

Acknowledgement of Patient Rights & Responsibilities



Client Name: _____

Date: _____

Client Representative: _____

Patient Signature: _____

Patient Representative Signature: _____

Envision Home Health provides employee education on patient rights and responsibilities annually to ensure our clients rights are acknowledged and protected. By signing this document you attest that you have review, understanding and have had the opportunity to ask questions regarding your rights & responsibilities in executing these rights in your home health episode.

▪ Patient Rights ▪

As a home health care recipient, you have certain rights that Envision Home Health protects and promotes as your provider. It is our requirement to inform you of these rights and to answer any questions you may have in relation to these rights.

In the event that you are unable to exercise these rights on your behalf, your family, caregiver, medical power of attorney or guardian can exercise these rights for you.

An Outline of these Rights under the Conditions of Participation Have Been Provided:

1. Access to care/service is based upon non-discrimination.
2. Receive information in a language and format that communicates effectively or receive interpretation at not charge to you upon request.
3. Patients are informed that they have the right to voice complaints/grievances to the organization regarding treatment/care/service without fear of discrimination or reprisal for doing so.
4. Patients are informed that they have the right to participate in the development of care and service plans.
5. Patients are informed verbally and in writing of billing and reimbursement methodologies prior to start of care and as changes occur, including fees for services/products provided, direct pay responsibilities, and notification of insurance coverage.
6. Have his or her property treated with respect.
7. Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is

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- furnishing services on behalf of the home health agency and must not be subjected to discrimination or reprisal for doing so.
8. Receive an investigation by the organization of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the client's property by anyone furnishing services on behalf of the organization, and organization must document both the existence of the complaint and the resolution of the complaint.
 9. Be informed in advance about care to be furnished and of any changes in the care to be furnished.
 10. Be advised in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.
 11. Be advised in advance of any change in the plan of care before the change is made.
 12. Be advised in advance of the right to participate in planning the care or treatment and in planning changes in the care and treatment.
 13. Be advised that the Home Health 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 how such rights are implemented by the organization.
 14. 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.
 15. Confidentiality of his/her clinical record maintained by the organization.
 16. Be advised of the organization's policies and procedures regarding accessing and/or disclosure of clinical records.
 17. Be informed, orally 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.
 - d. 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.
 18. The right to be informed of the availability of the State Home Health Agency Hotlines including the hours of operation and purpose of the hotline to voice complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff, or service/care or about the implementation of Advance Directives or to report abuse, neglect, or exploitation of a disabled adult or an elderly person. The hotline number to report a complaint regarding the services you receive is 800-392-0210.
 19. The right to be informed of the availability of the CHAP telephone number to voice complaints including the hours of operation and purpose of the hotline to voice complaints regarding treatment or care, lack of respect of

property or recommend changes in policy, staff, or service/care or about the implementation of Advance Directives. The CHAP hotline number to report a complaint regarding the services you receive is (800) 656-9656 and is available 24 hours a day.

20. The right to be informed of organizational ownership and control.

· **Additional Patient Rights** ·

1. You have the RIGHT TO CHOOSE your home care provider
2. You have the RIGHT TO BE TREATED WITH DIGNITY AND RESPECT, including care governed by the highest ethical standards and conduct
3. You have the RIGHT TO BE INFORMED of:
 - Your Rights as a home health care recipient
 - Your Responsibilities as a client
 - The State Hotline Number
 - The process to Log a Complaint
 - The company Privacy Policy
 - Information regarding Advance Directives & supporting information in regards to Missouri Law
 - The care that is being provided, including the names and contact numbers of your licensed caregivers and health care professionals
 - Any changes in your plan of treatment
 - Pending discharge from services within 48 hours of the anticipated end date
 - Financial Information, including covered services by 3rd party payers, changes in information within 30 days of the agency's awareness of such changes, and any bills that have been paid regarding you healthcare episode.
4. You have the RIGHT TO MAKE DECISIONS regarding :
 - The RIGHT TO ACCEPT OR REFUSE TREATMENT &/OR SERVICES
 - The involvement of family and other caregivers in your patient care episode
 - Implementation of Advance Directives
 - Wishes concerning end of life decisions
5. You have the RIGHT TO PRIVACY AND CONFIDENTIALITY regarding:
 - Security
 - Health Information
 - Any release of health related information
6. You have the RIGHT TO RECEIVE QUALITY CARE, which includes:
 - Licensed healthcare providers and professionals who have been educated in ethical standards and responsibility

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- Caregivers who have met the requirements to provide healthcare services in the State
 - Have your pain management at a level of comfort that is personalized to your specific situation
 - Open, honest and direct communication to assist you in making the best decisions possible regarding your healthcare needs and goals
 - Receive services from an organization that can meet all of your needs
 - Resolution of complaints without fear of reprisal
 - The practice of ethical standards and conduct
 - The right to be free from abuse
 - An emergency plan and supportive documents outlining what to do in case of an emergency
7. To have ethical issues related to your care referred to the Agency's Ethics Committee for review.

