# **CLIENT BILL OF RIGHTS**

## Statement of Purpose:

It is anticipated that observance of these rights and responsibilities will contribute to more effective care and greater satisfaction for the client as well as the staff. The rights will be respected, by all personnel, and integrated into all Home Healthcare programs.

A copy of these rights will be given to clients, and their families, or designated representative. If the client, or his/her designated representative, is unable to read the Bill of Rights and Responsibilities, it will be read to them. If the client, or his/her representative, does not speak English, a copy of these rights will be provided, in a language that is understood. The client, or his/her designated representative, has the right to exercise these rights.

In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed, by law, to act on the client's behalf. In the case of a client who has not been adjudged incompetent, any legal representative may exercise the client's rights to the extent permitted by law.

It is anticipated that observance of these rights and responsibilities will contribute to more effective care and greater satisfaction for the client as well as the staff. The rights will be respected by all personnel and integrated into all Personal Assistant programs. A copy of these rights will be given to clients and their families or designated representative. The client or his/her designated representative has the right to exercise these rights. In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on the client's behalf. In the case of a client who has not been adjudged incompetent. Any legal representative may exercise the client's rights to the extent permitted by law.

## The Client has the right:

- 1. To be fully informed and knowledgeable of all rights and responsibilities before providing pre-planned care and to understand that these rights can be exercised at any time.
- 2. To choose a Personal Assistant Services provider.
- 3. To request services from the Personal Assistant Services Agency of their choice and to request full information from their agency before care is given concerning services provided, alternatives available, licensure requirements, organization ownership and control.
- 4. To be informed in advance about the care to be furnished and of any changes in the care to be furnished before the change is made.

- 5. To be informed of the disciplines that will furnish care and the frequency of visits proposed to be furnished and to know that all staff is properly trained and competent to perform their duties.
- 6. To participate in the development and periodic revision of the plan of care/service.
- 7. Confidentiality and privacy of all information contained in the client record and of Protected Health Information.
- 8. To information necessary to refuse treatment within the confines of the law and to be informed of the consequences.
- 9. To treatment with utmost dignity and respect by all agency representatives, regardless of the client's chosen lifestyle, marital status, cultural mores, political, religious, ethical beliefs, whether or not an advance directive has been executed and source of payment without regard to race, creed, color, sex, sexual orientation, age or handicap.
- 10. To receive and access services consistently and in a timely manner from the agency to his/her request for service.
- 11. To be admitted for service only if the agency has the ability to provide safe professional care at the level of intensity needed and to be informed of the agency's limitations.
- 12. To be informed of client rights under state law to formulate advanced care directives without fear of reprisal whether or not an advance directive is prepared and to know that the agency will follow the client's requests regarding the advance directive in providing care.
- 13. To be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.
- 14. To be informed of client rights regarding the collection and reporting of information.
- 15. To expect confidentiality of services provided and of the access to medical records according to State Statutes.
- 16. To be informed within a reasonable time of anticipated termination of service of plans for transfer to another health care facility/provider.
- 17. To be informed verbally and in writing and before care s initiated of the organization's billing policies and payment procedures and the extent to which:
  - a. Payment may be expected from Medicaid, or any other federally funded or aided program known to the organization.

- b. Charges that the individual may have to pay.
- 18. To be able to identify visiting staff members through proper identification.
- 19. To be informed orally and in writing of any changes in payment information as soon as possible, but no later than 30 days from the date that the organization becomes aware of the change.
- 20. To honest, accurate, forthright information, regarding the Personal Assistant Services industry in general and his/her chosen agency in particular, including cost per visit, employee qualifications, names and titles of personnel, etc.
- 21. To access necessary professional services 24 hours a day, 7 days a week.
- 22. To be referred to another agency if he/she is dissatisfied with the agency or the agency cannot meet the client's needs.
- 23. To receive disclosure information regarding any beneficial relationship the organization has that may result in profit for the referring organization.
- 24. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse or exploitation, and the misappropriation of client property by anyone furnishing services on behalf of the Organization; including Agency employees, volunteers, or contractors.
- 25. To privacy to maintain his/her personal dignity and respect.
- 26. To know that the agency has liability insurance sufficient for the needs of the agency.
- 27. To receive advance directives information prior to or at the time of the first home visit, as long as the information is furnished before care is provided and to know that the Hotline number 1-800-458-9858 may be used to lodge complaints regarding the implementation of the Advance Directive requirement.
- 28. To voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal and to know that grievances will be resolved, and the client notified of the resolution within 30 days.
- 29. To be advised of the toll-free home health agency hotline for the State of Texas and the purpose of the hotline to receive complaints or questions about the organization. The State of Texas Home Health Hotline Number is 1-800-458-9858. The number is operated 7AM to 7PM daily to receive complaints or questions about local Home Health Agencies. You may also register complaints in writing to:

#### Office of the Ombudsman

P. O. Box 13247 Austin, TX 78711-3247 Phone: 877-787-8999 Relay Texas for people with a hearing or speech disability: 7-1-1 or 800-735-2989 Online: <u>Online Submission Form</u> Fax: 888-780-8099

- 30. To be informed of the number to report child abuse: 1-800-252-5400.
- 31. To be informed of the number to report adult/elder abuse: 1-800-252-5400.

### The Client has the responsibility:

- 1. To provide, to the best of his/her knowledge, accurate and complete information about:
  - a. Past and present medical histories.
  - b. Unexpected changes in his/her condition.
  - c. Whether he/she understands a course of action selected.
- 2. To follow the treatment recommended by the particular handling of the case.
- 3. For his/her actions if he/she refused treatment or does not follow the physician's orders.
- 4. For accruing that the financial obligations of his/her health care are fulfilled as promptly as possible.
- 5. To respect the rights of all staff providing service.
- 6. To notify the agency promptly in advance of an appointment or visit you must cancel.
- 7. To become independent in care to the extent possible, utilizing self, family and other sources.
- 8. To pay for care or services not covered by 3<sup>rd</sup> party payers.
- 9. For complying with the rules and regulations established by the agency and any changes subsequent to the rules.