

**Title:** Home Health Patient Rights and Responsibilities

**Section:** Rights and Ethics

**Origination Date:** 10/2000

**Policy #:** RI-01

**Revision Date(s):** 3/04, 9/05, 10/10, 3/13,  
2/16,7/18, 4/22

**Approval:** Sr. Leadership

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## **Purpose**

1. To inform the patient and their family of their rights and responsibilities while receiving home health care.
2. To meet all legal, accreditation, ethical requirements, and standards.
3. To inform staff of patient rights and responsibilities.

## **Policy**

Each patient will be an active, informed participant in his/her plan of care. To ensure this process, the patient will be empowered with certain rights and responsibilities as described. If a state court has not adjusted a patient to lack legal capacity to make health care decisions as defined by state law, the patient may designate someone to act as his/her representative (surrogate decision-maker) to exercise that patient's rights. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

If the patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction:

1. The rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf, OR
2. The patient may exercise his or her rights to the extent allowed by court order.

## **Policy Detail**

1. The patient will be informed verbally and in writing during the initial visit, in advance of furnishing care to the patient, of the following
  - a. The ownership or control of the organization
  - b. The organization's mission and care/services provided directly or through contractual arrangements
  - c. The goals of care, the interventions that support those goals and the identification of the staff providing service
  - d. The hours of care/service and how to obtain care/service after hours
  - e. The right to be informed of his/her condition, participate in all aspects of care, and the right to refuse all or part of his/her care to the extent permitted by law
  - f. The right to formulate Advance Directives and the organization's policy on the withholding of resuscitative services and the withdrawal of life-sustaining treatment and to lodge complaints concerning the implementation of the advance directive requirements

- g. The value or purpose of any technical procedure that will be performed, including the benefits, risks, and who will perform the task or procedure
- h. The cost of services that will be billed to his/her insurance(s) and/or self (verbally and in writing)
- i. The completion of all assessments and care to be furnished, based on the comprehensive assessment. The organization shall ensure that the patient receives all services outlined in the plan of care.
- j. The establishment and revision of the plan of care, including the disciplines that will furnish the care and the frequency of visits as well as any changes in the care to be furnished
- k. The expected outcomes of care, including patient-identified goals, and anticipated risks (e.g. an incident or an unexpected outcome) and benefits; as well as any factors that could impact treatment effectiveness and/or current or future health care decision-making
- l. The right to pain assessment and management
- m. The right to privacy, security, and respect of property and person
- n. The right to be free from mental, physical, sexual and/or verbal abuse, including injuries of unknown source, neglect, misappropriation of property, or exploitation
- o. The right to voice a complaint or concern regarding care, treatment or services that are (or fail to be) provided or are provided inconsistently or inappropriately without fear of reprisal for exercising this right. The right to voice grievances regarding lack of respect for property. The availability of other sources to receive questions and complaints and assist in resolution
- p. Organization policy regarding confidentiality and disclosure of medical information; including, patient privacy rights related to the collection of the Outcome and Assessment Information Set (OASIS):
  - i. The right to be informed that OASIS information will be collected and the purpose of the collection
  - ii. The right to have the information kept confidential
  - iii. The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Federal Privacy Act
  - iv. The right to be informed that the collected OASIS data, OASIS Outcome-Based Quality Improvement (OBQI), OASIS Outcome-Based Quality Monitoring (OBQM), and/or publicly reported Quality Measure reports will be shared with accreditation surveyors as appropriate, and this data may be used to identify and prioritize performance improvement activities
  - v. The right to refuse to answer questions
  - vi. The right to see, review, and request changes on his/her assessment
  - vii. The right to be informed and consent when the organization requests to make and use recordings, films, and other images.

**Note:** The organization shall consider patient’s privacy and shall comply with law and regulation when making and using recordings, films, and other images. The term “recordings, films, or other images” refers to photographic, video, digital, electronic, or audio media.

