

**HOSPICE OF MORROW COUNTY**  
Patient Rights and Responsibilities

As a hospice patient/client, you have the right to be informed of your rights before the initiation of service. If/When a patient/client has been judged incompetent, the patient's/client's family or guardian may exercise these rights as described below. As they relate to:

**PATIENT/CLIENT RIGHTS, you have the right:**

- 1 To receive services appropriate to your needs and expect the home care/hospice organization to provide safe, professional care at the level of intensity needed, without unlawful restriction by reason of age, sex, race, creed, color, national origin, religion or disability.
- 2 To have access to necessary professional services 24 hours a day, 7 days a week.
- 3 To be informed of services available.
- 4 To be informed of the ownership and control of the organization.
- 5 To be told on request if the organization's liability insurance will cover injuries to employees when they are in your home, and if it will cover theft or property damage that occurs while you are being treated.

**PATIENT/CLIENT CARE, you have the right:**

- 1 To be involved in your care planning, including education of the same, from admission to discharge, and to be informed in a reasonable time of anticipated termination and /or transfer of services.
- 2 To receive reasonable continuity of care.
- 3 To be informed of your rights and responsibilities in advance concerning care and treatment you will receive, including any changes, the frequency of care/service and by whom (disciplines) services will be provided.
- 4 To be informed of the nature and purpose of any technical procedure that will be performed, including information about the potential benefits and burdens as well as who will perform the procedure.
- 5 To receive care from staff that are qualified through education and/or experience to carry out the duties for which they are assigned.
- 6 To be referred to other agencies and organizations when appropriate and be informed of any financial benefit to the referring agency.

**RESPECT AND CONFIDENTIALITY, you have the right:**

- 1 To be treated with consideration, respect, and dignity, including the provision of privacy during care.
- 2 To have your property treated with respect.
- 3 To have staff communicate in a language or form you can reasonably be expected to understand and when possible, the organization assists with or may provide special devices, interpreters, or other aids to facilitate communication.
- 4 To maintain confidentiality of your clinical records in accordance with legal requirements and to anticipate the organization will release information only with your authorization or as required by law.
- 5 To be informed of the organization's policies and procedures for disclosure of your clinical record.

**FINANCIAL ASPECTS OF CARE, you have the right:**

1. To be informed of the extent to which payment for the home care services may be expected from Medicare, Medicaid or any other payer.
2. To be informed of charges not covered by Medicare and /or responsibility for any payment(s) that you may have to make.
3. To receive this information orally and in writing before care is initiated and within 30 calendar days of the date the organization becomes aware of any changes.

**SELF-DETERMINATION, you have the right:**

1. To refuse all or part of your care to the extent permitted by law and to be informed of expected consequences of said action.
2. To be informed in writing of rights under state law to formulate advance directives.
3. To have the organization comply with advance directives as permitted by state law and state requirements.
4. To be informed of the organization's policies and procedures for implementing advanced directives.
5. To receive care whether or not you have an advance directive(s) in place, as well as not to be discriminated against whether or not you have executed an advance directive(s).
6. To be informed regarding the organization's policies for withholding of resuscitative services and the withdrawal of life sustaining treatment, as appropriate.
7. To not participate in research or not receive experimental treatment unless you give documented voluntary informed consent.
8. To be informed of what to do in an emergency.
9. To participate in consideration of ethical issues that may arise in your care.

**COMPLAINTS – You have the right:**

1. To voice complaints/grievances about treatment or care that is (or fails to be) furnished, or regarding lack of respect for property without reprisal or discrimination for same and be informed of the procedure to voice complaints/grievances with the home care organization. Complaints or questions may be registered with **Hospice of Morrow County Hospice, Inc—Director** by phone, in person or in writing. The address and telephone number are **228 South St., Mt. Gilead, Ohio 43338 (419)946-9822**. The organization investigates the complaint and resolution of same.
2. To be informed of the **Ohio Department of Health Quality Assurance** hotline for complaints or questions about home care agencies as well as to voice concerns regarding advance directives. The state Hotline number is **1(800-342-0553)**

**PATIENT/CLIENT RESPONSIBILITIES – You have the responsibility:**

1. To provide complete and accurate information about illness, hospitalizations, medications, and other matters pertinent to your health; any changes in address, telephone or insurance/payment information; and changes made to advance directives.
2. To inform the organization when you will not be able to keep your home care appointment.
3. To treat the staff with respect.
4. To participate in and follow your plan of care.
5. To provide a safe environment for care to be given.
6. To cooperate with staff and ask questions if you do not understand instruction or information given to you.
7. To assist the organization with billing and/or payment issues to help with processing third party, payment.
8. To inform the organization of any problems or dissatisfaction with services.

Signature \_\_\_\_\_ date \_\_\_\_\_

Witness \_\_\_\_\_ date \_\_\_\_\_