

3.11 CLIENT BILL OF RIGHTS

Client Rights and Responsibilities

Statement of Purpose:

It is anticipated that observance of these rights and responsibilities will contribute to more effective care and greater satisfaction for the client as well as the staff. The rights will be respected by all personnel and integrated into all Home Care programs. A copy of these rights will be given to clients and their families or designated representative. The client or his/her designated representative has the right to exercise these rights. In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on the client's behalf. In the case of a client who has not been adjudged incompetent. Any legal representative may exercise the client's rights to the extent permitted by law.

The Client has the right:

1. To be fully informed and knowledgeable of all rights and responsibilities before providing pre-planned care and to understand that these rights can be exercised at any time.
2. To choose a health care provider.
3. To request services from the Home Care Agency of their choice and to request full information from their agency before care is given concerning services provided, alternatives available, licensure requirements, organization ownership and control.
4. To be informed in advance about care to be furnished and of any changes in the care to be furnished before the change is made.
5. To be informed of the disciplines that will furnish care and the frequency of visits proposed to be furnished and to know that all staff is properly trained and competent to perform their duties.
6. To information necessary to give informed consent prior to the start of any procedure or treatment and any changes to be made.
7. To participate in the development and periodic revision of the plan of care.
8. Confidentiality and privacy of all information contained in the client record and of Protected Health Information.
9. To information necessary to refuse care within the confines of the law and to be informed of the consequences.
10. To treatment with utmost dignity and respect by all agency representatives, regardless of the client's chosen lifestyle, marital status, cultural mores, political, religious, ethical beliefs, whether or not an advance directive has been executed and source of payment without regard to race, creed, color, sex, age or handicap.
11. To have his/her property and person treated with respect, consideration and recognition of client dignity and individually.

12. To receive and access services consistently and in a timely manner from the agency to his/her request for service.
13. To be admitted for service only if the agency has the ability to provide safe professional care at the level of intensity needed and to be informed of the agency's limitations.
14. To reasonable continuity of care.
15. To an individualized plan of care and teaching plan developed by the entire health team including the client and/or family.
16. To be informed of client rights under state law to formulate advanced care directives without fear of reprisal whether or not an advance directive is prepared and to know that the agency will follow the client's requests regarding the advance directive in providing care.
17. To be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.
18. To be informed of client rights regarding the collection and reporting of information.
19. To expect confidentiality of services provided and of the access to medical records according to state statutes.
20. To be informed within a reasonable time of anticipated termination of service of plans for transfer to another health care facility/provider.
21. To be informed verbally and in writing and before care is initiated of the organization's billing policies and payment procedures and the extent to which:
 - a. Payment may be expected from Medicaid, or any other federally funded program known to the organization.
 - b. Charges that the individual may have to pay.
22. To be able to identify visiting staff members through proper identification.
23. To be informed orally and in writing of any changes in payment information as soon as possible, but no later than 30 days from the date that the organization becomes aware of the change.
24. To honest, accurate, forthright information, regarding the home care industry in general and his/her chosen agency in particular, including cost per visit, employee qualifications, names and titles of personnel, etc.
25. To access necessary services 24 hours a day, 7 days a week.
26. To be referred to another agency if he/she is dissatisfied with the agency or the agency cannot meet the client's needs.
27. To receive disclosure information regarding any beneficial relationship the organization has that may result in profit for the referring organization.
28. To education, instruction and a list of requirements for continuity of care when the services of the agency are terminated.
29. To be free of abuse, neglect and exploitation of any kind including agency employees, volunteers or contractors.
30. To privacy to maintain his/her personal dignity and respect.
31. To know that the agency has liability insurance sufficient for the needs of the agency.
32. To be advised that the agency complies with Subpart 1 of 42 CFR 489 and

receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and to know that the agency will honor the client's advance directives in providing care.

33. To receive advance directives information prior to or at the time of the first home visit, as long as the information is furnished before care is provided.

34. To voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal and to know that grievances will be resolved and the client notified of the resolution within 30 days.

35. To be advised of the toll-free home health agency hot-line for the State of Alabama and the purpose of the hotline to receive complaints or questions about the organization. The State of Alabama Home Health Hotline Number is 1-800-356-9596. The number is operated 8AM to 5PM daily to receive complaints or questions about local Home Health Agencies. You may also register complaints in writing to:

Bureau of Home and Community Services
Alabama Department of Public Health
The RSA Tower
201 Monroe Street, Suite 1200
Montgomery, Alabama 36104

Phone: 1-800-225-9770

36. To not be denied equal opportunity because they or their family are from another country, because they have a name or accent associated with a national origin group because they participate in certain customs associated with a nation origin group or because they are married to or associate with people of a certain national group.

37. To be informed of the number to report child abuse is: 334-242-9500

38. To be informed of the hotline number to report Adult/Elder abuse, neglect, and exploitation at: 1-800-458-7214.

39. To be informed of the domestic violence hotline number at: 1-800-332-4443.

The Client has the responsibility:

1. To provide, to the best of his/her knowledge, accurate and complete information about:

- a. Past and present medical histories.
- b. Unexpected changes in his/her condition.
- c. Whether he/she understands a course of action selected.

2. To follow the treatment recommended by the particular handling of the case.

3. For his/her actions if he/she refused treatment or does not follow the physician's orders.

4. For accruing that the financial obligations of his/her health care are fulfilled as promptly as possible.
5. To respect the rights of all staff providing service:
6. To notify the agency promptly in advance of an appointment or visit you must cancel.
7. To become independent in care to the extent possible, utilizing self, family and other sources.
8. To pay for care or services not covered by 3rd party payers.
9. For complying with the rules and regulations established by the agency and any changes subsequent to the rules.

Client's
Signature

Date:

Admitting Person's
Signature

Date:

Client Name (Last, First):

Medical Record Number: