

YOUR BILL OF RIGHTS AS OUR PATIENT

Visiting Nurse & Hospice of Fairfield County is a state licensed, Medicare certified, not-for-profit, home health and hospice agency governed by a community board of directors.

You and Visiting Nurse & Hospice of Fairfield County have a responsibility to each other to assure that the best possible home care is provided and used appropriately. You have rights as a patient of Visiting Nurse & Hospice of Fairfield County. Your family and/or designated guardian may exercise these rights if you are unable to.

Visiting Nurse & Hospice of Fairfield County believes you and your family have the right to the following:

- Considerate, respectful care and treatment with full recognition of your dignity and individuality.
- Be free from any mistreatment, neglect, mental, physical or sexual abuse including injuries of unknown source and misappropriation of patient property.
- Have property and person treated with respect.
- Reasonable response by Visiting Nurse & Hospice of Fairfield County to requests for service, which are consistent with your treatment plan.
- Be provided information in plain language and in a manner that is accessible and timely including an accessible website and language service at no cost to you.
- Be informed of the right to access auxiliary aids and language services.
- Access to necessary professional services 24-hours-a-day, seven-days-a-week.
- Treatment without discrimination as to race, color, religion, age, marital status, gender, sexual orientation, national or ethnic origin, disability, lifestyle, veteran status, illness, source of payment or use of Advance Directives.
- 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 assessments
 - ii. the care to be furnished, based on the comprehensive assessment
 - iii. establishing and revising the plan of care
 - iv. the disciplines that will furnish the care
 - v. the frequency of visits
 - vi. expected outcomes of care, including patient-identified goals, and anticipated risks and benefits

- vii. any factors that could impact treatment effectiveness, and
- viii. any changes in the care to be furnished
- ix. the person supervising the care, and how to contact that person

- Receive all services outlined in the plan of care.
- Receive a copy of the Agency's written policies and procedures regarding advance directives including a description of your rights under Connecticut state law and how such rights are implemented by the Agency.
- 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.
- Request services on a sliding fee scale based on your financial need and available financial resources.
- Privacy to the extent consistent with providing adequate health care to you and as provided by law and receive an OASIS Privacy Notice.
- Have a confidential clinical record. You have the right to privacy and confidentiality of your records (including electronic transmission), except as otherwise provided by law.
- Access to your clinical records and to the release of patient information and clinical records upon the signed release of you or your designated guardian, at no charge to you.
- The right to a notice of health information practice, the right to obtain access to protected health information, the right to obtain an accounting of disclosures, and the right to request amendment and correction of protected health information, at no charge to you.
- To know the name and/or affiliation of any person providing home health care services to you.
- Be informed of Visiting Nurse & Hospice of Fairfield County's rules and regulations that apply to you, including, but not limited to, admission, transfer and discharge criteria.
- Be informed of revisions in your plan of care, transfer or discharge from Visiting Nurse & Hospice of Fairfield County.
- Choose the physician responsible for the delivery and coordination of your care.
- Designate a representative.
- Have complete current information from your physician or designee concerning diagnosis, treatment, medications, and prognosis, in terms you can easily understand.
- Be informed of any continuing health care requirements following discharge; and, before being transferred, be informed of the need for, and alternatives to, such a transfer.

- Receive reasonable advance notice of, and assistance with, transfer to another agency or discharge, assuring continuity of care where indicated.
- Be informed of the Agency's liability insurance.
- Receive a description of available services, products and equipment, directly or by contract.
- For hospice patients, the identification of the hospice and the attending physician who will provide care and the acknowledgement that the identified physician is your choice.
- For hospice patients, to receive effective pain management and symptom control for conditions related to a terminal illness.
- For hospice patients, receive information about the services, medications, equipment and supplies covered or not covered under the Medicare Hospice Benefit.
- For hospice patients, have a full understanding of the palliative rather than curative nature of hospice care as it relates to a terminal illness.
- For hospice patients, information that certain Medicare services are waived by the hospice benefit election and the date of the election.
- To be advised, verbally and in writing, before care is initiated, of information about the scope of services the Agency will provide, visit schedule, cost of services to you, if any, and limitations on these services, if any.
- To be advised, verbally and in writing, of your medications and treatment schedule/instructions (including medication name, dosage, frequency and which medication or treatment will be administered by Agency personnel) and any other pertinent instructions.
- To be advised, verbally and in writing, before care is initiated, of the extent to which payment for the Agency's services may be expected from Medicare, Medicaid or any other federally funded or federal aid program known to the Agency, the Agency's billing policies and payment procedures, and the extent to which payment may be required from you and the charges which you may have to pay. Any change to this information will be provided to you when it occurs, in advance of the next Home Health visit.
- Examine your bill and receive an explanation of your bill regardless of the source of payment.
- To be advised of any changes in the information regarding payment, in advance of services being provided.

