

## **PATIENT'S BILL OF RIGHTS/RESPONSIBILITIES**

### **As a patient being served by our Agency, you have the right to:**

1. Be fully informed in advance of all your rights and responsibilities as well as right to exercise your rights while receiving service in the home.
2. Choose a health care provider.
3. Be informed of anticipated outcomes of care and of any barriers to outcome achievement.
4. Give your consent and have your questions answered prior to the start of any care or treatment.
5. Be fully informed of services available, disciplines that will furnish care and the frequency of visits proposed to be furnished.
6. Be given appropriate and professional health care services without discrimination against your race, color, religion, national origin, Vietnam era or disabled veteran status, sexual orientation, age, sex, diagnosis/infectious disease, disability or handicap, do not resuscitate status (DNR), or payment source.
7. Be given proper identification by name and title of persons providing health services to you.
8. Receive evaluation; intervention and education from personnel who are appropriately licensed or certified and who have completed approved courses in their respective fields.
9. Be treated with courtesy, respect for property and person and be free from physical and mental abuse and/or neglect.
10. Be given information in advance of care on changes of services and be notified of the anticipated time for termination of services.
11. Know in advance cost of care and if you will be responsible for any payment.
12. Request information regarding insurance benefits.
13. Change your home care agency and be referred to another agency if you are denied services solely on your inability to pay for services.
14. Be notified in advance of any necessary changes in your plan of services/care.
15. Refuse treatment and be informed of the consequences of your actions.
16. Formulate advance directive for health care.
17. Appropriate assessment and management of pain.
18. To contact The Joint Commission's office of Quality Monitoring at 1-800-994-6610 if you have a concern with the quality-of-care or Patient Safety concerns that you feel is not resolved after speaking with a Chartwell manager.

### **As a patient, you have the responsibility to:**

1. Give accurate and complete health information concerning your past and present illnesses, hospitalizations, medication, allergies and other pertinent items that may affect your current plan of care/services.
2. Participate in the development and updating of your plan of care and adhere to the plan.
3. Remain under your physician's care while receiving services from our organization.
4. Inform the agency when you will not be able to keep a scheduled health care visit or delivery.
5. Request further information concerning anything you do not understand regarding your ordered treatment and care.
6. Report changes in your insurance benefits information immediately to the agency and provide confirmation of receipt of delivery of goods and services.
7. Acknowledge financial responsibility for any balance owing on your account.
8. Communicate any changes in health status or treatment.