

Hand In Hand



STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

As a recipient of Federal financial assistance, Hand In Hand Hospice does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Hand In Hand Hospice directly or through a contractor or any other entity with which Hand In Hand Hospice arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91. In case of questions, please contact: Tabatha Tafoya at Newman Regional Health at 620-343-6800.

All patients in hospice care, and their families, possess basic rights and responsibilities. These include the rights to:

Dignity and Respect

Patients and their caregivers have a right to mutual respect and dignity. Hospice staff are prohibited from accepting personal gifts and borrowing from patients/families/primary caregivers. In addition, patients have the right to:

- To exercise your rights as a patient of the hospice;
- Have relationships with Hand In Hand Hospice that are based on honesty and ethical standards of conduct;
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property;
- Be informed of the procedures you can follow to lodge complaints with the Hand In Hand Hospice about the care that is (or fails to be) furnished and regarding a lack of respect of property;
- Voice their grievances without fear of discrimination or reprisal for exercising your rights;
- Receive a timely response from the agency to your request for service; and
- Know about the disposition of such complaints.

Decision Making

Patients have the right to:

- Be notified in writing of the care that is to be furnished, the types of caregivers who will furnish the care, and the frequency of the services that are proposed to be furnished;
- Choose his or her primary physician;
- Participate in the planning of care, be involved in the development of the plan of care, be advised of any changes in the care, and be advised that you have the right to do so;
- Have communication needs met and receive information in a manner that you can understand;
- Refuse services, care or treatment and be advised of the consequences of refusing care;
- Request a change in caregiver/staff without fear of reprisal or discrimination;
- Make informed decisions regarding proposed and on-going care or services;
- Be informed within a reasonable time of anticipated termination of service;
- Formulate advance directives and have staff provide care that complies with these directives;
- Receive written information about Hand In Hand Hospice's policies and procedures on advance directives, including a description of applicable state law. You will be informed if Hand In Hand Hospice cannot implement an advance directive on the basis of conscience;

- Be admitted to hospice regardless of his/her desire not to formulate an advance directive or by the contents of an advance directive;
- Accept or refuse medical or surgical treatment and the right to formulate, at the individual's option, advance directives;
- If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf;
- If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with the state law may exercise the patient's rights to the extent allowed by state law.

Privacy

Patients have the right to:

- Confidentiality of protected health information and the related privacy and security protections mandated by federal law and outlined in the Notice of Privacy Practices;
- Expect Hand In Hand Hospice to release information only as consistent with its internal policy, required by law, or authorized by the patient;
- Personal privacy and security during home care visits and to have property treated with respect.
- Personal and informational privacy within the law;
- Be interviewed, examined and to attend to your personal hygiene in surroundings designed to assure reasonable audio-visual privacy;
- Have a person of your choice present during a physical examination, treatment or procedure in accordance with Hospital policy;
- Express a complaint and have it handled in a discreet and timely manner;
- Expect any discussion or consultation of your case to be conducted discreetly and that no individual, not directly involved in your care, will be present without your permission;
- Have your medical record read only by individuals directly involved in your treatment or the monitoring of its quality, and by other individuals only on your written authorization;
- Expect all communications and other records pertaining to your care to be treated as confidential, including the source of payment for treatment.

Financial

Patients have the right to:

- Receive information about the services covered under the Medicare hospice benefit or by other payor sources, the services the hospice will provide and any specific limitation(s) on those services, and to be informed of any charges/services not covered by insurance;
- Be informed of any charges for which the patient may be liable;
- Receive this information, orally and in writing, within 15 working days of the date Hand In Hand Hospice becomes aware of the any changes in charges;
- Have access, on request, to all bills for service received, regardless of whether they are paid out of pocket or by another party;
- Be informed of Hand In Hand Hospice's ownership status and its affiliation with any entities to which the patient is referred.

Quality of Care

Patients have the right to:

- Receive care of the highest quality resulting in effective pain management and symptom control;
- Be admitted by Hand In Hand Hospice only if it is assured that all necessary palliative and supportive services will be provided to promote the physical, psychological, social, and spiritual well-being of the dying patient and their family;
- Be told what to do in the case of an emergency;
- Receive a timely response from the agency to your request for service;
- Receive care from professionally trained personnel;

- To know the names, responsibilities, and disciplines of the people providing care, to have the right to choose care providers, and reasonable continuity of care;
- Have every effort made to adapt the treatment plan to specific needs and limitations. (Where changes are recommended, the patient/family will receive an explanation of the consequences of failing to follow the recommended course of treatment, or of using other treatments);
- Be admitted only if Hand In Hand Hospice has the ability to provide safe, professional care at the level of intensity needed. A qualified staff member will assess your needs. If you require services that Hand In Hand Hospice does not have the resources to provide, Hand In Hand Hospice will inform you and refer you to alternative services, if available;
- Request information about diagnosis, prognosis, treatment, and/or alternatives to care and the risk involved in terms you or your family can understand;
- Have medical supplies provided (although it may not be your brand you are currently using) related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care;
- Choose whether or not to participate in research, investigational or experimental studies, or clinical trials.

