

PURPOSE

To encourage awareness of patient rights and provide guidelines to assist patients in making decisions regarding care and for active participation in care planning.

POLICY

Each patient will be an active, informed participant in his/her plan of care. To ensure this process, the patient will be empowered with certain rights and responsibilities as described. If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient may designate someone to act as his/her representative to exercise the patient's rights. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

If the patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction:

1. The rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf OR
2. The patient may exercise his or her rights to the extent allowed by court order

To assist with fully understanding patient rights, all policies will be available to the organization personnel, patients, and his/her representatives as well as other organizations and the interested public.

PROCEDURE

1. The patient will be informed verbally and in writing during the initial evaluation visit, in advance of furnishing care of their rights.
2. The Patient Bill of Rights statement defines the right of the patient to:
 - a. Exercise and understand his or her rights and responsibilities as a patient and not to be subject to discrimination or reprisal for exercising these rights.
 - b. Have his or her property treated with respect, consideration, and recognition of patient dignity and individuality.
 - c. Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the organization and must not be subjected to discrimination or reprisal for doing so.
 - d. Receive an investigation by the organization of complaints made by the patient or the patients family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding lack of respect for the patient's property by anyone furnishing services on behalf of the organization, and must document both the existence of the complaint and the resolution of the complaint.
 - e. Be informed in advance about care to be furnished (including the Medicare Home Health Benefit, if applicable) organization scope of services and service limitations and of any changes in the care to be furnished.

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- f. Be advised in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.
 - g. Be advised in advance of any change, orally and in writing, in the plan of care before the change is made.
 - h. The completion of all assessments and care to be furnished, based on the comprehensive assessment. The organization shall ensure that the patient receives all services outlined in the plan of care.
 - i. The establishment and revision of the plan of care, including the disciplines that will furnish the care and the frequency of visits as well as any changes in the care to be furnished.
 - j. The expected outcomes of care, including patient-identified goals, and anticipated risks and benefits; as well as any factors that could impact treatment effectiveness.
 - k. Be advised in advance of the right to participate in planning the care or treatment and in planning changes in the care and treatment.
 - l. The right to be free from mental, physical, sexual and/or verbal abuse, including injuries of unknown source, neglect, misappropriation of property, or exploitation
 - m. Be able to refuse care or treatment after the consequences of refusing care or treatment are presented. Receive appropriate care without discrimination in accordance with physician orders.
 - n. Be advised that the Home Health Agency complies with Subpart 1 of 42 CFR 489 and receive written policies and procedures regarding Advance Directives, including a description of an individual's right under applicable state law and how rights are implemented by the organization.
 - o. Receive Advance Directives information, orally and in writing, prior to or at the time of the first home visit, as long as the information is furnished before care is provided.
 - p. Confidentiality of the clinical records maintained by the organization and the policies and procedures for disclosure. (See "[Patient Privacy Rights](#)" Policy No. 2-014.)
 - q. Be advised of the organization's policies and procedures regarding disclosure of clinical records.
 - r. Be informed, verbally and in writing and before care is initiated of the extent to which:
 - i. Payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the organization
 - ii. Charges for services that will not be covered by Medicare
 - iii. Charges that the individual may have to pay
 - s. Be informed verbally and in writing of any changes in payment information as soon as possible, in advance of the next home visit, that the organization becomes aware of the change.
 - t. Receive in writing, prior to the start of care, the telephone numbers for the State Home Health Hotline and the ACHC Hotline, including hours of operation, and the purpose of the hotlines to receive complaints or questions about the organization. (Patient will be given ACHC address as well.)

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- u. To have communication needs met. (See Policy No. 2-040 "[Facilitating Communication](#)") The organization shall provide verbal and written notice of the patient's rights and responsibilities in the patient's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary, no later than the completion of the second visit from a skilled professional.
 - v. Use the hotlines to lodge complaints concerning the implementation of Advance Directive requirements.
 - w. Be informed of organizational ownership and control.
 - x. Patient privacy rights related to the collection of the Outcome and Assessment Information Set (OASIS):
 - i. The right to be informed that OASIS information will be collected and the purpose of the collection
 - ii. The right to have the information kept confidential
 - iii. The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Federal Privacy Act
 - iv. The right to refuse to answer questions
 - v. The right to see, review and request changes on their assessment
 - y. To be informed of anticipated outcomes of care and of any barriers in outcome achievement.
 - z. To be fully informed of one's responsibilities.
 - aa. Choosing a health care provider, including an attending physician or other authorized licensed practitioner and identifying visiting personnel with proper identification.
 - bb. The organization's transfer and discharge policies.
 - cc. The contact information for the agency administrator, including the administrator's name, business address, and business phone number in order to receive complaints.
 - dd. The names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area where the patient resides:
 - i. Agency on Aging
 - ii. Center for Independent Living
 - iii. Protection and Advocacy Agency
 - iv. Aging and Disability Resource Center
 - v. Quality Improvement Organizations
3. When additional state or federal regulations exist regarding Patient Rights, the Patient Bill of Rights statement must include those components.
 4. The admitting clinician will provide each patient or his/her representative with a written copy of the Patient Bill of Rights on admission.

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5. The Patient Bill of Rights statement will be explained (verbally/orally) and distributed to the patient prior to the initiation of organization services. This explanation will be in a language, communication method or manner he/she can reasonably be expected to understand and free of charge.
 6. The patient will be requested to sign the Patient Bill of Rights form. The original form will be kept in the patient's clinical record. A copy will be maintained by the patient. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
 7. The admitting clinician will document that the patient has received a copy of the Patient Bill of Rights.
 - a. If the patient is unable to understand his/her rights and responsibilities, documentation in the clinical note will be made.
 - b. In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
 - c. Written information will be provided to patients in English and predominant non-English languages of the population served.
 8. When the patient's representative signs the Patient Bill of Rights form, an explanation of that relationship must be documented and kept on file in the clinical record.
 9. Within four (4) business days of the initial evaluation visit, the organization shall provide written notice of the transfer and discharge policies, provide contact information of the administrator, provide written notice of the rights and responsibilities, and obtain signature from the patient or legal representative to confirm that they have received a copy of the notice of rights and responsibilities.
 10. The family or guardian may exercise the patient's rights when a patient is incompetent or a minor.
 11. Supervisory visits with clinical disciplines will be conducted to ensure these rights are honored and protected according to organization policy.
 12. All organization personnel, both clinical and non-clinical, will be oriented to the patient's rights and responsibilities prior to the end of their orientation program, as well as annually.