- Receive a copy of your Patient Bill of Rights at the time of admission or within four business days of the initial visit along with specific charges to be paid by the client as described in the *Service Agreement - Consent Authorization* and current Charge List.
- Expect that the Agency will promote and protect the patient's right to exercise the rights.
- Be referred to another provider organization if our Agency is unable to meet the patient's needs or if the patient is not satisfied with the care they are receiving.
- Refuse care or treatment to the extent permitted by law and to be informed of the possible medical circumstances of your actions. Right to not receive any experimental treatment without the patient's specific agreement in full understanding of information explained.
- Prepare instructions to guide your physician and other health care providers.
- Contact your primary care nurse, Chief Clinical Officer, Hospice Director, Visiting Nurse & Hospice of Fairfield County President or designee, if you believe there is any question pertaining to the violation of your rights or possible deficiencies in the care you received. You have the right to appropriate verbal and/or written follow-up on your concerns, relative to services received. (Personnel available 24-hours-a-day, seven-days-a-week by calling 203-762-8958.)
- Receive information on the Agency's grievance procedure including the contact person.
- Voice grievances regarding treatment or care that is (or fails to be) provided by anyone performing Visiting Nurse & Hospice of Fairfield County services, or on its behalf, lack of respect for property, and to request changes of Agency personnel free from coercion, discrimination, reprisal or interference.
- Receive an investigation by the Agency of complaints made by you or your family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for person or property, and immediately take action to prevent further potential violations while the alleged violation is being verified and document the existence of the complaint and the resolution of the complaint.
- Receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization.
- Be informed of the Agency's organizational ownership and control.
- Call the 24-hour, toll-free Home Health Hotline (1-800-828-9769), the State Department of Public Health (860-509-7400 Monday–Friday 8 a.m. to 4 p.m.) or the Community Health Accreditation Program (1-800-656-9656) for questions or to register complaints concerning the home health agency or implementation of Advance Directives.

- Call the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) at 1-866-815-5440 if you are a Medicare beneficiary and have a concern about the quality of care or if you wish to request a review (appeal) of a Medicare Notice of Non-Coverage or Advance Beneficiary Notice.
- To be free from any discrimination or reprisal for exercising your rights or for voicing grievances to the Agency or any outside entity.

YOUR RESPONSIBILITY AS OUR PATIENT

Visiting Nurse & Hospice of Fairfield County believes you and your family have a responsibility to:

- Be under medical supervision as required by the Agency.
- Notify the Agency of changes in your condition.
- Observe and carry out the reasonable recommendations of your physician, nurse and other health care staff and follow the plan of care as established by you and your care provider.
- Carry out mutually agreed upon responsibilities.
- Accept the consequences for the outcome if you do not follow the plan of care.
- Give the Agency complete and accurate information concerning your past illnesses, functional limitations, hospitalizations, medications, allergies, other pertinent issues; and care/services provided by another home care provider organization.
- Supply an accurate and complete medical history to your physician and to Visiting Nurse & Hospice of Fairfield County.
- Cooperate in giving full and honest information about financial and environmental factors which affect health status or impede health care.
- Inform the physician and nurse or other professional from the Agency about all medications and treatments you are following; change in health status or reactions to medications and treatment.
- Inform the Agency of changes made to advance directives.

- Make it known if you cannot understand or follow any given instructions.
- Cooperate in making adequate arrangements in your home to allow for safe and appropriate care.
- Notify the Agency if the visit schedule needs to be changed.
- Participate in the development, implementation and updating of your health care plan.
- Ask questions about care or services.
- Notify the Agency if your care provider does not report to work in your home when scheduled or if they arrive late.
- Promptly advise the Agency of any concerns with the services provided.
- Accept responsibility for all charges incurred for services rendered.
- Provide accurate and complete information necessary, relative to your health insurance, to ensure processing of bills by Visiting Nurse & Hospice of Fairfield County, and to coordinate payment of those bills as soon as possible.
- Be considerate, respectful and cooperative with all Visiting Nurse & Hospice of Fairfield County personnel.
- Provide a safe environment for the Agency staff.
- Avoid discriminating against health care workers because of race, color, creed, gender, age, religion, marital status, sexual orientation, disability, veteran status, national or ethnic origin.

For more information, please contact us at **203-762-8958**