

HOME HEALTH CARE PATIENT BILL OF RIGHTS

Dignity and Respect 484.50(c)(1); (2)

Patients have the right to:

- Have their property and person treated with respect
- Not be discriminated against based on race, color, religion, national origin, age, sex, sexual preference or handicap.
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.
- Have complaints investigated
- Effective pain management
- Know that any Agency staff (whether directly employed or through contract) in the course of providing services, who identifies, notices, or recognizes incidences or circumstances of patients mistreatment, must report these findings immediately in accordance with state law.

Complaints 484.50(c)(3)A

Patients have the right to file complaints with the home health agency:

- Regarding their 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 service on behalf of the home health agency.

Decision Making, Consent, and Services Provided 484.50(c)(4)(ii-viii)and(5)

Patients have the right to:

- Participate in, and be informed about, and consent or refuse care in advance of and during treatment with respect to:
 - 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

- Receive all services outlined in the plan of care



"Where your family is our family!"

Privacy and Access to Medical Records 484.50(c)(6)

Patients have the right:

- To a confidential clinical record
- To access and to the release of patient information and clinical records in accordance with Health Insurance Portability and Accountability Act (HIPPA)

Financial Information 484.50(c)(7)(i-iv)

Patients will be advised of:

- 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 Home Health Agency.
- 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 charges in the information regarding payment

Patients have 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 on-going care. (484.50)(c)(8)

Advocacy Resources 484.50(c)(9); (10)

Patients will be advised of:

- The state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs.

Wyoming Home Health Hotline

Available Mon-Fri 8:00 a.m. – 5:00 p.m. excluding state holidays

1-800-548-1376

- The names, addresses, and telephone numbers of the area:

- **Agency on Aging**

2300 Capitol Avenue, 4th Floor
Cheyenne, WY 82002

(307) 777-7995

(800) 442-2766

- **Center for Independent Living**



"Where your family is our family!"

305 West 1st Street
Casper, WY. 82601

(307) 266-6956

(800) 735-8322

- **Protection and Advocacy Agency**

7344 Stockman Street

Cheyenne, WY 82009

(307) 632-3496

- **Department of Health, Aging and Disability Resource Center**

401 Hathaway Building

Cheyenne, WY 82002

(866) 571-0944

- **Quality Improvement Organization**

Kepro

5700 Lombardo Center Dr.

Suite 100

Seven Hills, OH 44131

(888) 317-0891

Free from Reprisal 484.50(c)(11)

Patients have the right to be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity

Language Services and Auxiliary Aids 484.50(c)(12)

Patients have the right to be informed in a language and manner he/she understands, and has the right to access auxiliary aides and language services. They also have the right to be informed of how to access these services.

Discharge/Transfer Policy 484.50(d)

Patients have the right to be informed of and receive a copy of the home health agency's policy for transfer and discharge

Transfer/Discharge Policy 484.50 (d)

Patients will be transferred or discharged under the following circumstances:



"Where your family is our family!"

- The Agency and the physician agree the Agency can no longer meet the patient's needs, based on the patient's acuity. The agency will arrange a safe and appropriate transfer.
- The patient or payer will no longer pay for the services provided by the Agency.
- The physician and the Agency agree the patient has achieved outcomes and is no longer in need of the Agency's services.
- Patient and or family refuses services or elects/requests transfer or discharge.
- Agency ceases operation, or patient moved out of service area.
- Patient dies.
- Patient is no longer homebound.
- Services can no longer be provided safely and/or effectively in the patient's home.
- Patient refuses to allow physician's prescribed plan of care/treatment (physician will be notified)
- The patient's (or other persons in the patient's home) behavior is disruptive, abusive or uncooperative to the extent safe delivery of care is seriously impaired. The Agency will do the following before it discharges a patient for cause:
 - Advise the patient, representative (if any), and physician that a discharge for cause is being considered.
 - Make efforts to resolve the problem (s) presented by the patient's (or other persons in the patient's home) behavior or situation.
 - Provide the patient and representative (if any) with contact information for other agencies who may be able to provide care.
 - Document the problem (s) and efforts made to resolve the problem (s) and enter this into the clinical records.

Discharge/Transfer Policy 484.50 (d)

- Patients have the right to be informed of and receive a copy of the home health agency's policy for transfer and discharge.

Patient Responsibilities

Patients have the responsibility to:

- Notify the provider of changes in their condition (e.g. hospitalization, changes in the plan of care, symptoms to report);
- Follow the plan of care and express any concerns you have about your ability to follow and comply with the course of treatment.
- Provide accurate and complete information regarding matters related to the patient's health including past hospitalizations, illnesses, and medications.
- Ask questions about care or services;
- Notify the home health agency of if the visit schedule needs to be changed;
- Inform the home health agency of changes made to the advanced directives;



"Where your family is our family!"

- Promptly notify the home health agency of any concerns with the services provided;
- Provide a safe environment for the home health agency staff;
- Follow Agency rules and regulations concerning patient care and conduct, and to show respect and consideration for Agency's personnel and property.
- Carry out mutually agreed responsibilities; and
- Accept the consequences for the outcomes if the patient does not follow the plan of care.

I acknowledge that I have received a copy of the notice of Rights/Responsibilities and Transfer/Discharge criteria.

Patient Signature/Date

Representative Signature/Date

Agency Signature/Date