

Client Rights and Responsibilities

Client Rights: You have the right to:

1. Be given the information necessary to give an informed consent before the start of care and treatment.
2. Freedom of choice in selecting a hospice agency.
3. Exercise your rights as a patient of hospice, or have your family/guardian exercise your rights if you are unable to.
4. Receive an accurate assessment and management of pain.
5. Be free from neglect, abuse, and exploitation.
6. Be treated with respect, including your belongings and property.
7. Be educated regarding services, so you can maximize self-care skills and independence, and so family, caregivers, and others can understand and assist you in that care.
8. Receive information about and execute advance directives.
9. Be informed of “the hospice philosophy”, admission criteria, service options available, and any changes in outcomes of care.
10. Participate in developing and revising your plan of care and to be notified, in advance, of any changes in your plan of care.
11. Receive proper identification of the hospice team providing care, and be informed, in advance, of the disciplines providing care and the frequency of their visits.
12. Receive quality, ethical care from trained, competent hospice professionals and volunteers, which is in the best interest of the patient, and is respectful of the patient’s life values, religious preference, dignity, individuality, needs, and privacy.
13. Receive hospice services regardless of race, color, national origin, disability, religion, gender, age, sexual orientation, or the ability to pay.
14. Refuse to participate in treatment or medical research to the extent permitted by law, and the right to be informed of the possible consequences of such treatment.
15. Be given complete and current information, in terms and language you can understand.
16. Confidential treatment of personal and medical records, and to approve or refuse their release to any individual outside the agency, except in the case of transfer to another agency or health facility, or as required by law or third party payers.
17. Voice complaints regarding treatment or care that is or fails to be provided, or lack of respect for person or property by anyone who is furnishing services on behalf of the hospice, without fear of discrimination or reprisal for doing so.
18. Know how to report a complaint, and to expect and receive an investigation of complaints made by yourself, your guardian, and/or a family member regarding treatment or care, as well as documentation and resolution of that complaint.
19. Revoke hospice care at any time.
20. Be advised, before care is initiated, of the extent to which payment may be required from you, if any.
21. Be advised verbally and in writing as soon as possible of any change in financial requirements when they occur, but no later than fifteen (15) days from the date that the hospice becomes aware of such changes.

Client Responsibilities:

1. **Supply Information:** Provide, to the best of your knowledge, complete and accurate information regarding your current medical complaints, past illnesses, hospitalizations, medications, treatments, alternative treatments, and other health information. Such information also includes:
 - a. Providing requested insurance and financial information.
 - b. Authorization for obtaining medical background information (which may be limited or specific to certain types of information or health care providers) from your primary care physician, hospital, or other health care providers.
2. **Share Expectations:** Give feedback to Auburn Crest Hospice about your expectations for and satisfaction with care, treatment, and services. Advise Auburn Crest Hospice management team of any dissatisfaction or problems with your care.
3. **Ask Questions:** Understand your care, treatment, and service plans, know what you are expected to do, and ask questions to be informed and express concerns.
4. **Follow Instructions:** Care, treatment, and services often require following instructions to provide better care and comfort. Patients, families, and caregivers should express any concerns for ability to follow instructions and discuss alternate resources.
5. **Accept Consequences:** Patients share in responsibility for expectations and outcomes of care, treatment, or services, and should understand and accept responsibility for failure to follow instructions; not cooperating with the primary physician, hospice team, or other caregivers; refusal of care or treatment; and risks/consequences of choosing alternative treatments.
6. **Respect the Care Team:** Auburn Crest Hospice, the patient, patient's family, and other care professionals are all a part of the care team for the patient. Hospice personnel and others should be treated with respect and consideration, and patients, their families, and legal representatives must understand and abide by hospice policies which restrict duties our staff may perform.
7. **Maintain Physician Care:** Patients should continue physician care while receiving Auburn Crest Hospice services, which may include care from the Auburn Crest Hospice Medical Director.
8. **Safety:** Patients are best served in a safe environment for his/her own protection, and for the provision of the high quality care by Auburn Crest Hospice staff and other care providers.

Complaints: You have the right to:

1. Voice concerns, dissatisfaction, or complaints about client care or safety to Auburn Crest Hospice Management.
2. Express complaints about care or treatment, or lack of respect for person or property, without reprisal or discrimination, and to be informed of the procedure for filing complaints. Complaints or questions may be registered with the General Manager by phone, in person, or in writing at:
North Idaho: 1221 Ironwood Dr #102, Coeur d'Alene, ID 83814, Phone: 208.665.8111
6371 Kootenai St. Unit 4&9, Bonners Ferry, ID 83805
South Idaho: 3751 N Cloverdale Rd, Boise, ID 83713, Phone: 208.321.5073
397 Blue Lakes Blvd, Twin Falls, ID 83301 Phone: 208.735.7450
3. Receive acknowledgment of receipt of the complaint within a reasonable period of time, and to receive a response for the resolution of the complaint concerns/issues.
4. Be informed of the appropriate Hotline toll-free phone number for complaints or questions about your local hospice agencies:
5. Call the Joint Commission for any questions or complaints:
Joint Commission 800.994.6610