

The Grievance Process

A client has the right to express grievance regarding any violation of his or her rights.

In order for us to continue providing quality service, you can give your feedback or file a complaint internally with the **Service Coordinator at (561) 739-3270**

Or Write to:

**Tropics Home Care Services, Inc.
Attn: Customer Service Department
P.O. Box 740162
Boynton Beach, FL. 33474-0162**

**To File Grievance with the State You
May Call: Toll-free 1 (888) 419-3456**

Or Write to:

**Agency for Healthcare Administration
Complaint Administration Unit
2727 Mahan Drive, Mail Stop #49
Tallahassee, FL. 32308**

**To Report Abuse, Neglect or Exploitation, Please
Call Toll-Free 1 (800) 962-2873**

**To Report Medicaid Fraud, Please Call
1 (866) 966-7226**

TROPICS HOME CARE SERVICES , INC.

Customer Service Department
P.O. Box 740162
Boynton Beach, FL. 33474-0162
info@tropicshomecare.com
www.tropicshomecare.com

**YOUR
RIGHTS AND RESPONSIBILITIES
AS A CLIENT**

"Doing the right thing at a time it matters the most."

Tropics Home Care Services, Inc.

(561) 739-3270

CLIENT RIGHTS

Includes:

- The right to receive quality service.
- To be treated with dignity, respect, and courtesy.
- To receive services in a safe and secure environment that is free from abuse and harassment.
- Being free from restraint and neglect.
- To receive effective communication in a language or form understandable to you.
- Receiving personal, medical and Health Insurance Privacy Protection according to HIPAA.
- Having your property treated with respect.
- Receiving prompt and reasonable response to request, questions and complaints.
- Refusing service except as otherwise provided by law.
- The right to make decisions about how you live your life and about your service and treatment.
- Actively participate in developing your Care Plan and be informed of any changes immediately.
- Executing an Advance Directive or designating a decision maker.
- Designate a family member or guardian who may exercise your rights if you have been judged incompetent.
- Excluding any or all family members from participating in your home care decisions.
- Receiving impartial access to treatment, care or accommodations regardless of race, national origin, religion, physical handicap or source of payment.

- Knowing what rules and regulations applies to your conduct.
- The right to be informed of services available.
- Receiving upon request and prior to service start date reasonable estimate for service.
- Receiving a copy of a clear and understandable, itemized bill; and upon request having the charges explained.
- Right to request in writing, restrictions on the uses and disclosures of PHI. Exceptions include psychotherapy notes, notes compiled for civil, criminal and administrative actions.
- Terminating service with at least a 7 day advance notice, except should client become deceased.
- Expressing grievance regarding any violation of your rights without reprisal or discrimination.

CLIENT RESPONSIBILITY

You are Responsible for:

- Providing the Agency, to the best of your knowledge, accurate and complete information about health history, present complaints, past illnesses, hospitalization, current medication, allergies, sensitivities and other matters relating to care.
- Informing the Agency of any changes in your medical or physical condition immediately.
- Following the care plan as recommended.

- Being responsible for your actions if you refuse to follow care plan or instructions.
- Notifying the Agency of any changes made to your Advance Directives.
- Notifying the Agency of any changes in your insurance coverage.
- Informing the Agency of any changes to your personal or emergency contact information.
- Reviewing the Hurricane Preparedness Information Guide.
- Maintaining and making available upon request a medication, supply and equipment list.
- Signing the Weekly Journal and Visit Notes daily or at the end of each service week.
- Making timely and prompt payments for services rendered through the Agency.
- Paying for services not covered by your insurance company which includes but not limited to, deductible or elimination period, copayments or any uncovered services received.
- Adhering to terms of Service Agreement and to fulfill your financial obligations.
- Following Tropics Home Care Services, Inc. Rules and Regulations.

Bill of Rights and Responsibilities
Section 381.026, Florida Statutes.

