



## **Home Health Care Patient Bill of Rights Iowa (ACHC)**

The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands, during the initial evaluation visit, in advance of furnishing care to the patient. The Agency must protect and promote the exercise of these rights.

### **Dignity and Respect 484.50(c)(1); (2);**

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

- Have their property and person treated with respect including freedom from personal degradation.
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property
- To have relationships with home care providers that are based on honesty and ethical standards of conduct;
- Be able to identify visiting personnel members through agency generated photo identification

### **Complaints 484.50 (c)(3)**

#### **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 484.50(c)(4) (ii-viii) and (5)**

#### **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 discipline 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 without discrimination
- Be informed of the patient's right to formulate an advanced directive
- Choose a healthcare provider including choosing an attending physician

### **Privacy and Access to Medical Records 484.50(c)(6)**

- 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 484.50(c)(7) (i-iv)**

#### **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 Agency;
- The charges for services that may not be covered by Medicare, Medicaid, or federal aid program known to the Agency
- The charges the individual may have to pay before care is initiated;
- Any changes in the information regarding payment
- Any financial benefits when referred to an organization

Patients have the right to receive proper written notice, in advance of a specific service being furnished, if the Agency believes that the service may be non-covered care; or in advance of the Agency reducing or terminating on-going care. (484.50(c)(8))

### **Advocacy Resources 484.50(c)(9) ;(10)**

#### **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 home health agencies. The Iowa Department of Inspection and Appeals Home Health Hotline number is 800-383-4920. The Hotline hours are 7:30 a.m. – 4:30 p.m. Monday through Friday. After 4:30 p.m. an answering machine will be on. Please leave a message and your call will be returned the next business day.
- 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 484.50(c) (11)**

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

### **Language Services and Auxiliary Aids 484.50(c) (12)**

- 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 484.50(d)**

- Patients have the right to be informed of and did receive a copy of the Agency's policy for transfer and discharge.

## Patient Responsibilities

Patients have the responsibility to:

- Notify the provider of any changes in private insurance, Medicare or Medicaid coverage.
- Notify the provider of changes in their condition (e.g., hospitalization, changes in the Plan of Care, symptoms to be reported):
- Follow the Plan of Care;
- Ask questions about care or services
- Notify the provider if the schedule needs to be changed;
- Inform the Agency of changes made to the advance directives;
- Promptly advise the provider of any problems or dissatisfaction with the services provided;
- Provide a safe environment for care to be provided by Agency staff;
- Carry out mutually agreed responsibilities; and
- Accept the consequences for the outcomes if the patient doesn't follow the Plan of Care.

### Contact Information for the Administrator in order to Receive Complaints 484.50(a)(1)(ii)

Konstandina Ladeas, RN, Administrator/Clinical Director  
518 8<sup>th</sup> St., Suite B, Sioux City, IA 51101-1127  
712-234-3426 or Toll Free 855-893-8116  
Email: [dinal@universalpediatrics.com](mailto:dinal@universalpediatrics.com)

### Additional Agency Information

Ombudsman  
215 E. 7<sup>th</sup> St  
Des Moines, IA 50309  
515-242-5065 or 1-888-426-6283

Human Services Department of Iowa  
Hoover Bldg.  
Des Moines, IA 50309  
515-281-3147 1-800-972-2017  
TTY 1-800-735-2942

Adult Abuse and Neglect  
1-800-362-2178

ACHC  
139 Weston Oaks Ct.  
Cary, NC 27513  
855-937-2242

Child and Adult Abuse and Neglect  
1-800-652-9516

I acknowledge that I have been provided with a copy of the Agency Discharge and Transfer policies. The Bill of Rights has been read and I understand where I, the patient/legal representative, meet these responsibilities:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

To satisfy the Medicare certification requirements, the CMS requires that agencies:

1. Give a copy of the Bill of Rights, Transfer Policy and Discharge Policy to each patient/legal representative prior to care being initiated (during admission, the initial evaluation visit or the first professional visit).
2. Explain the Bill of Rights verbally to the patient/legal representative and document that this has been done.

### NOTICE OF PRIVACY PRACTICE -HIPAA

I received a notice of Privacy practice on \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name (print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Patient unable or refused to sign acknowledgement \_\_\_\_\_

Legal Representative Signature \_\_\_\_\_