

HOME HEALTH CARE SOLUTIONS

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Your basic rights and responsibilities as a patient of HOME HEALTH CARE SOLUTIONS include:

THE RIGHT TO:

- Be informed of your rights and responsibilities by written notice, to have them read to you and explained to your satisfaction prior to the start of your care.
- Be informed of the right to access auxiliary aids and language services and how to access these services.
- Exercise your rights freely and without discrimination or reprisal for doing so.
- Receive care from professional, trained staff with dignity and free from verbal, physical, sexual and psychological abuse, including injuries of unknown source, neglect, and misappropriation of property
- Have consideration and respect for you, your caregivers, and your property.
- Receive proper identification and responsibilities of each staff member providing your care.
- Privacy during your interview, examinations and treatments.
- Be informed of any changes in staff before it occurs and to have the right of choice in your care provider.
- Participate in designing a care plan to meet your needs, be informed, in advance, of changes in this plan and exercise the freedom to request change in your plan.
- 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, any changes in the care to be furnished, and receive all services outlined in the plan of care.
- Receive timely response from staff to your requests for service.
- Be advised verbally and in writing of the extent to which payment may be expected from Medicare, Medicaid or any other federally funded or aided program; the charges for services that will not be covered by your insurance and; the charges for services that you may have to pay prior to initiation of services.
- Be advised verbally and in writing of any changes in expected payment from Medicare, Medicaid or other sources in advance of the next home health visit, from the date Home Health Care Solutions is aware of a change in reimbursement.
- Receive proper written notice, in advance of a specific service being furnished, if the agency believes that the service may be non-covered care; or in advance of the agency reducing or terminating ongoing care.
- Arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the agency's capabilities. Access and to the release of patient information and clinical records.
- Be informed of and receive a copy of the home health agency's policy for transfer and discharge.
- Confidentiality of your information and your medical record maintained by the agency. We will only disclose records if you or your legal guardian signs an authorization permitting specific disclosures
- Voice grievances regarding treatment and/or care that is provided or that the agency fails to provide without fear of coercion, discrimination, reprisals, lack of respect for property and/or person by anyone who is providing services on behalf of the agency or unreasonable interruption of services.
- Receive the Grievance Procedure of Home Health Care Solutions and have it explained to your satisfaction, including the name and contact information of the Agency Administrator.
- Make decisions concerning your medical care including the right to accept or refuse medical or surgical treatment and you have the right to formulate advanced directives without fear of discrimination. In case of advanced directive or you have been judged incompetent, your family member or guardian can exercise above mentioned rights on your behalf.

- Be advised of the name and contact information for Agency Administrator to express your concerns or complaints:
Mahmood Iqbal – 877-718-1306
- Be advised of the availability of the toll-free **Indiana Department of Health Home Health Hotline** for you to express your concerns or questions.
**You may contact them 24 hours a day, 7 days a week at
1-800-246-8909**

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

- **Agency on Aging – Included in the Patient and Family Guide to Services***
- **Center for Independent Living – Included in Patient and Family Guide to Services ***
- **Protection and Advocacy Agency**
 - **4701 N Keystone Ave Ste 222, Indianapolis IN 46205
Phone: 317-722-5555**
- **Aging and Disability Resource Center**
 - **4755 Kingsway Drive, Suite 200, Indianapolis IN 46205
Phone: 317-254-5465**
- **Quality Improvement Organization**
 - **Kepro – 5201 W. Kennedy Blvd., Suite 900, Tampa FL
Phone: 855-408-8557**

*Multiple agency numbers in Patient and Family Guide to Services. Admission nurse or other clinical staff can help you identify agency in your area.

THE RESPONSIBILITIES TO:

- Notify agency of changes in condition (eg. Hospitalization, changes in the plan of care, symptoms to report)
- Remain under a doctor's care while receiving services from Home Health Care Solutions
- Provide Home Health Care Solutions with a complete and accurate medical history.
- Follow the recommendations and advice prescribed in a course of treatment by the physician.
- Participate in your care by asking questions and expressing concerns.
- Accept the responsibilities of any refusal of treatment.
- Provide information to the staff about unexpected complications that arise in a course of therapy.
- Keep scheduled appointments with agency staff and notify agency if the visit schedule needs to be changed.
- Notify agency of changes made to advanced directives.
- Advise agency of any concerns with the services provided.
- Provide a safe environment for the agency staff.
- Carry out mutually agreed upon responsibilities.
- Accept the consequences for the outcomes if the patient does not follow the plan of care.
- Provide us with accurate and timely information of changes in insurance and the ability to meet financial obligations to the agency.

Patient Signature

Date

Legal Representative

Date

Agency Representative

Date