



Agency Logo and Contact Information

HOME HEALTH CARE PATIENT BILL OF RIGHTS

Dignity and Respect §484.50(c)(1); (2);

Patients have the right to:

- Have their property and person treated with respect
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property

Complaints §484.50(c)(3)

Patients have the right to file complaints with the home health agency:

- Regarding their treatment and/or care that is provided
- Regarding treatment and/or care that the agency fails to provide
- Regarding the lack of respect for property and/or person by anyone who is providing services on behalf of the home health agency.

Decision Making, Consent, and Services Provided §484.50(c)(4)(ii-viii)and(5)

Patients have the right 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
- Receive all services outlined in the plan of care.

Privacy and Access to Medical Records §484.50 (c)(6)

- Patients have the right to a confidential clinical record
- Patients have the right to access and to the release of patient information and clinical records

Financial Information §484.50(c)(7)(i-iv)

Patients will 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 HHA,
 - 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;
 - Any changes in the information regarding payment

Patients have the right to receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating ongoing care. (§484.50(c)(8))

Advocacy Resources §484.50 (c)(9);(10)

Patients will 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 HHAs.
- The names, addresses, and telephone numbers of the area:
 - Agency on Aging
 - Center for Independent Living
 - Protection and Advocacy Agency
 - Aging and Disability Resource Center
 - Quality Improvement Organization

Free from Reprisal §484.50(c)(11)

- Patients have the right to be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity

Language Services and Auxiliary Aides §484.50(c)(12)

- Patients have the right to be informed of the right to access auxiliary aids and language services and how to access these services

Discharge/Transfer Policy §484.50(d)

- Patients have the right to be informed of and receive a copy of the home health agency's policy for transfer and discharge.

Patient Responsibilities

Patients have the responsibility to:

- notify the provider of changes in their condition (e.g. hospitalization, changes in the plan of care, symptoms to report);
- to follow the plan of care ;
- to ask questions about care or services
- to notify the home health agency of if the visit schedule needs to be changed;
- to inform the home health agency of changes made to the advanced directives;
- to promptly advise the home health agency of any concerns with the services provided;
- to provide a safe environment for the home health agency staff;
- to carry out mutually agreed responsibilities; and
- to accept the consequences for the outcomes if the patient does not follow the plan of care.

Signature: _____

Date:_____