



tender hearts

HOME HEALTH CARE

PHONE: 434-385-4001 FAX: 434-385-1003

PATIENT / CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

Tender Hearts Home Health would like to welcome you. As a Patient / Client of Tender Hearts Home Health you have the right to be given information about your rights, which we shall honor, and your responsibilities for receiving home care services. Therefore you are entitled to the following:

- 1) Be given appropriate and professional quality home care services without discrimination against your race, color, religious or personal beliefs, disability, sex, national origin, sexual preference, diagnosis of infectious disease, or age.
- 2) Be treated and treat with dignity, courtesy, and respect all who provide home care services to you. Be free from physical and mental abuse and neglect.
- 3) Be given proper identification by name and title of everyone who provides home care services to you.
- 4) Choose your home health care providers and receive a timely response regarding any request for home care services.
- 5) Be given information regarding policies and procedures and charges for services, including eligibility for third party reimbursement.
- 6) Be given information concerning your diagnosis, treatment, alternatives, risks, and prognosis as required by your physician's legal duty to disclose, in terms and language you can understand.
- 7) Give informed consent prior to the start of any treatment.
- 8) Receive a copy of our Notice of Privacy Practices.
- 9) Be admitted for services only if Tender Hearts Home Health has the ability to provide safe, professional care at the level of intensity needed.
- 10) Ask questions, receive answers, participate in the development of your plan of home care services, and be given an assessment and update periodically.
- 11) Receive information regarding procedure for resolution: voicing of grievances / concerns or suggested changes in home care services and / or staff without coercion, discrimination, reprisal, or unreasonable interruption in service.
- 12) Be informed of your rights under state laws to make decisions concerning medical care, including the right to accept or refuse treatment and your right to formulate Advance Directives.
- 13) Be given information regarding policies and procedures for implementing Advance Directives, including any limitations. Receive care without condition or discrimination based upon the execution of Advance Directives.
- 14) Receive the appropriate assessment for pain management.
- 15) Participate in any discussion concerning ethical issues regarding your care and be given information regarding the mechanism for the consideration and resolution of ethical issues.
- 16) Be given information in a timely manner regarding anticipated transfer of your home care services to another home care service, health care facility and / or termination of services to you.
- 17) Be given complete information regarding experimental treatment and / or research.
- 18) Discontinue therapy at any time immediately following the notification to Tender Hearts Home Health.

As a home care patient / client you have the following responsibilities to Tender Hearts Home Health and agree to the following:

- 1) Accept all financial responsibility for equipment provided to you. Use it with reasonable care, not altered or modified, and return it in good condition. (a) Use equipment for purposes indicated and in compliance with the physician's order. Unless otherwise specified, keep equipment in your possession and at the address delivered. (b) Report any malfunctions or defects so that repair / replacement can be arranged. (c) Provide access to all rental equipment for repair / replacement, maintenance, and / or pickup. (d) Assist in developing and maintaining a safe environment and adherence to your plan of care or service provided.
- 2) Give Tender Hearts Home Health accurate and complete information regarding the following: (a) Past illnesses, medications, allergies, and other pertinent items and (b) change(s) in your condition and / or Advance Directives. A Federal Law "Patient Self-Determination Act" states that you have the right to make health care decisions in advance through instructions called "Advanced Directives" or "Living Wills." You will have the responsibility to notify your physician and Tender Hearts Home Health in writing of such decisions so your wishes may be honored. For further information, please either call your physician or Tender Hearts Home Health.
- 3) Inform Tender Hearts Home Health (a) If you have been or are currently a client with another home care company; (b) Of changes in residence, phone number, and / or physician; (c) Of hospitalization or change in insurance; (d) Of change(s) in delivery or visit schedules.
- 4) Inform Tender Hearts Home Health, verbally or in writing, of any concern / complaint / problem you may have. Your concern / complaint / problem shall be promptly investigated with the maximum degree of confidentiality possible. Appropriate action shall be taken with a verbal / written report to you within 30 days. Should you not be satisfied with the disposition, please call us for further referral to the Federal and / or State Department of Human Services and / or other regulatory agencies.
- 5) Request further information concerning anything that you do not understand.

Tender Hearts Home Health does not provide emergency medical services. Therefore if you need immediate medical attention, utilize the 911 emergency system by calling 911 on your telephone or go immediately to the hospital and notify your physician.