

# PATIENT BILL OF RIGHTS

*Heal at Home recognizes, protects, and promotes the Patient Bill of Rights and Responsibilities for each patient under our care.*

The patient and patient's representative (if any) have the right to be informed of the patient's rights in a language and manner the individual understands. Heal at Home must protect and promote the exercise of these rights.

## *Notice of rights*

Heal at Home must:

1. Provide the patient and patient's legal representative (if any), the following information in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment:
  - a. Written notice of the patient's rights and responsibilities under this rule, and the agency's transfer and discharge policies as set forth in "Transfer and discharge" below. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities.
  - b. Make available upon request a written notice of all individuals or other legal entities who have ownership or control interest in the agency as defined in 42 CFR 420.201, 42 CFR 420.202, and 42 CFR 420.206, eff. July 1, 2005
  - c. Contact information for the Heal at Home administrator, including the administrator's name, business address, and business phone number in order to receive complaints
  - d. An OASIS privacy notice to all patients for whom the OASIS data is collected (see *OASIS Statement of Patient Privacy Practices*).
  - e. Written information concerning the home health agency's policies on advance directives, including a description of applicable state law (see *Advanced Directives*).
2. Obtain the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.
3. Provide verbal notice of the patient's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary, no later than the completion of the second visit from a skilled professional (i.e. nurse).
4. Provide written notice of the patient's rights and responsibilities under this rule and the home health agency's transfer and discharge policies as set forth in "Transfer and discharge" below to a patient selected representative within 4 business days of the initial evaluation visit.
5. Maintain written documentation that it has complied with the requirements of this section.

## *Exercise of rights*

The patient, patient's family, or legal representative may exercise the patient's rights as permitted by law.

1. If a patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction, the rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf.
2. If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient's representative may exercise the patient's rights.
3. If a patient has been adjudged to lack legal capacity to make health care decisions under state law by a court of proper jurisdiction, the patient may exercise his or her rights to the extent allowed by court order.

## *Rights of the patient*

The patient has the right to:

1. Have his or her property and person treated with respect;
2. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;
3. Make complaints to the home health agency regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the home health agency. The home health agency will document the existence of the complaint and the resolution of the complaint (see *Problem Solving Procedure*).
4. Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to –
  - a. Completion of all assessments;
  - b. The care to be furnished, including disciplines that will furnish care and frequency of visits based on the comprehensive assessment;
  - c. Establishing and revising the plan of care;
  - d. The frequency of visits;

- e. Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;
  - f. Any factors that could impact treatment effectiveness; and
  - g. Any changes in the care to be furnished
5. Receive all services outlined in the plan of care
  6. Have a confidential record. The patient or patient's legal representative has the right under Indiana law to access the patient's clinical records unless certain exclusions apply (*see Notice of Privacy Practices*).
  7. Be advised of –
    - a. The extent to which payment for home health agency's services may be expected from Medicaid or any other federally-funded or federal aid program known to the home health agency,
    - b. The charges for services that may not be covered by Medicaid or any other federally-funded or federal aid program known to the agency,
    - c. The charges for services that may not be covered by Medicaid or any other federally-funded or federal aid program known to the agency,
    - d. The charges the individual may have to pay before care is initiated; and
    - e. Any changes in the information provided in accordance with this section when they occur. The agency must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit.
  8. Receive proper written notice, in advance of a specific service being furnished, if the home health agency believes that the service may be non-covered care; or in advance of the agency reducing or terminating on-going care.
  9. Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local home health agencies (*see Problem Solving Procedure*).
  10. Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides (*see Important Resources*):
    - a. Agency on Aging,
    - b. Center for Independent Living,
    - c. Protection and Advocacy Agency,
    - d. Aging and Disability Resource Center; and
    - e. Quality Improvement Organization
  11. Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the home health agency or outside entity.
  12. Be informed of the right to access auxiliary aids and language services as described in "Accessibility," below, and how to access these services.

