



Patient Rights and Responsibilities

As a patient, you have the right to be fully informed of your rights and responsibilities before the initiation of service. If/when a patient has been judged incompetent or at the patient's request, the patient's legal surrogate decision maker may exercise these rights as described below. We will protect and promote your right to exercise these rights; you will not be subjected to discrimination or reprisal for exercising these rights.

Patient Rights

- To know our mission and care and services provided directly or through contractual arrangement.
- The right to pain management and symptom control for conditions related to your illness.
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse of any kind, corporal punishment, physical and chemical restraints (including use of psychotherapeutic drugs), including injuries of own source, and misappropriation of patient property. All mistreatment, abuse, neglect, injury, and exploitation complaints by anyone furnishing service on behalf of hospice are reported immediately by our staff to the hospice administrator. All reports will be promptly investigated and immediate action taken to prevent potential violations during our investigation. Hospice will take appropriate corrective action in accordance with state law. All verified violations will be reported to the appropriate state/local authorities within five (5) working days of becoming aware of the violation unless state regulations are more stringent. If our agency staff suspects abuse or mistreatment of any kind, we will report our suspicions in accordance with our policy and state law.
- To be assured the personnel who provide care are qualified through education and experience to carry out the services for which they are responsible and to choose your attending physician.
- To be advised of what services are to be rendered and by what discipline (e.g. Registered Nurse, Spiritual Counselor, Medical Social Services Professional, etc.) and the names and professional relationship of the staff who will see you.
- To exercise these rights and receive services appropriate to your needs and to expect us to provide safe, professional care at the level of intensity needed, without unlawful restriction by reason of social status, political belief, race, color, religion, ancestry, national origin (including limited English proficiency and primary language), sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity and sex stereotypes), age, disability (including mental

illness and substance use disorders), medical condition, marital status, registered domestic partner status or any combination thereof. If you feel that you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so.

- To know the hours of care and services and how to obtain care or service after hours.
- To be informed of ownership and control of our organization.
- To be fully informed by a physician of your medical condition, unless medically contraindicated. This includes information about your illness, the course of treatment, and prognosis in terms you can understand.
- To participate in the planning of your medical treatment including pain and symptom management as well as to be involved in resolving dilemmas about your care, treatment, and services. This includes the right to refuse treatment and services to the extent permitted by law and to be informed of the expected consequences of such refusal.
- To allow your family and other individuals to be involved in care, treatment, and service decisions to the extent you desire and as allowed by law.
- To receive reasonable continuity of care, to know in advance the time and location of visits, and to receive reasonable responses to any reasonable request made for service.
- To be involved in the initial and ongoing development and implementation of your plan of care and to participate in changing the plan whenever possible and to the extent that you are competent to do so.
- To receive information regarding any beneficial relationship between our organization and agencies that refer to us.
- To be informed of the goals of our services and the interventions that supports those goals. To be informed of the value and purpose of a technical procedure that will be performed, including information about the potential benefits and risks as well as who will perform the procedure.
- To be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. Case discussion, consultation, examination, and treatment are confidential and will be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual.
- To have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- To receive considerate and respectful care and to have your property treated with respect.
- To have staff communicate in a language or form you can reasonably be expected to understand.
- To be assured confidential treatment of personal and clinical records, to have access to and approve or refuse their release to any individual outside our agency, except in the case of transfer to another health facility, or as required by law, or third-party payment contract. For a complete list of your rights under the Health Information Portability and

Accountability Act (HIPAA) Privacy Rule please read our Notice of Privacy Practices.

- To request amendment to and receive an accounting of disclosures regarding your own health information as permitted under applicable law and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records.
- To be fully informed in advance about the care and services covered under the Medicare or other hospice benefit, services available through our agency, limitations on these services, and of related charges, including any charges for services not covered under Title XVIII or XIX of the Social Security Act.
- To know the cost of services that will be billed to your insurance(s) and/or self and our billing policies and payment procedures (verbally and in writing).
- To be advised, in advance, of any change in treatment.
- To formulate an advance directive, to receive a copy of our policy and procedure regarding advance directives, including a description of applicable state law before care is provided, and be informed of our policy on withholding resuscitative services and the withdrawal of life-sustaining treatment.
- To accept or refuse the administration of psychotherapeutic drugs, and to receive information that is necessary for you to make an informed consent decision concerning whether to accept or refuse the administration of psychotherapeutic drugs.
- To have your wishes concerning end-of-life decisions addressed and to have health care providers comply with your advance directives in accordance with state laws.
- To refuse to participate in research, investigational or experimental studies, or clinical trials without compromise to your access to care, treatment, or services.
- To be informed of what to do in an emergency.
- To terminate our services even against the advice of physicians.
- To be informed of continuing health care requirements should you discharge from our services.
- To voice complaints/grievances about treatment or care that is (or fails to be) furnished, or regarding lack of respect for property by anyone who is furnishing services on behalf of our agency, without retaliation or discrimination for same and to be informed of the procedure to voice complaints/grievances with our organization. See the Patient/Family Orientation for Hospice Care Handbook.
- To be advised when you are accepted for treatment or care of the address of the local district office of the Center for Health Care Quality, as well as the toll-free hospice hotline number, its purpose, availability, and hours of operation. The hotline receives confidential complaints or questions about local hospice agencies and is also used to lodge complaints concerning the implementation of the advance directives requirements.
- To ask questions about Community Hospice & Health Services or complain about our services to Community Health Accreditation Partner (CHAP)
- 24 hours a day, seven days a week at 1-800-656-9656.
- To restrict visitors or have unlimited contact with visitors and others and to communicate privately with these persons if you are residing in an inpatient hospice facility.
- To have an environment that preserves dignity and contributes to a positive self-image.

- To be free from physical and mental abuse, corporal punishment, restraint, or seclusion of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff while receiving hospice care.
- To request in writing and receive a hospice addendum listing non-covered items, services and drugs if there are conditions, items, services, and drugs that the hospice determines to be unrelated to your terminal illness and related conditions and would not be covered by the Medicare hospice benefit.
- To receive information for your cost-sharing responsibilities for hospice services, if any.
- To receive the name and contact information for the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO).
- To immediate advocacy from the BFCC-QIO if you disagree with any of the hospice's determinations of non-covered items, services, or drugs.

Patient Responsibilities

- To provide to the best of your knowledge, complete and accurate information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
 - To report perceived risks in your care and unexpected changes in your condition.
 - To provide feedback regarding our services, your needs, and expectations, and ask questions regarding care or services.
 - To inform our office when you will not be able to keep your appointments for our services.
 - To treat our staff and property with consideration and respect.
 - To follow directions and our policies and procedures concerning patient care and conduct.
 - To sign the required consents and release for insurance billing and provide insurance and financial records as requested and to promptly meet any financial obligation agreed to with our organization.
 - To inform us of any problems or dissatisfaction with patient care.
 - To notify our office of any changes in address, telephone number, or insurance/ payment information.
 - To remain under a doctor's care while receiving services from our agency.
 - To inform our office of any advance directives or any changes in advance directives and to provide us with a copy.
 - To cooperate with your primary doctor, hospice staff, and other caregivers.
 - To obtain medications, supplies, and equipment ordered by the patient's physician if they cannot be obtained or supplied by our agency.
 - To accept the consequences of any refusal of treatment or choice of non-compliance with the care plan.
 - To have adequate resources/plans to provide for up to twenty-four (24) --hour care in the home should your condition warrant it.
- To provide a safe environment in which care can be given. In the event that conduct occurs,

such that the patient's or staff's welfare or safety is threatened, services may be terminated.