

PATIENT RIGHTS AND RESPONSIBILITIES

FOCUS ON FUNCTION

THE PATIENT HAS THE RIGHT:

- ◆ To be fully informed, in writing, prior to or at the time of admission for service, of their rights and responsibilities in receiving home health care services.
- ◆ To expect quality care, without regard to race, creed, color, age, sex, national origins, handicap, marital or economic status.
- ◆ To expect that the care will be rendered under a plan in which the patient can participate in developing, changing, and implementing to the fullest extent of his/her ability, including the patient's goals and care preferences.
- ◆ To be fully advised, in advance, of anticipated changes in the plan of care.
- ◆ To be fully informed, to the best knowledge of the agency, at the time of admission, of what the anticipated care will cost and what portion (if any) is to be paid by other sources, such as private insurance or government programs.
- ◆ To be notified of any changes in the information regarding payment for service as soon as possible, in advance of the next home visit.
- ◆ To be fully informed of their medical condition, including diagnosis and prognosis unless determined by the physician to be medically contraindicated.
- ◆ To be fully informed concerning proposed treatments/care including anticipated benefits, outcomes, possible side effects, and anticipated consequences should treatment/care be refused.
- ◆ To receive all of the services outlined in the plan of care.
- ◆ To refuse any treatments or care, to the extent permitted by law, without relinquishing any other portions of the treatment plan, except where medical contraindications of partial treatment exist.
- ◆ To receive proper written notice, in advance of a specific service being furnished, if our agency believes that the service may be non-covered care; or in advance of reducing or terminating on-going care.
- ◆ To be assured confidential treatment of personal and medical records/information and to approve or refuse release of information to any individual outside the agency, except as required by law.

- ◆ To be treated with consideration, respect, and full recognition of their dignity and individuality and to have their personal property treated with respect and reasonable care.
- ◆ To be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.
- ◆ To be assured that the personnel who provide care are qualified, through education and experience, to carry out the services for which they are responsible and are appropriately supervised.
- ◆ To be treated by the physician of his/her choice and to communicate with that physician and any other persons designated responsible for the planning of his/her care.
- ◆ To relevant instructions, teaching, and information in a language and/or form that they can reasonably be expected to understand to enable them to make informed decisions regarding their care.
- ◆ To be informed of their right to access auxiliary aids and language services, and to be provided instruction on how to access these services.
- ◆ To be informed in advance of providing care, as part of the plan of care, of discharge plans in advance of anticipated termination of services or plans for transfer to another agency/facility. Your care will only be transferred, discharged, or terminated for the following reasons: (1) If the physician responsible for the HHA plan of care and HHA agreed that the HHA could no longer meet the your needs, based on the your acuity; (2) when you or your payer can no longer pay for the services provided by the HHA; (3) if the physician responsible for the HHA plan of care and HHA agreed that you no longer need HHA services because your health and safety had improved or stabilized sufficiently; (4) when you refuse HHA services or otherwise elect to be transferred or discharged; (5) when there is cause such as disruptive or abusive behaviors; (6) patient death; or (7) when the HHA ceases to operate.
- ◆ To have access to agency staff in a manner and timeliness established prior to the patient's need to initiate such access.
- ◆ To have access to home health care patient record information under a reasonable, established procedure.
- ◆ To voice grievances and suggest changes in service or staff without fear of restraint, discrimination, or withdrawal of services.
- ◆ To be informed of the agency's procedure for making complaints:
 - By calling the agency:

(405) 840-2903

Kim Cryer, MSPT, Administrator/Clinical Manager

- Or by calling the State Home Health Care Complaint Hotline- **1-800-234-7258**
Accessible Monday through Friday from 8:00 a.m. to 4:30 p.m.
- Or by writing: **State Department of Health**
 1000 N.E. 10th Street
 Oklahoma City, OK 73117-1299

THE PATIENT HAS THE RESPONSIBILITY:

- ◆ To provide medical and personal information necessary to plan and carry out care.
- ◆ To follow instructions agreed on by him/her and the Home Health Care staff and to inform the staff when instruction are not followed.
- ◆ To maintain contact with his/her physician of choice to the extent necessary to allow the physician to order and supervise their care as necessary.
- ◆ To provide information and necessary released when a third party is to be billed for services.
- ◆ To allow the agency to act on their behalf in filing appeals of denied payment of service by third-party payers and to cooperated to the fullest extent possible in such appeals.
- ◆ To be available to the staff for home visits at reasonable times.
- ◆ To provide a safe working environment for Home Health Care staff.
- ◆ You have the responsibility to actively participate and complete your emergency preparedness plan with your family/caregivers to ensure your personal safety as well as the safety of your family/caregivers.
- ◆ To treat the Home Health Care staff with respect and dignity without discrimination.
- ◆ Available services, include : **Physical Therapy, Occupational Therapy, Speech Therapy, and Medical Social Services.** Medicare reimburses our agency an amount they deem appropriate, which is always less than our unit charges. Where Medicare is the payer, Medicare will pay 80 percent of the bill after the deductible has been satisfied. The 20 percent unpaid balance and any unmet deductible will be billed to a Secondary Insurance or the beneficiary.
- ◆ Any changes in fees or billing which affect the patient will be given to the patient as soon as possible but no later than thirty calendar days from the date this agency is aware of any change. This paragraph is an addendum to the patient's rights and responsibilities per state licensure regulations.
 - The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.