



## **CLIENT BILL OF RIGHTS**

### **PATIENT 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 patient 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 patients and their families or designated representative. The patient/client or his/her designated representative has the right to exercise these rights. In the case of a patient/client adjudged incompetent, the rights of the patient/client are exercised by the person appointed by law to act on the patient/client's behalf. In the case of a patient/client who has not been adjudged incompetent, any legal representative may exercise the patient/client's rights to the extent permitted by law.

#### **THE PATIENT/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 appropriate and professional care relating to physician orders.
3. To choose a health care provider.
4. 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 and accreditation requirements, organization ownership and control.
5. To be informed in advance about care to be furnished and of any charges in the care to be furnished before the change is made.
6. To be informed of the disciplines that will furnish care and the frequency of visits proposed to be furnished.
7. To information necessary to give informed consent prior to the start of any procedure or treatment and any changes to be made.
8. To participate in the development and periodic revision of the plan of care/service.
9. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.



10. To information necessary to refuse treatment within the confines of the law and to be informed of the consequences.
11. To treatment with utmost dignity and respect by all agency representatives, regardless of the patient's chosen lifestyle, cultural mores, political, religious, ethical beliefs, having or not having executed an advance directive and source of payment without regard to race, creed, color, sex, age or handicap.
12. To have his/her property and person treated with respect, consideration and recognition of client/patient dignity and individuality.
13. To receive and access services consistently and in a timely manner from the agency to his/her request for service.
14. 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.
15. To reasonable continuity of care.
16. To an individualized plan of care and teaching plan developed by the entire health team including the patient and/or family.
17. To be informed of client patient rights under state law to formulate advance care directives.
18. To be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.
19. To be informed of client/patient rights regarding the collection and reporting of OASIS information.
20. To expect confidentiality of the access to medical records according to State Statutes.
21. To be informed within a reasonable time of anticipated termination of service plans for transfer to another health care facility/provider.
22. 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 Medicare, Medicaid, or any other federally funded or aided program known to the organization.
  - b) Charges for services that will not be covered by Medicare.
  - c) Charges that the individual may have to pay.
23. Be able to identify visiting staff members through proper identification.
24. 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.



25. 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.
26. To access necessary professional services 24 hours a day, 7 days a week.
27. To be referred to another agency if he/she is dissatisfied with the agency or the agency cannot meet the patient's needs.
28. To receive disclosure information regarding any beneficial relationship the organization has that may result in profit for the referring organization.
29. To education, instruction and a list of requirements for continuity of care when the services of the agency are terminated.
30. To be free of abuse of any kind.
31. To privacy to maintain his/her personal dignity and respect.
32. To know that the agency has liability insurance sufficient for the needs of the agency.
33. 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.
34. To receive advance directives information prior to or at the time of the first home visit, as long as the information furnished before care is provided and to know that the Hotline number 1-800-458-9858 may be used to lodge complaints regarding the implementation of the Advance Directive requirement.
35. 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.
36. To be advised of the toll-free home health agency hot-line for the State of Texas and the purpose of the hotline to receive complaints or questions about the organization. The State of Texas Home Health Hotline Number is 1-800-458-9858. The number is operated 8 AM to 5 PM daily to receive complaints or questions about local Home Health Agencies. You may also register complaints in writing to:

Director of Health Facility Licensure and Certification Division  
Texas Department of Aging and Disability Services  
PO Box 149030 Mail Code Y 981  
Austin, Texas 78714-9030



37. To be informed of the toll-free elder/child abuse hot-line 1-800-252-5400, used to report abuse, neglect or exploitation.