



PATIENT'S BILL OF RIGHTS / RESPONSIBILITIES

Patient Name _____

You Have The Right To:

Choose Your Provider:

You may choose your home health agency provider and have the right to receive a timely response from the home health agency regarding your request for home health services.

Exercise Your Rights:

You have the right to exercise your rights and be given information about your rights as a patient of the Home Health Agency. You have the right to express concerns regarding your ability to comply with the proposed plan of care that has been developed with you, your physician and your home care provider. When a patient has been judged incompetent, a family member or guardian may exercise the patient's rights.

Respect For Property and Person:

You have the right to voice grievances about treatment or care that is (or fails to be) furnished, or about disrespect for property by anyone who is providing services on behalf of the Home Health Agency without being threatened, restrained, discriminated against or reprisal for doing so. You can do so by calling **HRH HOME HEALTH AGENCY AT 573-221-6515 or 1-800-981-4442 AND ASK FOR THE DIRECTOR.**

You have the right to expect that you and your property will be treated with respect by all who provide home health services to you, and that you will be free of physical or mental abuse or neglect, or discrimination against your race, creed, color, religion, sex, national origin, sexual preference, handicap, or age. You have a right to be given proper identification by name and title of everyone who provides home health services to you. Hannibal Regional Hospital Home Health Agency has the right to expect respect and consideration of property belonging to the agency and of its personnel.

Be Informed:

You have the right to be informed orally in advance about care and treatment to be furnished and be given information in advance of any changes in care and treatment to be furnished, so that you will be able to give informed consent for your treatment prior to start of any treatment. This includes your right to be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose, in terms and language you can reasonably be expected to understand. Furthermore, you have the right to be given information regarding anticipated transfer of your home health care to another health care facility and/or termination of home health agency services to you.

You have the right to be informed orally and in writing that the agency will collect and report personal information, and OASIS data regarding your health to state and federal governments overseeing home health services.



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Participate In Planning Care and Treatment:

You are the most important member of your home health care team. You have the right to participate in the planning of your unique home health care plan. You also have the right to assessment and update of your home health care plan and to be given information about changes to care or treatment prior to implementation of those changes. You have the responsibility of participating in your plan of care and of understanding and accepting consequences for the outcomes that result if care is not followed according to the plan.

The organization makes every effort to adapt the plan to the specific needs and limitations of the patients. When such adaptations to the care, treatment, and service plan are not recommended, patients and their families are informed of the consequences of the care, treatment, and service alternatives and not following the proposed course.

Confidentiality:

You have the right to be given information of the home health agency policies and procedures regarding disclosure of clinical records. You have the right to know that your written consent (or your guardians) is required for release of information not authorized by law, and that your clinical records are kept confidential by home health staff.

Information About Liability For Payment:

You have the right to be advised orally and in writing, before care is initiated, of the extent to which payment may be expected for services or items by Medicare, Medicaid and any other program in the state that is funded all or in part with federal funds of which a home health agency is reasonably aware. You have the right to know the charges for services that will not be covered by Medicare and the charges that you may have to pay. Furthermore, you have the right to be advised of any changes that occur in the information regarding charges as soon as possible that no later than thirty (30) days after home health agency becomes aware of a change.

Refuse Treatment:

You have the right to refuse treatment within the confines of the law, and to be given information concerning the consequences of refusing treatment.

Ask Questions and Voice Complaints:

You have the right to:

1. Ask questions regarding licensure and certification status of Home Health Agencies and to register complaints about home care to the Bureau of Home Health Licensing and Certification

TOLL-FREE MISSOURI HOME HEALTH HOTLINE 1-800-392-0210, 24 hours a day, 7 days a week.

TOLL-FREE ILLINOIS HOME HEALTH HOTLINE 1-800-252-4343, 24 hours a day, 7 days a week.

2. Report any concerns or register complaints about a Joint Commission – accredited health care organization by either calling **1-800-994-6610** or emailing **complaint@jointcommission.org**.



As a Home Health Agency Patient You Have the Responsibility To:

1. Have a caregiver available as needed.
2. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies and other health related matters.
3. Assist in developing and maintaining a safe environment.
4. Inform the home health agency when you will not be able to keep a home health agency visit.
5. Ask questions when you do not understand your care, treatment, service or what you are expected to do.
6. Be considerate of the home health staff and property.
7. Promptly meet any financial obligation agreed to with the home health department.
8. Report perceived risks in your care and unexpected changes in your condition.
9. Help the organization understand your environment by providing feedback about service needs and expectations.
10. You are responsible for the outcomes when you do not follow the care, treatment, and service plan.
11. You must follow the organizations rules and regulations.

SERVICE	FREQUENCY AND LENGTH
Skilled Nurse	
Aide	
Physical Therapist	
Speech Therapist	
Occupational Therapist	
MSW	

I have reviewed and understand my bill of rights/responsibilities as described above.

Signature of Patient _____ Date _____

Nurse's Signature _____ Date _____