#### *Transfer and discharge*

The patient and representative (if any), have a right to be informed of Heal at Home's policies to transfer and discharge. The agency may only transfer or discharge the patient from the agency if:

1. The transfer or discharge is necessary for the patient's welfare because the agency and the physician who is responsible for the home health plan of care agree that the home health agency can no longer meet the patient's needs, based on the patient's acuity. Heal at Home must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the home health agency's capabilities;
2. The patient or payer will no longer pay for the services provided by the home health agency;
3. The transfer or discharge is appropriate because the physician who is responsible for the home health plan of care and the home health agency agree that the measurable outcomes and goals set forth in the plan of care have been achieved, and the agency and the physician who is responsible for the home health plan of care agree that the patient no longer needs Heal at Home's services;
4. The patient refuses services, or elects to be transferred or discharged;
5. The home health agency determines, under a policy set by the home health agency for the purpose of addressing discharge for cause that meets the requirements of this section, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the agency is seriously impaired. The agency must do the following before it discharges a patient for cause:
  - a. Advise the patient, representative (if any), the physician(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for services to the patient after discharge from the agency (if any) that a discharge for cause is being considered;
  - b. Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;
  - c. Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and

- d. Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records.
- 6. The patient dies; or
- 7. The home health agency ceases to operate.

*Investigation of complaints*

The home health agency must --

- 1. Investigate complaints made by a patient, the patient’s representative (if any), and the patient’s caregivers and family, including, but not limited to, the following topics:
  - a. Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately; and
  - b. Mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the home health agency.
- 2. Document both the existence of the complaint and the resolution of the complaint; and
- 3. Take action to prevent further potential violations, including retaliation, while the complaint is being investigated.

***Any Heal at Home staff (whether employed directly or under arrangements) in the normal course of providing services to patients, who identifies, notices, or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of patient property, must report these findings immediately to the home health agency and other appropriate authorities in accordance with state law.***

*Accessibility*

Information must be provided to patients in plain language and in a manner that is accessible and timely to --

- 1. Persons with disabilities, including accessible Web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- 2. Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

**You have the right to be advised of the names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area you reside:**

Agency on Aging/Aging and Disability Resource Center:  
 CICOA Aging and In-Home Solutions  
 4755 Kingsway Dr #200  
 Indianapolis, IN 46205  
 (317) 254.5465  
[www.Cicoa.org/Services/Aging-Disability](http://www.Cicoa.org/Services/Aging-Disability)

Protection and Advocacy Agency:  
 Indiana Protection and Advocacy  
 4701 N Keystone Ave #222  
 Indianapolis, IN 46205  
 (317) 722.5555  
[www.IndianaDisabilityRights.org](http://www.IndianaDisabilityRights.org)

Center of Independent Living:  
 accessABILITY Center of Independent Living, Inc.  
 5032 E Washington St  
 Indianapolis, IN 46219  
 (866) 794.7245

Quality Improvement Organization: KEPRO Q10  
 5201 W Kennedy Blvd, Suite 900  
 Tampa, FL 33609  
 (855) 408.8557

Reba Feldman, RN  
 Administrator  
 317.429.9875, ext 124  
 1335 Sadlier Circle E Dr  
 Indianapolis, IN 46239  
[rfeldman@healathomeindy.com](mailto:rfeldman@healathomeindy.com)

Agency Contact Information:

Debbie Davidson, RN  
 Clinical Manager/Director of Nursing  
 317.429.9875, ext 137  
 1335 Sadlier Circle E Dr  
 Indianapolis, IN 46239  
[amills@healathomeindy.com](mailto:amills@healathomeindy.com)

# PATIENT RESPONSIBILITY

## PATIENTS HAVE THE RESPONSIBILITY TO:

- Provide complete and accurate information to the best of your knowledge about your present complaints, past illness(es), hospitalizations, pain, medications, allergies and other matters relating to your health.
- Remain under a doctor's care while receiving Agency 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 of 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 about your care, treatment and service or other instruction when you do not understand what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- 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 emergencies, etc.
- Tell us if your insurance coverage changes.
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Follow the organization's policies and procedures.
- Inform us of the existence of, and any changes made to, advance directives.
- Tell us of any problems 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 responsibilities.