times you will be away from home).

Advise us of problems - to advise us of any problems or dissatisfaction with the services provided.

Physician’s care - remain under a physician’s care while receiving agency services.

Provide a safe environment - to provide a safe environment for care to be provided.

Carry out your responsibilities - to carry out mutually agreed responsibilities.