

Wilshire Home Health  
Patient Bill of Rights

**Dignity and Respect**

**Patients have the right to:**

- Have their property and person treated with respect
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property

**Complaints**

**Patients have the right to file complaints with the home health agency:**

- Regarding their treatment and/or care that is provided
- Regarding treatment and/or care that the agency fails to provide
- Regarding the lack of respect for property and/or person by anyone who is providing services on behalf of the home health agency.

**Decision Making, Consent, and Services Provided**

**Patients have the right to:**

- Participate in, and be informed about, and consent or refuse care in advance of and during treatment with respect to:
  - Completion of all assessments;
  - The care to be furnished, based on the comprehensive assessment;
  - Establishing and revising the plan of care;
  - The disciplines that will furnish the care;
  - The frequency of visits;
  - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;
  - Any factors that could impact treatment effectiveness; and
  - Any changes in the care to be furnished
- Receive all services outlined in the plan of care.

**Privacy and Access to Medical Records**

- Patients have the right to a confidential clinical record
- Patients have the right to access and to the release of patient information and clinical records

**Financial Information**

**Patients will be advised of:**

- The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA,
- The charges the individual may have to pay before care is initiated;
- Any changes in the information regarding payment

Patients have the right to receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on-going care.

## **Advocacy Resources**

### **Patients will be advised of:**

- The state toll free home health telephone hot line its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs.
- The names, addresses, and telephone numbers of the area:
  - Agency on Aging
  - Center for Independent Living
  - Protection and Advocacy Agency
  - Aging and Disability Resource Center
  - Quality Improvement Organization

### **Free from Reprisal**

- Patients have the right to be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity

### **Language Services and Auxiliary Aides**

- Patients have the right to be informed of the right to access auxiliary aids and language services and how to access these services

### **Discharge/Transfer Policy**

- Patients have the right to be informed of and receive a copy of the home health agency's policy for transfer and discharge

### **Patient Responsibilities**

#### **Patients have the responsibility to:**

<ul style="list-style-type: none"><li>• notify the provider of changes in their condition (e.g. hospitalization, changes in the plan of care, symptoms to report);</li><li>• to follow the plan of care;</li><li>• to ask questions about care or services</li><li>• to notify the home health agency of if the visit schedule needs to be changed;</li><li>• to inform the home health agency of changes made to the advanced directives;</li></ul>	<ul style="list-style-type: none"><li>• to promptly advise the home health agency of any concerns with the services provided;</li><li>• to provide a safe environment for the home health agency staff;</li><li>• to carry out mutually agreed responsibilities; and</li><li>• to accept the consequences for the outcomes if the patient does not follow the plan of care</li></ul>
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_