



Patient / Family Rights and Responsibilities

Patients of this agency possess basic rights. You have the right to be informed verbally and in writing of your rights prior to the start of care in a language and manner that you can understand. We want you to be familiar with these Rights. You have the Right to:

1. exercise one's rights as a Hospice patient, including participating in the planning of one's care.
2. appropriate assessment and management of pain and symptoms for conditions related to the terminal illness.
3. be advised of anticipated outcomes of care and of any barriers in achieving anticipated outcomes.
4. accept or refuse care or treatment after the consequences of refusing care or treatment are fully presented.
5. choose a healthcare provider, including choosing an attending physician
6. be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.
7. appropriate care without discrimination in accordance with healthcare provider orders and the ability to exercise one's rights without discrimination or reprisal.
8. be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, and misappropriation of patient property.
9. receive care and services that are adequate, appropriate, and in compliance with relevant Federal and State laws, rules, and regulations.
10. be served by individuals who are properly trained and competent to perform their duties.
11. be able to identify agency personnel through agency generated name tags
12. recommend changes in policy, procedures, personnel, care, or services and receive a reasonable response to requests made to the agency.
13. voice grievances or complaints regarding treatment or care that will be investigated appropriately and not be subjected to discrimination or reprisal for doing so.
14. have his or her personal information, medical, and financial records kept confidential and not be disclosed except as permitted or required by applicable State or Federal law.
15. be advised of the agency's procedures regarding the disclosure of clinical records.
16. be informed:
 - a. before care is initiated, of the extent to which payment for services may be expected from federal or state programs, and the extent to which payment may be required from the patient.
 - b. orally and in writing of any changes in fees or services that are the patient's responsibility. The advisement of these changes shall occur as soon as possible and no later than 30 calendar days from the date the Hospice became aware of the changes.
 - c. about the services covered under the Hospice Benefit and the services that the hospice will provide, including disciplines that furnish care, frequency of visits, modifications to the plan of care, and limitations on those services.
 - d. of any financial benefits when being referred to hospice
 - e. of the process for acceptance and continuance of service and hospice eligibility determination.
 - f. of and provided with information related to Advanced Directives prior to the start of services.
 - g. of the agency's on-call service
 - h. of the process for accessing agency supervisors
 - i. of the procedures for discharge including at least two days (NC) and five days (VA) written and verbal notice prior to any reduction in services, discharge or referral from service, except when a medical emergency exists, when the patient's physician orders admission to an inpatient facility, or when discharge is determined necessary to protect the health and welfare of staff members providing services
 - j. within 10 days when the agency's license has been revoked, suspended, canceled, annulled, withdrawn, recalled, or amended.
17. call and ask questions or relay complaints about hospice agencies, including complaints concerning the implementation of Advanced Directives to the following:

In NC: The Division of Health Services Regulation for the **North Carolina** Department of Health and Human Services at 1-800-624-3004. Calls are accepted 24-hours a day, 7 days a week.

In VA: The Office of Licensure and Certification for the **Virginia** Department of Health at 1-800- 955-1819 or 1-804-367-2106. Calls are accepted 24-hours a day, 7 days a week. The hours of operation are Monday – Friday, 8:00 a.m. – 4:30 p.m.
18. Be fully advised of patient responsibilities, including:
 - a. remain under a physician's care while receiving services.
 - b. notify the agency first when any medical problems arise.
 - c. provide the agency with a complete and accurate medical history.
 - d. provide the agency with accurate insurance and financial information.
 - e. sign required consents and releases for information.
 - f. participate in the care provided by asking questions and expressing concerns.
 - g. provide a safe home environment in which care can be provided.
 - h. cooperate with the healthcare provider, the agency, and other care providers.
 - i. treat agency personnel with dignity and respect.
 - j. abide by agency policies that restrict duties the agency may perform.
 - k. advise the agency administration of any dissatisfaction or problems with your care.