

# Patient Bill of Rights



## Purpose

To encourage awareness of patient rights, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning.

## Policy

Each patient will be an active, informed participant in his/her plan of care. To ensure this process, the patient will be empowered with certain rights as described. The rights contained within this policy include the basic rights of the patient. Additional rights may be required by program specific standards and will be found in program specific policy.

A patient may designate someone to act as his/her representative. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

To assist with fully understanding patient rights, all policies will be available to organization personnel, the patient, and his/her representatives as well as other organizations and the interested public.

## Procedure

1. The Patient Bill of Rights statement defines the right of the patient to:

- A. Exercise and understand his or her rights and responsibilities as a patient of VNA Hospice of NWI and not to be subject to discrimination or reprisal for exercising these rights.
- B. Receive effective pain and symptom management for conditions related to the terminal illness(es) and choose a health care provider (including an attending physician).
- C. Have his or her property and person treated with respect, consideration and recognition of patient dignity and individuality.
- D. Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the organization and must not be subjected to discrimination or reprisal for doing so.
- E. Receive an investigation by the organization of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding lack of respect for the patient's property by anyone furnishing services on behalf of the organization; the existence of the complaint and the resolution of the complaint must be documented.
- F. Be informed in advance of service about the care to be furnished, the organization's scope of services and services under the Medicare Hospice Benefit and any limitations on these services.
- G. Be advised in advance of the right to participate in planning the care or service and in planning changes in the care and service.
- H. Confidentiality of the patient and clinical records maintained by the organization and the policies and procedures regarding disclosure.
  - I. Be free from mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of an unknown source, and misappropriation of patient property.
  - J. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
  - K. Receive care/service without discrimination in accordance with physician orders.

- L. Be informed, verbally and in writing, of billing and reimbursement methodologies prior to the start of care/service and as changes occur, including fees for services/products provided, direct pay responsibilities, and notification of insurance coverage.
  - M. Receive in writing, prior to the start of care, the telephone numbers for the ACHC complaint hotline, including hours of operation, and the purpose of the hotline is to receive complaints or questions about the organization.
  - N. Be informed of patient rights under state law to formulate Advance Directives.
  - O. Use the hotlines to lodge complaints concerning the implementation of Advance Directive requirements.
  - P. Be able to identify visiting personnel through proper identification.
  - Q. Be informed of disciplines furnishing care and the frequency of visits.
  - R. Recommend changes in policies and procedures, personnel or care/service.
  - S. Be informed of any financial benefits when referred to a hospice.
  - T. Be informed of anticipated outcomes of care and any barriers in outcome achievement.
  - U. Be informed of the patient's responsibilities.
2. Upon admission, the admitting clinician/technician will provide each patient or his/her representative with a written copy of the Patient Bill of Rights.
3. The Patient Bill of Rights will be explained (verbally/orally) and distributed to the patient prior to the initiation of organization services. This explanation will be in a language and manner he/she can reasonably be expected to understand.
4. The patient will be requested to sign the Patient Bill of Rights form. The original form will be kept in the patient's clinical record. A copy will be maintained by the patient. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
5. The admitting clinician will document that the patient has received a copy of the Patient Bill of Rights.
  - A. If the patient is unable to understand his/her rights and responsibilities, documentation in the clinical note will be made.
  - B. In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
  - C. Written information will be provided to patients in the predominant languages of the population served.
6. When the patient's representative signs the Patient Bill of Rights form, an explanation of that relationship must be documented and kept on file in the clinical record.
7. The family or guardian may exercise the patient's rights when a patient is incompetent or a minor.
8. All organization personnel, both clinical and non-clinical, will be oriented to the patient's rights and responsibilities prior to the end of their orientation program, as well as annually.