

## DE1.40 PATIENT/CLIENT RIGHTS AND RESPONSIBILITIES

### 1.40 PATIENT/CLIENT RIGHTS AND RESPONSIBILITIES

#### PURPOSE:

To provide a delineated list of patient/client rights and responsibilities.

#### POLICY:

Patients/clients will be advised at the time of admission and before the start of care about their rights and responsibilities regarding the receipt of home care services.

#### PROCEDURE:

1. During the initial visit and before the start of care, the patient/client is advised of the individual's rights and responsibilities (Bill of Rights & Responsibilities) both verbally and in writing in the receipt of home care services. The rights listed in bold are the ones that must be relayed orally as well as in writing.
2. The patient/client is provided with an understandable written explanation of individual rights and responsibilities in the receipt of home care services.
3. The Bill of Rights & Responsibilities will be provided to the patient's/client's legal representative if the patient/client is unable to comprehend them.
4. Use of interpretive services will be employed as necessary.
5. The patient/client is given an opportunity to read the written explanation and to ask questions with respect to the Bill of Rights & Responsibilities.
6. The date, signature, and other relevant information with respect to disclosure, discussion, and receipt of the patient's/client's Bill of Rights & Responsibilities will be noted on the Authorization for Services form.
7. Contracts with providers and payers acknowledge and agree to abide by the Client's Bill of Rights & Responsibilities.
8. The client who feels their rights have been denied, who desires further clarification of their rights, or who desires to lodge a complaint about any aspect of service or care should contact the director or supervising nurse, verbally or in writing. The Agency's grievance procedure shall be followed in handling grievances or complaints.
9. At the time of admission, the client shall be given in writing the number of the State Home Health Complaint, Child Abuse, County Specific, and CHAP hotline numbers.

### PATIENT RIGHTS AND RESPONSIBILITIES

**STATEMENT OF PURPOSE:** It is anticipated that observance of these rights and responsibilities will contribute to more effective care and greater satisfaction for the patient as well as the staff. The rights will be respected by all personnel and integrated into all home care programs. A copy of these rights will be given to patients and their families or designated representative. The client or their designated representative has the right to exercise these rights. In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on their behalf. In the case of a client who has not been adjudged incompetent, any legal representative may exercise the client's rights to the extent permitted by law.

## DE1.40 PATIENT/CLIENT RIGHTS AND RESPONSIBILITIES

### THE PATIENT HAS THE RIGHT:

1. To be fully informed and knowledgeable of all rights and responsibilities, and to understand that these rights can be exercised at any time, before providing pre-planned care
2. To appropriate and professional care relating to physician orders.
3. To request services from the home care agency of their choice and to request full information from their agency before care is given concerning services provided, alternatives available, licensure and accreditation requirements, and organization ownership and control.
4. Receive all services in the plan of care;
5. Participate in, be informed about, and consent to or refuse care in advance of and during treatment, where appropriate, with respect to: (1) completion of all assessments; (2) the care to be furnished, based on the comprehensive assessment; (3) establishing and revising the plan of care; (4) the disciplines that will furnish the care; (5) the frequency of visits; (6) expected outcomes of care, including patient-identified goals, and anticipated risks and benefits; (7) any factors that could affect treatment effectiveness; and (8) any changes in the care to be furnished;
6. To self-determination and choice – including the opportunity to participate in the planning and revising of your home health program and updating it as your condition changes.
7. To receive information necessary to refuse treatment within the confines of the law and to be informed of the consequences.
8. To treatment with utmost dignity and respect by all agency representatives, regardless of the patient's chosen lifestyle, cultural mores, political, religious, or ethical beliefs, having or not having executed an advance directive, and source of payment without regard to race, creed, color, sex, age, or handicap.
9. To privacy and confidentiality.
10. To have your person and property treated with privacy, courtesy, consideration, respect, and dignity,
11. To receive and access services consistently and in a timely manner from the Agency to your request for service.
12. To be admitted for service only if the agency has the ability to provide safe professional care at the level of intensity needed.
13. To reasonable continuity of care.
14. To an individualized plan of care and teaching plan developed by the entire health team including the patient and/or family.
15. To be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.
16. Have a confidential clinical record, have access to or release of patient information and records and to expect confidentiality of all records, communications, and personal information related to your care, in accordance with Health Insurance Portability and Accountability Act, federal, state laws, or third-party payment contracts.
17. Receive proper written notice, in advance of a specific service being furnished, if the organization believes that the service may be non-covered care or in advance of the organization reducing or terminating ongoing care;
18. **Be advised of the charges for services that may not be covered by Medicare, Medicaid, or any other Federally-funded or Federal aid program known to the organization.**
19. **Be advised of the charges the individual may have to pay before care is initiated; and as soon as possible, in advance of the next home health visit.**
20. Be advised of any changes in the information provided with respect to payment and charges if they occur. The patient and representative (if any) are advised of these changes as soon as possible, in advance of the next home health visit, and in accordance with the patient notice requirements at 42 CFR §411.408(d)(2) and 42 CFR §411.408(f);

