HOME HEALTH PATIENT RIGHTS AND RESPONSIBILITIES/ TRANSFER AND DISCHARGE

As a home health patient, you have the right to be informed of your rights and responsibilities before the initiation of care/service. If/When a patient has been judged incompetent, the patient's family or guardian may exercise these rights as described below. As they relate to:

PATIENT RIGHTS, you have the right:

1. To be informed of your rights and responsibilities in advance concerning care and treatment you will receive.
2. To receive services appropriate to your needs and expect the home health agency to provide safe, professional care at the level of intensity needed, without unlawful restriction by reason of age, sex, race, creed, color, national origin, religion or disability.
3. To have access to necessary professional services 24 hours a day, 7 days a week.
4. To have your pain management needs recognized and addressed as appropriate.
5. To be informed of services available.
6. To be informed of and receive a copy of the home health agency's policy for transfer and discharge.
7. To be informed of the ownership and control of the organization.
8. To be told on request if the organization's liability insurance will cover injuries to employees when they are in your home, and if it will cover theft or property damage that occurs while you are being treated.
9. To receive a copy and/or be instructed on the agencies policy/procedures for tracking and disposing of controlled substances.

PATIENT CARE, you have the right:

1. To participate in, and be informed about, and consent or refuse care in advance of and during treatment with respect to:
    - Completion of all assessments;
    - The care to be furnished, based on the comprehensive assessment;
    - Establishing and revising the plan of care;
    - The disciplines that will furnish the care;
    - The frequency of visits;
    - 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 furnished.
2. To receive all services outlined in the plan of care.
3. To be involved in your care, including education and training of the same, from admission to discharge.
4. To receive reasonable continuity of care.
5. To be informed of the nature and purpose of any technical procedure that will be performed, including information about the potential benefits and burdens as well as who will perform the procedure.
6. To receive care/service from staff who are qualified through education and/or experience to carry out the duties for which they are assigned.
7. To be referred to other agencies and/or organizations when appropriate and be informed of any financial benefit to the referring agency.
8. To be informed in a reasonable time of anticipated termination and/or transfer of service.
9. To be informed of any changes regarding frequency of care/service and by whom (disciplines) services will be provided.

SAMPLE
www.BriggsHealthcare.com
(800) 247-2343

RESPECT AND CONFIDENTIALITY, you have the right:

1. To have his or her property and person treated with respect, including the provision of privacy during care.
2. To be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.
3. To have staff communicate in a language or form you can reasonably be expected to understand and when possible, the organization assists with or may provide special devices, interpreters, or other aids to facilitate communication.
4. To maintain confidentiality of your clinical records in accordance with legal requirements and to anticipate the organization will release information only with your authorization or as required by law.
5. To be informed of the organization's policies and procedures for disclosure of your clinical record.
6. To access or release of patient information and clinical records.

FINANCIAL ASPECTS OF CARE, you have the right:

1. To be advised of:
    - The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the home health agency,
    - The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to the home health agency.
    - The charges the individual may have to pay before care is initiated; and
    - Any changes in the information regarding payment.
2. To receive proper written notice, in advance of a specific service being furnished, if the home health agency believes that the service may be non-covered care; or in advance of the home health agency reducing or terminating ongoing care.

SELF-DETERMINATION, you have the right:

1. To be advised of the names, addresses, and telephone numbers of the area:

Community Resources

Agency	Contact Name	Address	Phone Number
Agency on Aging			
Center for Independent Living			
Protection and Advocacy Agency			
Aging and Disability Resource Center			
Quality Improvement Organization			

If you have any questions about your service please contact the agency's Clinical Manager

Name/Title _____ Phone Number _____

© SAMPLE www.BriggsHealthcare.com (800) 247-2345

2. To be informed in writing of rights under state law to formulate advance directives.
3. To be informed of the right to access auxiliary aids and language services and how to access these services.
4. To have the organization comply with advance directives as permitted by state law and state requirements.
5. To be informed of the organization's policies and procedures for implementing advance directives.
6. To receive care whether or not you have an advance directive(s) in place, as well as not to be discriminated against whether or not you have executed an advance directive(s).
7. To be informed regarding the organization's policies for withholding of resuscitative services and the withdrawal of life-sustaining treatment, as appropriate.
8. To not participate in research or not receive experimental treatment unless you give documented, voluntary informed consent.
9. To be informed of what to do in an emergency.
10. To participate in consideration of ethical issues that may arise in your care.
11. To choose a health care provider.
12. To refuse all or part of your care/treatment to the extent permitted by law and to be informed of the expected consequences of said action.

COMPLAINTS, you have the right:

1. To make complaints to the home health agency regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the home health agency.
2. To be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the home health agency or an outside entity.
   Complaints or questions may be registered with _____
   Agency Administrator
   by phone, in person or in writing. The address and phone are
   _____
   The organization investigates the complaint and resolution of same.
3. To be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local home health agencies.
   The State Hotline number is **1-800-**_____ and the days/hours of operation are
   _____.

PATIENT RESPONSIBILITIES

1. To notify the provider of changes in their condition (e.g. hospitalization, changes in the plan of care, symptoms to report);
2. To follow the plan of care;
3. To ask questions about care or services;
4. To notify the home health agency if the visit schedule needs to be changed;
5. To inform the home health agency of changes made to the advance directives;
6. To promptly advise the home health agency of any concerns with the services provided;
7. To provide a safe environment for the home health agency staff;
8. To carry out mutually agreed responsibilities;
9. To accept the consequences for the outcomes if the patient does not follow the plan of care; and
10. To call the home health agency first with all health questions or problems. This includes if you believe that you need to go to the hospital to get assistance with your needs. If you or your family/caregiver believes that your health situation is CRITICAL then call 911.

www.BriggsHealthcare.com
SAMPLE
(800) 247-2345

REASONS FOR TRANSFER OR DISCHARGE

1. The transfer or discharge is necessary for the patient's welfare because the HHA and the physician responsible for the home health plan of care agree that the HHA can no longer meet the patient's needs, based on the patient's acuity. The HHA must arrange a safe and appropriate transfer to other care entities/providers when the needs of the patient exceed the HHA's capabilities.
2. The patient or payer will no longer pay for the services provided by the HHA.
3. The transfer or discharge is appropriate because the physician responsible for the home health plan of care and the HHA agree that the measurable outcomes and goals in the plan of care have been achieved, and the HHA and the physician responsible for the home health plan of care agree that the patient no longer needs the HHA's services.
4. The patient refuses services, or chooses to be transferred or discharged;
5. The HHA determines, under the HHA's policy to address discharge for cause *(not showing respect for other people, property, policies/procedures and/or creating a safety problem)* that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired.

   The HHA must do the following before it discharges a patient for cause:

   - Advise the patient, representative (if any), the physician(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered;
   - Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;
   - Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and
   - Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records.
6. The patient dies
7. The HHA ceases to operate.

Additional Comments:

www.BriggsHealthcare.com
SAMPLE
(800) 241-2345