

Health Department of Northwest Michigan

HOME CARE PROGRAMS

CLIENT RIGHTS AND RESPONSIBILITIES

CLIENT RIGHTS:

Agency personnel will protect and promote the rights of each client under its care. Each client will have the right to:

Be fully informed orally and in writing of the following before care is initiated: (G101, G102)

1. services/products and equipment available directly or by contract;
2. organization ownership and control;
3. any specific charges for services to be paid by client and those charges covered by insurance, third-party payment or public benefit programs; (G 113, G 114)
4. billing policies, payment procedures and any changes in the information provided on admission as they occur within 15 days from the date that the organization is made aware of change; (G 115)
5. names and professional qualifications of the disciplines that will provide care and the proposed frequency of visits/service; (G108)
6. their right to participate in the plan for care and/or any change in the plan before it is made; (G108, G109)
7. the agency's policy on client advanced directives including a description of an individual's rights under State law (whether statutory or as recognized by the courts of the State) and how such rights are implemented by the agency; (G 110)
8. the organization's grievance procedures which includes contact names, phone numbers, hours of operation and how to communicate problems to the agency;

And the right to:

9. receive service without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle;
10. receive service without regard to whether or not any advance directive has been executed;
11. make informed decisions about care and treatment plans and to receiving information in a way that is understandable to the client;
12. be notified in advance of treatment options, transfers, when and why care will be discontinued; (G108)
13. receive and access services consistently and in a timely manner in accordance with the organization's stated operational policy;
14. education, instructions and requirements for continuing care when the services of the agency are discontinued;
15. participate in the selection of options for alternative levels of care or referral to other organizations, as indicated by the client's need for continuing care;
16. receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization;
17. be referred to another provider organization if the agency is unable to meet the client's needs or if the client is not satisfied with the care they are receiving;

18. voice grievances regarding treatment, care or respect for property that is or fails to be furnished by anyone providing services on behalf of the agency without reprisal for doing so; (G106) Direct comments or concerns to the Home Health supervisor or Director of Adult Services at **1-800-551-4140** or **231-547-6092** (24 hrs/day; 7 days/week)
19. receive information on grievance procedures which includes contact name, phone numbers, hours of operation, how to communicate problems to the agency;
20. document a response from the agency regarding investigation and resolution of the grievance; (G107)
21. be advised of the availability, purpose and appropriate use of State, Medicare and CHAP Hotline numbers; (G 116) CHAP: **1-800-656-9656**; State Hotline: **1-800-882-6006**
22. refuse treatment and be informed of potential results and/or risks;
23. not receive any experimental treatment without the client's specific agreement and full understanding of information explained;
24. be free from any mental, physical abuse, neglect or exploitation of any kind by agency staff;
25. have his/her property treated with respect-, (G105)
26. confidentiality of his/her clinical records and the organization's policy for accessing and disclosure of clinical records; (G111, G112)
27. information regarding the organization's liability insurance upon request.

THE CLIENT IS RESPONSIBLE TO:

1. Provide an accurate history.
2. Have an attending physician and remain under medical supervision.
3. Communicate changes in your plan of care to agency staff.
4. Follow through on the established emergency plan.
5. Treat agency personnel with dignity, courtesy, and respect.
6. Notify the agency if you wish to cancel services and/or prescribed treatments.
7. Notify the agency if you are unavailable for a scheduled visit.
8. Supply medication, equipment, or supplies that the agency is unable to provide or is not a covered Hospice Service.
9. Inform agency of complications or side effects of prescribed treatments.
10. Provide accurate insurance and/or financial information.
11. Notify the agency of any changes in physician or insurance coverage.
12. Provide a copy of your advance directive.