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- 21. Be advised of the extent to which payment for services may be expected from Medicare, Medicaid, or any other Federally funded or Federal aid program known to the organization;**
22. To honest, accurate, forthright information, regarding the home care industry in general and their chosen agency in particular, including cost per visit, employee qualifications, names, and titles of personnel, etc.
23. To access necessary professional services 24 hours a day, 7 days a week.
24. To be referred to another agency if they are dissatisfied with the Agency or the Agency cannot meet their needs.
25. To receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization.
26. To receive education, instruction, and a list of requirements for continuity of care when the services of the agency are terminated.
27. Be free from neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the organization;
28. To know that the agency has liability insurance sufficient for the needs of the Agency.
29. To be advised that the Agency complies with Subpart 1 of 42 CFR 489 and receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and the agency's rights to notify the patient if the agency cannot comply with the client's directive. If this occurs the client will be referred to another agency.
30. To receive advance directives information prior to or at the time of the first home visit, as long as the information is furnished before care is provided, and to know that complaints may be lodged regarding advance directives.
31. Voice and report grievances or complaints regarding treatment or care that are (or fail to be) delivered, the lack of respect for property and/or person, or the violation of any rights to the organization, CHAP, and state or local agencies;
32. Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the organization or an outside entity;
33. To be served by individuals who are properly trained and competent to perform their duties and to refuse care and be informed of possible health consequences of the refusal.
34. To be informed of the right to access and how to use auxiliary aids and language services.
35. Be informed how to contact (including contact information and hours of operation) the state toll-free hotline and the CHAP hotline to ask questions, report grievances, or voice complaints;
36. Be advised of the names, addresses, and telephone numbers of federally funded and state-funded entities that serve the area where the patient resides, including the (1) Agency on Aging; (2) Center for Independent Living; (3) Protection and Advocacy Agency; (4) Aging and Disability Resource Center; and (5) Quality Improvement Organization;
37. To be advised of the toll-free home health agency hotline for the State of Delaware and the purpose of the hotline to receive complaints or questions about the Agency, including the right to lodge complaints concerning the implementation of advance directives requirements. The Home Health Hotline Number is 1-800-942-7373. The number is accessible 24/7 to receive complaints or questions about local home health agencies. You may also register complaints in writing to:  
  

**Office of Health Facilities Licensing and Certification**  
263 Chapman Road, Suite 200  
Newark, DE 19702  
Telephone: 302-292-3930  
Fax: 302-292-3931  
Toll-free hotline: 1-800-942-7373
38. To be informed of the toll-free abuse hotline used to report abuse, neglect, or exploitation.

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- **24-hour Child Abuse and Neglect Hotline** 1-800-292-9582
- **TDD Statewide** (Telecommunications Device for the Deaf)  
Phone: 302-453-3837 New Castle  
Phone: 302-422-1415 Kent/Sussex
- **DHSS Division of Services for Aging and Adults with Physical Disabilities**

### **New Castle County University Office Plaza**

256 Chapman Road, Suite 200, Newark, DE 19702  
Phone: 302-453-3820  
Toll free : 1-800-223-9074  
Fax 302-453-3836

### **Kent/Sussex Counties Milford State Service Center**

18 North Walnut Street, 1st Floor, Milford, DE 19963  
Phone: 302-424-7310  
Toll free: 1-800-223-9074  
Fax 302-422-1346

