

# PATIENT RIGHTS

**ALL AT HOME HEALTH CARE, LLC**

Home Health Aide In-Service

## Patient's Rights And Responsibilities

Patient Name: \_\_\_\_\_

MR# \_\_\_\_\_

All At Home Health Care, LLC, is pleased to accept you as a patient for home health care services. We recognize your rights as a patient and ask that you assume certain responsibilities. As a team, we will provide you with quality care.

### As a Patient/Patient Representative you have the right to:

- To be informed of and to exercise your rights at any time;
- To be treated by the physician of your choice, to participate in the planning of your care, to participate and be advised prior to any associated changes in your care, and to communicate with your physician(s) and others planning for your care without restriction;
- Have your property and person treated with respect;
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of patient property;
- Voice your concerns and file complaints with the home health agency:
  - Regarding your 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;
    - Or the violation of any rights to the organization, CHAP, state of local agencies.
- To be free from any discrimination or reprisal for exercising your rights or for voicing grievances to the HHA or an outside entity;
- Participate in, and be informed about, and consent or refuse care in advance of and during treatment with respect to:
  - Refuse treatment or medications;
  - 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.
- **If you have any questions about your care, treatment or lack of care, please contact the Clinical Manager, Izabella Eberbach between 9:00 am -5:00 pm Monday through Friday at 20 Linden St, Alston, MA 02134, telephone 617-782-9900.**
- Receive all services outlined in the plan of care;
- To have your family or guardian exercise your rights in the event you are judged incompetent;
- To have your clinical record maintained confidentially and that record disclosure requires your written release or a subpoena in accordance with Health Insurance Portability Act (HIPAA) law & regulation;
- Right to access and to the release of patient information and clinical records;
- To be informed of the right to access auxiliary aids and language services and how to access these services free of charge;
- To be informed of and receive a copy of the home health agency's policy for transfer and discharge;
- To be informed of the organizational ownership & control.

### As a Patient you will be advised of:

- The right to formulate a Health Care Proxy or an advanced directive and to have your legal guardian exercise your rights in the event you are judged incompetent;
- To be informed that OASIS information will be collected and for what purpose;
- 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 and charges for services as soon as possible, in advance of the next home visit and in accordance to the patient notification requirements.
- 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;
- How to make complaints regarding treatment, care, lack of respect for your property to the state toll free Home Health Hotline, available 24 hours at 1-800-462-5540. In addition, you may also contact the Agency Administrator, **Chrissie Schettini between 9:00 am - 5:00 pm Monday through Friday at 20 Linden St, Alston, MA 02134, telephone 617-782-9900**, the Bureau of Medical Services at the Department of Human Services, the Consumer Protection Division of the Attorney General's office or Community Health Accreditation Program (CHAP) 1-800-656-9656.
- On how to contact of federally funded and state funded entities that service your area. Contacts will include names, addresses, and telephone numbers:
  - Agency on Aging
  - Center for Independent Living
  - Protection and Advocacy Agency
  - Aging and Disability Resource Center
  - Quality Improvement Organization

**You have a responsibility:**

- To give the Agency accurate information so it can make decisions about your services and fees;
- To accept the limitation of services available;
- To give the Agency complete information about the medical services you are receiving and physicians and facilities who are providing your care;
- To notify the provider of changes in your condition (e.g. hospitalization; changes in the plan of care; symptoms to report);
- To inform your nurse or physician about previous medical advice and all medications or treatments you are following;
- To inform your physician or nurse of changes in your health or reactions to medications and treatment;
- To follow your plan of care as designed and determined by you and your care provider;
- To ask questions about care or services;
- To promptly notify the Agency in advance of any appointment you must cancel;
- To inform the home health agency of changes made to 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 and to treat staff with dignity and respect;
- To carry out mutually agree responsibilities;
- To accept the consequences for the outcomes if the patient does not follow the plan of care.

The kind of services and their duration will be revised as your condition warrants, as determined by you, the home care Team and your physician.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreted by (print name) \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

# Examples of Patient Rights

- Participate in planning care and treatment or changes in care and treatment
- Choose a personal attending physician
- To have his/her property treated with respect
- Voice grievances without discrimination or reprisal
- Manage his or her financial affairs
- Access to all records pertaining to his or herself

# Right of Refusal

- The patient has the right to refuse:
  - Medications
  - Treatments
  - Food
  - Activities
  - Visits
  - Procedures
  - Getting dressed or wearing certain clothing
  - Bathing
  - Going to bed, getting out of bed

# Privacy and Confidentiality

- Includes medical treatment, written and telephone communications, personal care, visits, and meetings of family members.
- Privacy in written communications, including the right to send and promptly receive mail that is unopened.

# Privacy of the Patients' Personal and Clinical Records

- Chart, treatment record, medication record, turning schedule, care instructions
  - This includes any document that reveals personal information about the patient
  - Do not leave them where others can see them
- Do not tell anyone this information in person or over the phone unless there is written documentation that the patient has specifically designated the person to be allowed to receive this sort of information.

# Patient Rights

*Dignity?*

- The Home Health Aide works in the patient's home
  - **Knock on the door before entering**
  - **Announce yourself**
  - **Close doors, curtains, and blinds during personal care and toileting.**
  - **Eavesdropping is a violation of privacy.**

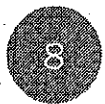


# Patient Dignity

- Explain what you want to do, and respect the patient's response.
- Keep promises.
- Patient dressed in own clothes, that are appropriate and clean, fit right.
- Talk to the patient, rather than talking over the patient.
- Acknowledge patient complaints.

# Patient Dignity

- Pay attention to the patient and respect her/his feelings.
- Give toileting assistance when needed.
- Keep face, mouth, dentures, glasses, and furniture clean.
- Keep hair clean and combed.
- Address the patient by his/her last name unless he/she specifies another preference.



**ALL AT HOME HEALTH CARE, LLC**

**PATIENT RIGHTS**

**POST TEST**

Name: \_\_\_\_\_

Title: HHA

Date: \_\_\_\_\_

1. Examples of Patient Rights include the right to participate in planning care.	T	F
2. Patients do not have a right to refuse to eat meals that the HHA prepares.	T	F
3. A patient has to get out of bed in the morning if able.	T	F
4. A patient has the right to privacy in written communication but during patient telephone conversations.	T	F
5. The HHA demonstrates respect for patient rights by knocking on the door before entering and announcing him/herself.	T	F
6. The HHA should close doors, curtains, and blinds when providing personal care to a patient.	T	F
7. Eavesdropping is not a violation of privacy.	T	F
8. It is not important for a HHA to keep promises to a patient.	T	F
9. Patient complaints should always be acknowledged and reported to the nurse/office.	T	F
10. Respecting patient dignity is the cornerstone of Patient Rights.	T	F