- q. The right to have communication needs met.
- r. The organization shall provide verbal notice of the patient’s rights and responsibilities in the patient’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 (2nd) visit from a skilled professional (RN, PT, SLP, OT).
- s. The right to choose whether or not to participate in research, investigations or experimental studies or clinical trials
  - t. The right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected
  - u. The availability of the applicable toll-free home health agency hotline and other sources to receive questions or complaints and assist in resolution including implementation of the advance directive requirements
  - v. The organization's transfer and discharge policies
  - w. The contact information for the agency administrator, including the administrator's name, business address, and business phone number to receive complaints.
  - x. The names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides:
    - i. Agency on Aging
    - ii. Center for Independent Living
    - iii. Protection and Advocacy Agency
    - iv. Aging and Disability Resource Center
    - v. Quality Improvement Organizations
2. Within four (4) business days of the initial evaluation visit, the organization shall provide written notice of the transfer and discharge policies, provide contact information of the administrator, provide verbal notice of the rights and responsibilities, and obtain signature from the patient or legal representative to confirm that they have received a copy of the notice of rights and responsibilities
  3. Patient and family/caregiver responsibilities will be explained upon admission and in advance of furnishing care to and as needed. The patient and family/caregiver are responsible for:
    - a. Providing accurate and complete information about the present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health
    - b. Reporting unexpected changes in the patient's condition
    - c. Providing feedback regarding services, needs and expectations
    - d. Asking questions regarding care or services
    - e. Following instructions
    - f. Understanding and accepting the consequences for outcomes if the care, services, and/or treatment plan are not followed
    - g. Following the organization's policies and procedures concerning patient care and conduct
    - h. Showing respect and consideration for the organization's personnel and property
    - i. Meeting financial commitments by promptly meeting any financial obligation agreed to with the organization
    - j. Distinguishing a legally authorized representative from a patient selected representative and provide the organization with the documentation that supports the appointment of any legally authorized representative.
  4. The admitting clinician will provide each patient or his/her representative with a written copy of the Patient Rights and Responsibilities on admission.

5. The Patient Rights and Responsibilities statement will be explained (verbal) and distributed to the patient prior to the initiation of organization services. This verbal explanation will be in a conversational language and tone and/or communication method he/she can reasonably be expected to understand.
6. The patient or legal representative will be requested to sign the consent form which contains a provision indicating that the patient has had their rights and responsibilities given to them in writing and explained to them and understands the explanation. A copy will be maintained by the patient. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
7. The signed consent form will constitute evidence that the patient has received a copy of the Patient Rights and Responsibilities.
  - a) If the patient is unable to understand his/her rights and responsibilities, documentation in the clinical note will be made.
  - b) In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
  - c) Written information will be provided to patients in English and predominant non-English languages of the population served.
8. When the patient's representative signs the Patient Rights and Responsibilities form, an explanation of that relationship must be documented and kept on file in the clinical record.
9. The family or guardian may exercise the patient's rights when a patient is incompetent or a minor.
10. Supervisory visits with clinical disciplines will be conducted to ensure these rights are honored and protected according to organization policy.
11. All organization personnel, both clinical and non-clinical, will be oriented to the patient's rights and responsibilities prior to the end of their orientation program, as well as annually.

#### ***Addendum for North Carolina Offices***

1. Patient rights shall be guaranteed, and, at a minimum, the agency must inform the patient of:
  - a) The right to be informed and participate in their plan of care.
  - b) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.
  - c) To receive care and services that are adequate, appropriate, and in compliance with relevant federal and State laws and rules and regulations.
  - d) The right to voice grievances about their care and not be subjected to discrimination or reprisal for doing so;

- e) The right to have his or her personal and medical records kept confidential and not be disclosed except as permitted or required by applicable State or federal law.
- f) To be free of mental and physical abuse, neglect, and exploitation.
- g) The right to receive a written statement of services provided by the agency and the charges the client is liable for paying.
- h) The right to be informed of the process for acceptance and continuance of service and eligibility determination.
- i) The right to accept or refuse services.
- j) The right to be informed of the agency's on-call service.
- k) The right to be informed of supervisory accessibility and availability.
- l) The right to be advised of the agency's procedures for discharge.
- m) The right to receive a reasonable response to his or her requests of the agency.
- n) The right to be notified within 10 days when the agency's license has been revoked, suspended, canceled, annulled, withdrawn, recalled, or amended.
- o) The right to be advised of the agency's policies regarding patient responsibilities.

### ***Addendum for South Carolina Offices***

1. Patient rights shall be guaranteed, and, at a minimum, the agency must inform the patient of:
  - a) The care to be provided and the opportunity to participate in care planning;
  - b) Grievance/complaint procedures including the Department's contact information and provisions prohibiting retaliation;
  - c) Confidentiality of patient records
  - d) Respect for the patient's property;
  - e) Specific coverage and non-coverage of services and of his/her liability for payment;
  - f) Advance directive options;
  - g) Freedom from abuse and exploitation;
  - h) Respect and dignity in receiving care.
2. A copy of the agency patient rights shall be provided to the patient.