### **THE PATIENT HAS THE RESPONSIBILITY:**

1. To provide, to the best of their knowledge, accurate and complete information about:
  - a. Past and present medical histories
  - b. Unexpected changes in their condition
  - c. Whether they understand a course of action selected
2. To follow the treatment recommended by the particular handling of the case.
3. For their actions if they refused treatment or do not follow the physician's orders.
4. For accruing that the financial obligations of their health care are fulfilled as promptly as possible.
5. To respect the rights of all staff providing service.
6. To notify the Agency promptly in advance of an appointment or visit you must cancel.
7. To become independent in care to the extent possible, utilizing self, family, and other sources.
8. To pay for care or services not covered by third-party payers.
9. For complying with the rules and regulations established by the Agency and any changes subsequent to the rules

### **Acknowledgment of these rights and of all rules and regulations regarding patient conduct and responsibilities:**

\_\_\_\_\_  
**Signature of Patient      Date of Signature      Agency Representative      Date**

<b>PATIENT NAME (Last, First)</b>	<b>MEDICAL RECORD No</b>
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### Patient/Family Information

The following information is provided as a guide and is based on the “most often asked” questions from our patients and their families. Please remember that we are available to you twenty-four (24) hours per day, seven (7) days per week to assist you.

### Confidentiality

It is a serious breach of OUR policy and your right to privacy and confidentiality for any *Preferred Home Health Care and Nursing Services* employee to receive personal phone calls in your home or to give anyone your phone number or address. All OUR employees are advised to have personal emergency calls routed through our *Preferred Home Health Care and Nursing Services* office. An authorized person will then contact our employee with the message.

### Use of your Telephone

OUR employees may use your telephone only to contact OUR office or with your permission to make an emergency call. *Preferred Home Health Care and Nursing Services* employees are not permitted to give our clients their home number. Personal phone calls/ conversations may not be conducted from your home.

### Smoking

*Preferred Home Health Care and Nursing Services* employees may not smoke- under any circumstances- in your home.

### Rest and meal breaks

*Preferred Home Health Care and Nursing Services* employees are entitled to one (1) thirty (30) minute meal break during each eight (8) hour shift. OUR employees will bring their own food and beverages, and are not authorized to consume yours. \*Not applicable to Live-In Caregivers\*

### Driving on Duty

*Preferred Home Health Care and Nursing Services* employees may not transport your without receiving prior approval from PHHC. A Vehicle Release Form must be completed and signed by you prior to this approval.

### Scheduling Service

All employees must be scheduled through our *Preferred Home Health Care and Nursing Services* office. All changes in schedule must be approved/ scheduled through *Preferred Home Health Care and Nursing Services*. Employees may not change their scheduled hours through discussion with the client. This is extremely important due to reimbursement (insurance), supervisory/ assessment visits and liability considerations.

### Dress Code

All OUR employees are expected to present a professional appearance.

**If you need to contact us we can be reached 24 hours a day, 7 days/ week at 302-792-1900**

## **MISSION STATEMENT**

The Agency's mission is to provide professional and paraprofessional services to clients in their homes assisting them to achieve the highest level of potential in their day-to-day self-care activities. We are committed to providing high quality, multidisciplinary care by professionals who recognize the need for comprehensive assessment of needs from both the client and professional's point of view.

## **VISION STATEMENT**

To be one of the leading providers of quality home health care services, recognized for enduring dedication to provide innovative, professional and compassionate care to the communities we serve.

## **PHILOSOPHY**

The Agency's goals and services are based on two fundamental philosophical principles: The belief in the innate worth of the aged and disabled individual and the belief that each individual, regardless of age, race, color, creed, sex, national origin, or handicap(s) is entitled to maximize his/ her potential as a human being and as a member of society.

It is the contention of the Agency that the aging process is a normal state in the development of any individual and that chronic disease and disability are, to some degree, a part of that process. This Agency is dedicated to rehabilitating aged and disabled individuals within the confines of their residence, in order that they may maximize their contributions and fulfill their goals as a family member and member of society with a minimum of conflict. In accomplishing this end, it is felt that the self-respect of the individual can and will be enhanced.

The Agency also is a vital member of its community. As an employer, the Agency practices non-discrimination and strives to provide opportunities for personal and professional growth. As an integral part of the business community, the Agency makes every effort to serve the people with attention to current area practices and specific needs.

**3529-31 Philadelphia Pike  
Claymont, DE 19703  
P:302-792-1900 F:844-399-6256**