

**AGENCY LOGO**  
**CONTACT INFORMATION**  
**GOES HERE**

**Patient Rights and Responsibilities**

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

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

**Patient Rights**

- Have your property and person be treated with respect.
- You have the right to be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.
- You have the right to make complaints to the agency regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property, and/or person by anyone who is furnishing services for the home health agency.
- You have the right to participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate such as:
  - 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/or,
  - Any changes in the care to be furnished.
- You have the right to participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate such as:
  - Any changes in the care to be furnished.
- You have the right to receive all services outlined in the plan of care.
- You have the right to have a confidential clinical record.
- You have the right to 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 HHA;
  - The charges for services that may not be covered from Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA
  - The charges the patient may have to pay BEFORE care is initiated; and,
  - The agency must advise the patient and representative of any changes as soon as possible, in advance of next home health visit.
- You have the right to receive a proper written notice, in advance of specific service being furnished, if the agency believes that the service may be non-covered, or in advance of the agency reducing or terminating on going care.
- We must notify you of the decision to terminate covered services no later than two (2) days before the proposed end of the services. If your services are expected to be fewer than two (2) days in duration we

must notify you at the time of admission. If, in a non-residential setting, the span of time between services exceeds two (2) days, the notice must be given no later than the next to last time services are furnished.

- Patients have the right to access and to the release of patient information and clinical records
- Patients have the right to be informed of and receive a copy of the home health agency's policy for transfer and discharge.
- You have the right to be advised of state toll free home health telephone hotline, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local home health agencies.
- Hotline hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. The toll-free hotline may be reached at (800) 955-1819.
- You have the right to the names, addresses, and telephone numbers of the following federally funded and state funded entities that serve the area where you live:
  - **Area Agency on Aging**
  - **Center for Independent Living**
  - **Protection for Advocacy Agency**
  - **Aging and Disability Resource Center**
  - **Quality Improvement Organization**
- You have the right to be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the agency or an outside entity.
- You have the right to be informed of the right to access auxiliary aids and language services.

### **Patient Responsibilities**

- Notify the provider of changes in their conditions such as hospitalizations, symptoms to report.
- To follow the plan of care.
- To ask questions about care or services.
- To notify the home health agency 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 upon goals and responsibilities.
- To accept the consequences for the outcomes of the patient does not follow the plan of care.

Signature: \_\_\_\_\_

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

PROVIDED COURTESY OF



Home Health Solutions, LLC

*Partners in Care*