



# Patient Bill of Rights and Responsibilities

## 1. Patient Rights

- a. To have his/her property treated with dignity and respect.
- b. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property, and/or discrimination, or reprisal for exercising his and her rights or for voicing grievance to the agency or an outside entity.
- c. To receive service free from discrimination regardless of race, creed, color, age, sex, ancestry, national origin, sexual preference, or handicap, medical condition, marital status, or registered domestic partner status.
- d. Receive written information describing the agency's complaint procedure that includes the contact information, contact phone number, hours of operation, and mechanism(s) for communicating problems.
- e. To voice to the agency and receive timely investigation by the agency of all complaints and grievances regarding treatment or service that is or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency. Patient will not be subjected to discrimination or reprisal for voicing a complaint. Agency will document both the complaint/grievance and resolution.
- f. Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
  - i. Completion of all assessment
  - ii. Be advised of the right to participate in planning the care to be furnished, based on the comprehensive assessment
  - iii. Establishing and be advised in advance in revising the plan of care
  - iv. The disciplines that will furnish the care
  - v. To be informed in advance of the disciplines that will furnish service, the frequency of visits, and is able to identify personnel through proper identification.
  - vi. Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
  - vii. Refuse service or treatment and the ramifications of the refusal
  - viii. Any factors that could impact treatment effectiveness and any changes in the care to be furnished
  - ix. To be advised prior to the start of service, of the availability of the state's toll-free Private Duty hotline and accrediting body's hotline, their phone numbers, hours of operation, and the purpose of the hotlines to receive complaints or questions about the agency, including but not limited to advance directive requirements and/or complaints
  - x. To have a confidential clinical record and PHI, with access to or release of permitted only as allowed by federal rule CFR 45, parts 160-164, current HIPAA regulations, and agency Notice of Privacy Act Practices
  - xi. To be informed orally and in writing of the physician ordered services and the extent to which payment for agency services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the agency and the charges for service that may not be covered under Medicare, Medicaid, or any other federally-funded or federal aid program known to the agency
  - xii. Be advised of the charges he individual may have to pay before care is initiated and any changes in payment as soon as possible, in advance of the next Private Duty visit
  - xiii. Receive written notice, in advance of a specific service being furnished, if the agency believes that service may be non-covered care; or in advance of the agency reducing or terminating on-going care

xiv. To be advised that the agency complies with Subpart 1 of 42 CFR489 and receive a copy of the agency'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 agency including community education.

2. The patient/representative shall be provided with the phone numbers for the following: Alabama Board of Home Medical Equipment, Alabama Department of Public Health Home Care Services, and/or ACHC

3. The patient/representative has the right to be informed of the agency's policies for transfer and discharge. The written notice of the agency's policies for transfer and discharge will be provided to the patient and representative within 4 business days of the initial visit.

- a. The agency may transfer or discharge the patient
  - i. There is a sense or real danger to the clinicians caring for the patient.
  - ii. The transfer or discharge is necessary for the patient's welfare because the agency and physician responsible for the Private Duty plan of care agree that the agency can no longer meet the patient's needs, based on the patient's acuity. The agency must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the agency's capabilities.
  - iii. The patient or payer will no longer pay for the services provided by the agency.
  - iv. The transfer or discharge is appropriate because the physician and the agency agree that the measurable outcomes and goals set forth in the plan of care have been achieved and agency and physician agree the patient no longer needs the agency services.
  - v. The patient refuses services or elects to be transferred or discharged.
  - vi. The patient's (or other person's in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care or the ability of the agency to operate effectively is seriously impaired.
  - vii. The patient dies.
  - viii. The agency ceases to operate.

b. The Agency must do the following before it discharges a patient for cause:

- i. Advise the patient, representative (if any), and the physician(s) issuing orders for the Private Duty plan of care, and the patient's primary care physician, or other health care professional who will be responsible for providing care and services to the patient after discharge from the agency (if any) that a discharge for cause is being considered;
- ii. Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons on the patient's home, or situation.
- iii. Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care.
- iv. Document the problem(s) and efforts made to resolve the problem(s) and enter the documentation into the clinical record.

## 4. Privacy Rights

- a. Right to know why we need to ask questions.
- b. Right to have his/her personal health care information kept confidential.
- c. Right to refuse to answer questions.
- d. Right to look at his/her private health information

## 5. Patient Responsibilities

- a. Provide accurate and complete information about their medical history, current illness and symptoms, medication regime, and other health related information.
- b. Notify the agency of any new or changed advance directives.
- c. Accept the consequences of the patient/representative's refusal of treatment or service.
- d. Notify the agency if the patient/representative need to change a scheduled visit.
- e. Notify agency of any new or changed patient symptoms that may require additional agency services and/or equipment.
- f. Participate in development and implementation of the plan of care.

