

## PATIENT'S BILL OF RIGHTS/RESPONSIBILITIES

Patients have a right to be notified in writing of their rights and obligations before treatment begins and to exercise those rights. The patient's family or guardian may exercise the patient's rights when the patient is incapacitated. Auburn Crest has an obligation to protect and promote the patient's rights, including the following:

### Patients have a Right to Dignity and Respect

Patients and their formal caregivers have a right to not be discriminated against based on race, color, religion, national origin, age, sex, sexual preference or handicap. Furthermore, patients and caregivers have a right to mutual respect and dignity, including respect for property. Agency staff is prohibited from accepting personal gifts and borrowing money or items from patients.

#### ***Patients have the right:***

- To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- To have complaints investigated made by the patient, patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for patient's property by anyone furnishing services on behalf of the Agency. You will not be subject to discrimination for doing so. Agency must document both the existence of the complaint and the resolution of the complaint.
- To have your property treated with respect.
- To be informed of the procedure you can follow to lodge complaints with the Agency about the care that is, or fails to be, furnished, and regarding a lack of respect for property. To lodge complaints, call us at \_\_\_\_\_ (Agency specific phone number).
- To know about the disposition of such complaints.
- To voice their grievances without fear of discrimination or reprisal for having done so.
- To be advised of the telephone number and hours of operation of the state's Home Care Agency hotline, that receives complaints or questions about local home care agencies. The hours are 24 hours a day, seven (7) days a week and the telephone number is 1-800-345-1453. The hotline also receives complaints about advance directives.
- To personal dignity and to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
- To effective communication.
- To refuse to participate in investigational, experimental, research or clinical trials.
- To be notified in advance about the all the services offered by the agency, and the care that is to be furnished, the types (disciplines) of the caregivers who will furnish the care and the frequency of the visits that are proposed to be furnished.
- To be advised in advance of his or her condition to make decisions about his/her health care and the right to participate in planning care or treatment and in planning changes in care before the change is made.
- To be informed of rights verbally and in writing under state law to make decisions concerning medical care, including the right to accept or refuse treatment and the right to formulate advance directives as outlined in Idaho State's Natural Death Act.
- To be informed of policies and procedures for implementing advance directives, including any limitations if the Agency cannot implement an advance directive on the basis of conscience.
- To receive care without condition on, or discrimination based on, the execution of advance directives.
- To refuse care without fear of reprisal or discrimination and in accordance with law and regulation. If you are not legally responsible, your surrogate decision maker may refuse care on your behalf as permitted by law.
- To exercise his/her rights as a patient of the Agency.
- The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.
- To confidentiality of your medical record as well as information about their health, social and financial circumstances and about what takes place in the home.
- To expect the Agency to release information only as required by law or authorized by the patient and to be informed of procedures for disclosure.
- To access information within your own health within 2 business days, upon receipt of providing written request to the agency.
- To access, request an amendment to and receive an accounting of disclosures regarding your own health information as permitted under applicable law.

- To be informed of Auburn Crest's right to refuse admission to, or discharge any patient whose environment, refusal of treatment, or other factors prevent Auburn Crest from providing safe care.
- To be informed verbally and in writing of the extent to which payment may be expected from Medicare, Medicaid or any other Payor known to the Agency.
- To be informed verbally and in writing of any charges that will not be covered by Medicare, Medicaid or any other Payor known to the Agency.
- To be informed of the charges for which the patient may be liable and to receive this information, orally and in writing, before care is initiated and within 30 calendar days of the date the Agency becomes aware of any changes.
- To have access upon request to all bills for service the patient has received, regardless of whether the bills are paid out-of-pocket or by another party.
- To be admitted by the Agency only if it has the resources needed to provide the care safely and at the required level of intensity, as determined by a professional assessment. The Agency with less than optimal resources may nevertheless admit the patient if a more appropriate provider is not available, but only after fully informing the patient of the Agency's limitations and the lack of suitable alternative arrangements.
- To effective pain management.

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

- Notify the Agency of any perceived risks in your care or unexpected changes in your condition, e.g., hospitalization, changes in the plan of care, symptoms to be reported, etc.
- Notify the Agency if the visit schedule needs to be changed.
- Notify the Agency of the existence of, and any changes made to, advance directives.
- Notify the Agency of any problems or dissatisfactions with the services provided.
- Provide a safe environment for care.
- Follow instructions and express any concerns you have about your ability to follow and comply with proposed plan or course of treatment. The Agency will make every effort to adapt the plan to your specific needs and limitations. If such changes are not recommended, the Agency will inform you of the consequences of care alternatives.
- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters related to the patient's health.
- Know that in the event of an emergency that disrupts Agency's services to patient, that Agency will make every effort to visit or telephone patient. However, if patient has a medical emergency and is not able to contact the Agency, the patient should access the nearest emergency medical facility.
- Ask questions about care or services when you do not understand your care or what you are expected to do.
- Provide feedback about service needs or expectations.
- Follow Agency rules and regulations concerning patient care and conduct.
- Show respect and consideration for Agency's personnel and property.
- Meet financial commitments agreed upon with the Agency promptly.
- Understand and accept consequences for the outcomes if the care and services or treatment plans are not followed.

Voice concerns related to care, treatment or services and patient safety issues: Please call Auburn Crest's Administrator or General Manager.

We also encourage you to contact The Joint Commission, Office of Quality Monitoring at 1-800-994-6610 or e-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org).