Hand In Hand Hospice shall assure that:

- All medically related Hospice care is provided in accordance with physician's orders and that a plan of care, developed by the patient's physician and the Hospice interdisciplinary group in conjunction with the patient, specifies the services to be provided and their frequency and duration;
- All medically related personal care is provided by an appropriately trained hospice care aide who is supervised by a registered nurse.

Patient/Caregiver Responsibilities

The patient/caregiver have the responsibility to:

- Ensure a safe environment for the patient and hospice staff;
- Show respect and consideration for staff and equipment;
- Notify Hand In Hand Hospice in advance of any treatment, testing, or medications not provided or arranged by Hand In Hand Hospice;
- Notify Hand In Hand Hospice of changes in condition (e.g., pain, need for emergency care);
- Follow the Hospice Plan of Care and work as a partner with Hand In Hand Hospice team in the provision of your care;
- Notify Hand In Hand Hospice if the visit schedule needs to be changed;
- Inform Hand In Hand Hospice of the existence of any changes made to advance directives;
- Assume responsibility for any charges for which you have been notified of responsibility and/or incurred for services outside of the Hospice Plan of Care;
- Remain under a doctor's care while receiving agency services;
- Provide the agency all requested insurance and financial information;
- Sign the required consents and releases for insurance billing;
- Provide accurate and complete information about matters relating to the patient's health;
- Participate in care by asking questions and expressing concerns about ability to follow the proposed course of treatment;
- Accept the responsibility for any refusal of treatment;
- Cooperate with your doctor and all members of the health care team in meeting your plan of care;
- To tell us the supplies you use;
- Understand & accept consequences for the outcome if the care, services, or treatment plan is not followed;
- Abide by agency policies which restrict duties our staff may perform;
- To work cooperatively with the multidisciplinary team in meeting your plan of care;
- Express any concerns about your ability to follow and comply with the care plan or course of treatment.

- To tell us about your symptoms.
 - Ask your nurse what to expect regarding pain and symptom management.
 - Discuss symptom relief options with your nurse.
 - Work with your nurse to develop a symptom management plan.
 - Ask for pain relief when pain first begins.
 - Help your nurse assess your symptoms.
 - Tell the nurse if your symptoms are not relieved.
 - Talk with your nurse about any worries you have about taking pain medication.

Problem Solving Procedure

To register a complaint or grievance with Hand In Hand Hospice about staff or services, please contact: Andrea Elwood, Hospice Director at (620) 340-6177

We are committed to ensuring that your rights are protected. Hand In Hand Hospice encourages the staff member who is closest to the situation; take the initiative to resolve the complaint or grievance. If this is not possible, the staff member should contact the Hospice Director, Risk Manager or an Administrator.

If you feel that our staff have failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal:

- If a patient, family or legal representative disagrees with a service provided or action taken by Hand In Hand Hospice, or if an individual wishes to register a complaint regarding the quality or nature of the care received, please notify the Hospice Director verbally or in writing. Also, a complaint form, located in the admission packet, can be completed and returned to the Director of Hand In Hand Hospice;
- Hand In Hand Hospice will ensure all alleged violations involving mistreatment, neglect or verbal, mental, sexual and physical abuse including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator and will be investigated, resolved and documented;
- Hand In Hand Hospice will immediately investigate all alleged or real violations and take immediate action to prevent further potential violations while the alleged violation is verified. Investigations and/or documentation of all alleged violations will be conducted in accordance with established procedures;
- Hand In Hand Hospice will take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as KDHE or local law enforcement agency;
- Hand In Hand Hospice will ensure that verified violations are reported to KDHE and local bodies having jurisdiction (including to the State Survey and Certification Agency) within 5 working days of becoming aware of the violation; and
- If the patient, family or legal representative feels their concern/grievance has not been resolved after working with Hand In Hand Hospice personnel, he/she has the right to register the complaint with the Kansas Department of Health and Environment (KDHE) at 1-800-842-0078. The Kansas Department of Health and Environment's toll-free hotline has been established to collect, maintain and update information on Medicare participating hospice agencies. Complaints and questions concerning specific agencies will also be taken over the hotline. The service will be in operation between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday, excluding state holidays.

Initial Frequency of Visits:

Your Nurse is:_____

Based upon the accuracy of the insurance/financial information provided by you (family if applicable). Hand In Hand Hospice expects charges for our services to be paid by_____.

I have read the list of my rights and responsibilities (or have had them read to me), and I understand them. I understand if I do not fulfill my responsibilities, the agency may notify me and terminate my care.

Print Patient Name

Patient Signature

Date

Power of Attorney/Authorized Representative Signature
(Person identified by patient as being Spouse, DPOA,
Guardian/Conservator)

Date

Hospice Representative

Date