



## ***Patient Rights and Responsibilities***

Each patient/client of Visiting Nurse Home & Hospice has the right to be informed of his or her rights in a manner that they understand. This notification is given in writing in advance of furnishing care or during the initial evaluation visit before the initiation of treatment. A copy of the written notice of rights signed by the patient/client will be maintained in the patient/client's home and at Visiting Nurse Home & Hospice in the patient/client's medical record. It is the duty of this agency to protect and promote the rights of patients

### ***The patient has the right to:***

- To receive services without regard to race, creed, color, gender, sexual orientation, age, disability, or source of payment.
- To receive safe, appropriate and high quality care and services in a timely manner with consideration, dignity, respect and privacy.
- To accept or refuse care and to be informed of the consequences of such action.
- To be free from mental or physical abuse, physical punishment, neglect, damage to or theft of property, or exploitation of any kind.
- To have his or her property treated with respect
- To exercise his or her rights as a patient/client of the agency. When the patient/client is unable to exercise his or her rights, an agent or legal guardian may exercise the patient's/client's rights.
- The right to choose his or her medical, dental, and other licensed independent practitioner care providers.
- To be informed, in advance, about the care to be furnished (and not to be furnished), the plan of care, and of any changes in the care to be furnished before the change is made.
- To help plan the care and services received or to help change the care and services.
- To have patient/client decisions about care, treatment, or services received at the end of life addressed by the agency.
- To be advised in advance of the disciplines that will furnish care, the frequency of visits proposed to be furnished, and the names and qualifications of all individuals providing care.
- To receive information necessary to make decisions about care (or to have a family member receive such information, as appropriate) and to have access to their records.
- To receive information and counseling about advanced directives such as the living will and durable power of attorney for health care, to formulate advanced directives, and to receive written information about the policy of Visiting Nurse Home & Hospice on patient/client advanced directives and state .COMFORT ONE protocol.
- To have his or her personal and clinical records treated and maintained in a confidential manner and to be advised by Visiting Nurse Home & Hospice of its policies and procedures regarding disclosure of clinical records.
- To be advised, before care is initiated, if the provider is a full participating provider in the patient's/client's health care plan, the cost of services, the extent to which payment for services may be expected from insurance, government and other sources, and the extent to which payment may be required from the patient/client and the charges they will be required to pay.

## **Patient Rights and Responsibilities (cont.)**

- To be informed within 30 days from the date that the agency becomes aware of a change to the extent of which payment may be expected.
- To be informed of the agency's billing procedures and the patient/client payment responsibilities.
- To be informed of the agency's ownership and control.
- To be informed of any experimental research, clinical trials, or investigational activities and the right to refuse such.
- To give or withhold informed consent to produce or use recordings, films, or other images of the patient/client for purposes other than his or her care.
- To voice grievances (or to have the patient's/client's family or guardian voice grievances on the patient's/client's behalf if the patient/client is unable to do so) regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of Visiting Nurse Home & Hospice; to be advised on how to voice grievances; and not to be subjected to discrimination or reprisal for doing so.
- To have the patient's/client's complaints investigated, or complaints made by the patient's/client's family or guardian, regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient/client or the patient's/client's property by anyone furnishing services on behalf of Visiting Nurse Home & Hospice.
- To be informed in writing of his or her rights to appeal a determination or decision made by Visiting Nurse Home & Hospice with regard to eligibility for service, the types or levels of service in the care plan, a termination or change in service, or if the patient/client feels that his or her rights under this section have been violated.
- The agency will document both the existence and resolution of the complaint.
- To be advised in writing of the names, addresses, and telephone numbers of the state ombudsperson, the Attorney General's Medicaid Fraud Control Unit, the state licensing agency and the availability of the state toll-free home health hotline, the hours of operation, and that the purpose of the hotline is to receive complaints, questions, and concerns surrounding the implementation of advanced directive requirements.
- No charge shall be made for furnishing a health record or part thereof to a patient, his/her attorney or authorized representative if the record or part thereof is necessary for the purpose of supporting an appeal under any provision of the Social Security Act and the request is accompanied by documentation of the appeal. A provider shall furnish a health record requested pursuant to this section within thirty (30) days of the request.

### ***The Patient Has the Responsibility to:***

- To have a face to face visit with your physician for the matter related to the home care services either within 90 days prior to start of care or within 30 days after the nurse or therapist makes their first visit to your home.
- Provide information about illnesses, hospitalizations, medications, physician visits and other related matters to the agency.
- Inform home health care providers of a change in health care provider (i.e. physician, nurse practitioner).
- Inform agency staff of commitments, visits to health care provider, hospitalization, or other events which may require a change in appointment time.
- Attempt to understand home health care providers instructions, and participate effectively in decision
- Be informed of the agency's ownership and control.
- Keep medical information, as well as medications, in a place easily available to home healthcare staff.
- Provide necessary information for insurance claims and make payment arrangements when necessary and /or complete an agency financial statement if unable to provide a source of payment.
- Inform home health care providers of change to non-homebound status. Homebound is defined as
  1. Inability to leave home or
  2. Considerable or taxing effort to leave home or
  3. Home absence primarily to receive medical care.
- Respect home health care providers' privacy in non- patient related matters.
- Report dissatisfactions with agency or home health care staff in a timely fashion.
- Be aware of patient rights and responsibilities, as stated in this document.

**Patient Rights and Responsibilities (cont.)**

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

Patient ID# \_\_\_\_\_

**You may call Visiting Nurse Home & Hospice 24 hours a day, 7 days a week at:  
1-401-682-2100 or 1-800-456-1195**

All patients have a right to appeal a determination or decision made by the agency regarding eligibility for services, the type or levels of service in the care plan, a termination (discharge) or change in service, or if the patient feels that his or her rights have been violated.

**If you have a problem or complaint, you may ask to speak directly to Jennifer Fairbank, CEO.**

**For non-urgent situation, please call during regular business hours Monday through Friday from 8:00 am -4:00 pm.**

**If you feel that the problem has not been resolved or rights have been violated, you may call one of the following for assistance:**

<b>The Rhode Island Home Care Ombudsman</b>	<b>1-401-785-3340</b>
<b>R.I. Home Health Hot Line</b>	<b>1-401-222-7770</b>
<b>R.I. Elder Abuse Hot Line</b>	<b>1-401-462-0555</b>
<b>R.I. Attorney General Medicaid Fraud Unit</b>	<b>1-401-274-4400</b>
<b>DCYF Child Abuse &amp; Neglect Hotline</b>	<b>1-800-RI-CHILD</b>
<b>Fraud &amp; Abuse – Medicare Hot Line</b>	<b>1-800-447-8477</b>
<b>Centers for Medicare &amp; Medicaid Services</b>	<b>1-800-MEDICARE</b>
<b>Joint Commission on Accreditation of Health Care Organizations</b>	<b>1-800-994-6610</b>
<b>R.I. Dept. of Health – complaint unit</b>	<b>1-401-222-5200</b>

Visiting Nurse Home & Hospice is an independent not-for-profit corporation under the direction of a volunteer Board of Directors. For a list of board members call 401-682-2100.

I acknowledge that the Visiting Nurse Home & Hospice representative has given me a copy and has explained my rights and other information contained on these pages at the time of admission.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

**White: Record Copy**

**Yellow: Patient Copy**