Please contact our office to further discuss your rights as a home health care recipient. Additional information is available upon your request, or you can contact Nicole Phillips, Executive Director for immediate assistance at 636-695-4330 by phone or nphillips@envisionhealthpartners.com by email.

• Patient Responsibilities •

The patient's responsibilities include each of the following:

1. To provide the agency with accurate and complete health information concerning your history.
2. To assist in developing and maintaining a safe environment.
3. To provide the agency with requested insurance and financial information and to inform them when any changes occur to the same.
4. To sign the required consents and releases for insurance billing.
5. To treat agency staff with respect and consideration.
6. To inform the agency when you will be unable to keep a home care visit.
7. To participate in, and adhere to, the development and updates of your plan of care.

As a patient of Envision Home Health you are responsible for:

1. Open and honest communication regarding past and present health status and any changes that occur while you are under our care, including but not limited to:
 - Illness, pain, medications, hospitalizations, complaints, change in physician information, change in insurance, your understanding of current treatment plan and your vested interest in participating in your treatment plan and changes in Advanced Directives
2. Identifying a willing and able caregiver who is available to offer assistance in meeting your healthcare needs, and who will act as your advocate in participating in your plan of treatment.
3. Being respectful of staff, property, and rights by
 - Keeping scheduled appointments or notifying us within 24 hours of any anticipated schedule changes
 - Securing the integrity of the “Home Folder”
 - Providing an environment that is conducive to performing their job duties
 - Fulfilling any financial obligations that have been outlined in the *Admission / Consent Checklist*
4. Participating in the Plan of Care that has been established by our licensed staff and your physician, including:
 - Compliance in following the plan of care
 - Notifying the staff of any changes in your health status in a timely manner
 - Compliance in medication administration
 - Asking questions regarding your care and treatment
5. Provide accurate and complete information regarding medical history and current condition, any payers which may cover care and financial information or any changes herein.
6. Agree to accept caregivers regardless of race, color, national origin, religion, sex, sexual preference, disability, being a qualified disabled veteran (including the Vietnam era) or any other category protected by law.
7. Select a Physician, remain under the medical supervision of your physician and notify the agency of changes to your physician or if there is a specialist involved in your care.
8. Maintain an adequate and safe environment for home care.
9. Adhere to the plan of care which I participated in developing and participate in planning, evaluating and revising the plan of care to the degree I am able to do so.

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10. Participate in proper pain control measures and communicate pain at onset, including discussing pain relief options and documenting on a pain log when indicated.
11. Arrange for supplies, equipment, medications and other services which the Agency cannot provide which are necessary for provision of care and safety.
12. Notify the Agency or agency staff member prior to a scheduled visit if I will not be available, do not want services, or wish to discontinue visits.
13. Protect my valuables by storing them carefully in an appropriate manner.
14. Accept the consequences for any refusal of treatment or choice or failure to comply with the plan of care &/or treatment changes as ordered by my physician.
15. You will be asked to secure these responsibilities in writing in your home health admission consent form.

• **Non-Discrimination Policy** •

Envision Home Health is a recipient of Federal financial assistance and does not exclude, deny benefits to or otherwise discriminate against any person due to race, color, or national origin, or on the basis of disability, sexual preference or age. All health care services are determined by standardized assessments and a comprehensive skilled assessment and as stipulated by Federal and State regulations and policy. All services rendered are under the direct care of your physician and in collaboration with your other health care providers and are provided by employees on a non-discriminatory basis.

Envision Home Health will not withhold services or refuse employment based on discriminatory measures.

This Statement is in accordance with the provisions of:

- Title VI of the Civil Rights Act of 1964 and 1991
- Section 504 of the Rehabilitation Act of 1973,
- The Age Discrimination Act of 1975
- The Pregnancy Discrimination Act
- The Equal Pay Act of 1963 (EPA)
- Title II of the American with Disabilities Act of 1990 and the Disabilities Amendments Act of 2008
- The Genetic Information Nondiscrimination Act of 2008 (GINA)
- The Regulations of the US Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Part 80, 84, and 91.

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Right to Have Information / Important Resources for Home Health Recipients



Phone Call (636) 207-0847 / Toll Free:(800) AGE-6060

Email info@agingmissouri.org

Web: <https://www.agingmissouri.org/>



Phone: (314) 612-5918

Address: 1520 Market, Room 4086 St. Louis, MO



Phone: 573-526-7039

Email: info@dcil.org

Website: www.dcil.org

**Missouri Protection
& Advocacy Services**

Address: 925 South Country Club Dr. Jefferson City MO

Phone: 573-659-0678 / 800-392-8667

Fax 573-659-0677

St. Louis Office:

2000 Innerbelt Business Center Dr. Overland, MO 63114



Missouri Aging Information Network

Website for resourcing - <http://moaging.com>



KEPRO Area 4 –Missouri

Toll-free Phone Number: 855-408-8557,

Fax: 844-834-7130,

Local Phone Number: 813-280-8256