- g. Provide a safe environment for the agency personnel to perform their duties.
- h. Follow the skilled services plan of care or inform the RN Case Manager if the patient/representative are unable to follow the plan.
- i. Notify the agency of any concerns or complaints about agency services or personnel.
- j. Inform agency of any insurance changes affecting reimbursement for services.

6. Patient's Signature

- a. The patient or representative will sign the Patient Bill of Rights. If the patient lacks the ability to understand their rights and the nature and consequences of proposed treatment, the patient's representative shall have the rights specified in this section to the extent the right may devolve to another, unless the representative's authority is otherwise limited. The patient's incapacity shall be determined by the court in accordance with state law or by the patient's physician unless the physician's determination is disputed by the patient or patient's representative.
- b. If a patient is unable to read the Patient's Rights and Responsibilities statement, verbal notice in the individual's primary or preferred language and in a manner the individual understands will be provided free of charge. A written copy will be given to the patient in a language the patient understands.
- c. The original will be placed in the patient's record and a copy placed in the agency's service folder in the home.
- d. The admitting RN Case Manager will document in the appropriate area of the clinical record that the Patient Bill of Rights was addressed with the patient and that the patient or representative verbalized understanding of the rights and may exercise those rights at any time.

7. Plan of Care and Treatment

- a. Patient will be given a choice in plan of care treatment received and payment of services.
- b. Patient will be informed of plan of care and cost of services.
- c. Payment Agreement Form will be signed by patient or legal representative.
- d. Patient may be admitted to service without a reimbursement plan in place.
- e. If patient has no Private Duty Nursing insurance coverage, the patient may be offered scheduled payment plan.

8. Complaint or Dissatisfaction

- a. Patient dissatisfaction may be verbalized by patient/representative to agency personnel either in person, by phone, or in writing.
- b. Staff will document patient complaint on the Complaint Form.
- c. The report is given to the supervisor for investigation and proposed resolution will be presented to patient/representative for acceptance or revision and the agreed upon plan implemented.

The agency will maintain documentation showing that it has complied with the patient bill of rights requirements.

This document may be used as the patient's written Rights and Responsibilities document if it has the contact person, and phone numbers, and business hours for agency complaints, the state Private Duty Nursing complaint hotline, and accrediting body's complaint line and the following signed statement by the patient/guardian.

I acknowledge that I have received a written copy and verbal explanation of my rights as a Enlighten Infant Home Care patient and that to the best of my ability, I understand the above Patient Bill of Rights.

Contact information: Enlighten Infant Home Care, LLC 2700 Corporate Drive Suite 200 Birmingham, AL 35242 phone number: 205-654-5339

Administrator J. Lowery Business Hours: Monday-Friday 9 a.m. to 5 p.m. CST and on call 24 hours a day/7 days a week

Alabama Department of Public Health Home Care Services 1-800-225-9770 The RSA Tower 201 Monroe Street, Suite 1180 Montgomery, AL 36104

Alabama Board of Home Medical Equipment <https://homemed.alabama.gov/> or 334-215-3474 Claire H. Austin The Austin Group, LLC 60 Commerce Street Suite 1440 Montgomery, AL 36104

Accreditation Commission for Health Care Hotline Monday-Friday 8am to 5pm. ET Toll-Free 855-937-2242

Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Registered Nurse \_\_\_\_\_

Date \_\_\_\_\_

- d. Unresolved problems are forwarded to the, Administrator and, if needed, the Owner/Government Body for resolution. All such reports are included in the performance improvement data.

9. Grievances

- a. All patients should have the opportunity to verbalize grievances about the manner they have been treated without retaliation according to Section 504 of the Rehabilitation Act of 1973. Every attempt should be made to resolve a grievance at the agency level.
- b. A grievance may begin as a verbal grievance, but will be put in writing, briefly describing the incident or concern. All information discussed will be kept confidential.
- c. The Administrator or designee will investigate the grievance and document findings. The agency's investigation of the complaint or grievance will document both the description of the investigation and the resolution of the complaint or grievance.
- d. The grievance should be filed in the office of the Civil Rights Department, Section 504 Coordinator within 30 days after receipt of the documentation if the grievance involves civil rights issues.
- e. The grievant may pursue other remedies by calling the Office for Civil Rights at 1-800-368-1019 or state or accrediting body Private Duty Nursing hotlines.

10. Violations

- a. The patient has the right to ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing agency services are reported immediately.
- b. Investigations of all alleged violations involving anyone furnishing agency services with immediate action taken to prevent further potential violations while the alleged violation is being verified.
- c. Appropriate corrective action will be taken as defined in agency policy and state law.
- d. All verified violations will be reported to state and local bodies having jurisdiction within five working days of becoming aware of the violation.

11. Patient Adjudged Incompetent

- a. If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the person appointed pursuant to state law to act on the patient's behalf exercises the rights of the patient.
- b. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.