

# Hand In Hand



## STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

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

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.

### Dignity and Respect

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

- 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 they 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;
- Know about the disposition of such complaints; and
- Voice their grievances without fear of discrimination or reprisal for having done so.

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

- Receive a timely response from the agency to your request for service;
- Be informed within a reasonable time of anticipated termination of service;
- Be admitted only if Hand In Hand Hospice has the ability to provide safe, professional care at the level of intensity needed;
- Have communication needs met.

### 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 advised of any changes in the care, and be advised that they have the right to do so;
- Refuse services and be advised of the consequences of refusing care;
- Request a change in caregiver without fear of reprisal or discrimination;
- Make informed decisions regarding proposed and on-going care or services.

- 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;
  - 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. Kansas Department for Aging and Disability Services hotline number is 1-800-432-3535
  - Complaints can also be registered with the Kansas Department of Health and Environment at 1-800-842-0078;

## **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;
- 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 referred elsewhere, if denied services for any reason;
- Request information about diagnosis, prognosis, treatment, and/or alternatives to care and the risk involved in terms you or your family can understand;

- Have supplies provided (although it may not be your brand you are currently using);
- Formulate advance directives, as appropriate to the care and services;
- 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.

**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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospice Representative

\_\_\_\_\_  
Date