

Alamogordo Home Health Care and Hospice  
Patient Rights and Responsibilities

As a home care and hospice provider, we have an obligation to protect your rights and to provide these rights to you or your representative verbally and in writing in a language and manner you can understand, during the initial visit before care is provided and on an ongoing basis during your care.

**YOUR RIGHTS**

**YOU HAVE THE RIGHT TO:**

- Exercise your rights as a patient without discrimination or reprisal for doing so. Your court appointed representative or the legal representative you have selected in accordance with state law may exercise these rights for you in event that you are not competent or able to exercise them yourself.
- Have a relationship with our staff that is based on honesty and ethical standards of conduct and to have ethical issues addressed. You have the right to be informed of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.
- Be free of mistreatment, neglect, verbal, mental, sexual and physical abuse, injuries of unknown source and misappropriation of your property. All mistreatment, abuse, neglect, injury and exploitation complaints by anyone furnishing service on behalf of our agency are reported immediately by our staff to the CEO and/or /his/her designee. All reports will be promptly investigated and immediate action taken to prevent potential violations during our investigation. Our agency will take appropriate corrective action in accordance with state law. All verified violations will be reported to the appropriate state and local authorities (e.g. state survey and certification agency) within five (5) working days of becoming aware of the violation.
- Have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or handicap. Our staff is prohibited from accepting gifts or borrowing from you.
- Have access to interpreters as indicated and necessary to ensure accurate communication.
- Voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect to property by anyone who is furnishing services on behalf of our agency without fear of coercion, discrimination, reprisal or an unreasonable interruption in care, treatment or services for doing so. The organization must document both the existence of a complaint and the resolution of the complaint.
- Be advised when you are accepted for treatment or care, of the availability of the state's toll free home care hotline number, its purpose and hours of operation. The hotline receives complaints about local home care and hospice agencies. **The hotline may be reached at:**

**800-752-8649**

### **DECISION MAKING - You have the right to:**

- Choose your attending physician and other health care providers and communicate with those providers.
- Be informed in advance about the services being provided, the scope of services, the limitations of those services, the name(s) and responsibilities of staff members who will be providing and responsible for your care, treatment or services, the planned frequency of visits proposed to be furnished, expected and unexpected outcomes, potential risks or problems or barriers to treatment.
- Be involved in developing your plan of care; and to participate in changing the plan whenever possible and to the extent that you are competent to do so.
- Be advised of any change in your plan of care before the change is made.
- Have family involved in decision making as appropriate concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law.
- Formulate advance directives and receive written information about the agency's policies and procedures on advance directives, including a description of applicable state law. You will be informed if we cannot implement an advance directive on the basis of conscience.
- 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. You have the right to receive care without conditions or discrimination based on the execution of advance directives.
- Accept, refuse or discontinue care, treatment and services without fear of reprisal. You may refuse part or all of care/services to the extent permitted by law. However, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.

### **PRIVACY AND SECURITY - You have the right to:**

- Personal privacy and security during home care visits and to have your property and person treated with respect.
- Confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home.
- Refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment.
- Access, request changes to and receive accounting of disclosures regarding your own protected health information as permitted by law.
- Request us to release information written about you only as required by law or with your written authorization. Our Notice of Privacy Practices describes your rights in detail.

### **FINANCIAL INFORMATION - You have the right to:**

- Be advised orally and in writing before care is initiated of and the extent to which payment is expected from Medicare, Medicaid, any other federally funded or aided

program or other sources known to us; charges for services that will not be covered by Medicare; and the charges that you may have to pay.

- Be advised orally or in writing of any changes in payment, charges and patient payment liability as soon as possible when they occur but no later than 30 calendar days from the date that we become aware of a change.
- Have access to all bills, upon request, for the services you have received regardless of whether the bills are paid out-of-pocket or by another party.

#### **QUALITY OF CARE - You have the right to:**

- Receive high quality care.
- Be admitted only if we can provide the care you need. A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our limitations and the lack of a suitable alternative.
- Receive emergency instructions and be told what to do in case of an emergency.

### **YOUR RESPONSIBILITIES**

#### **YOU HAVE THE RESPONSIBILITY TO:**

- Provide complete and accurate information to the best of your knowledge about your present complaints and past illness(es), hospitalizations, medications, allergies, and other matters relating to your health.
- Remain under a doctor's care while receiving services.
- Notify us of perceived risks or unexpected changes in your condition (e.g. hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change in physician).
- Follow the plan of care and instructions and accept responsibility for the outcomes if you do not follow the care, treatment or service plan.
- Ask questions when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- Report and discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Tell us if your visit schedule needs to be changed due to medical appointment, family emergency, etc.
- Tell us if your Medicare or other insurance coverage changes or if you decide to enroll in a Medicare or private HMO (Health maintenance Organization).
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Follow the organization's rules and regulations.
- Tell us if you have an advance directive or if you change your advance directive.
- Tell us of any problem or dissatisfaction with the services provided.
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, not smoking or putting weapons away during your care).
- Show respect and consideration for agency staff and equipment.
- Carry out mutually agreed upon responsibilities.

