

# ***HARBOR HEALTH SERVICES, INC.***

***"Healing at home since 1996"***

1100 Degurse Avenue, Marine City, MI 48039 (810) 765-7144

## ***HOME CARE PATIENT BILL OF RIGHTS***

### **Mission:**

***"To Provide Compassionate, High Quality, Cost Efficient, Care in the Home."***

Harbor Health realizes there is a place where everyone wants to live independently for as long as they can. We call it "home" and are committed to making this possible. Let us assist you and your family in making decisions that enable you to remain in control and independent in your own home. Harbor Health Services, Inc. respects the following Home Care Patients Rights and Responsibilities.

### **RIGHTS:**

#### **You and/or your guardian have the right:**

1. To treatment with respect and dignity and to the assurance that your property will be treated with respect by all Agency personnel who serve you.
2. To receive service regardless of race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle.
3. To freedom from mental or physical abuse, neglect or exploitation by Agency staff.
4. To privacy and to the assurance that all information about you and your care and treatment will remain confidential and will not be released to anyone who is not legally authorized to receive it without you/your guardian's written consent as stated in the Agency's policies concerning the access and disclosure of clinical information.
5. To formulate Advance Directives and to receive care whether or not Directives are executed. You have the right to be informed, in writing, of the Agency's policies and procedures for implementing these Directives and have the assurance that Agency personnel will comply with your Directives in accordance with state law.
6. To receive and access services consistently and in a timely manner in accordance with organizations stated operational policy.
7. To be fully informed about your health condition in a manner that is understandable to you, unless contraindicated by your physician.
8. To make informed decisions regarding your care and treatment and to receiving information in a way that is understandable to you.

9. To participate in the development of your Plan of Care and/or and change(s) in your Plan of Care before it is implemented.
10. To the first names and professional qualifications of each staff member who is responsible for and/or is providing your care and whom to call if these caretakers are not available and the proposed frequency of visits/service.
11. To refuse treatment and to be informed of potential results and/or risks of such refusal.
12. To accept, refuse, or discontinue service(s) and/or to request a change in caregivers without the fear of reprisal or recrimination. The Agency and/or your physician MAY refer you to another source of care if your refusal to comply with the Plan of Care threatens or compromises the Agency's ability to provide quality care to you.
13. To not receive any experimental treatment without your specific agreement and full understanding of information explained.
14. To receive written and verbal education, instructions, and requirements for continuing care after the Agency's service is terminated.
15. To be referred to another provider organization if the Agency is unable to meet your needs or if you are not satisfied with the care you are receiving.
16. To advanced notification of options regarding treatments or transfers including the date and reason for discontinuation of care.
17. To participate in the selection of options for alternative levels of care or referral to other organizations as indicated by your need for continuing care.
18. To confidentiality of your clinical records and the Agency's policy for accessing and disclosure of records.
19. To specific charges for services to be paid by the patient and those charges covered by insurance, third-party payment or public benefit programs.
20. To billing policies, payment procedures and any changes in the information provided on admission and as they occur within fifteen (15) days from the date that the Agency is made aware of the change.
21. To the names of the Agency owners and the Administrator or designee. This can be obtained by writing and requesting specific information from the Administrator, Harbor Health Services, Inc., 1100 Degurse Avenue, Marine City, MI 48039.
22. To receive disclosure information regarding any beneficial relationships the Agency has that may result in profit for the referring organization.

23. To request and obtain information regarding the Agency's liability insurance.
24. To file grievances or complaints verbally or in writing, without reprisal or recrimination, regarding treatment, care, or respect for person or property that were or fail to be furnished by any representative of the Agency. Grievances and complaints should be directed to the Administrator of the Agency at (810)765-7144 from 9:00am to 5:00pm. You will receive either a written or oral response from the Agency regarding the investigation and resolution of the issue.
25. If a complaint or grievance is not resolved to your satisfaction or if you have a question regarding this Agency or any other home care agency in the state, you may call the toll-free Medicare Hot Line at (800) 828-9769 Monday through Friday from 8:30am to 4:30 pm. You may call this number 24 hours a day, seven days a week and leave a message if you call at times other than regular workdays. The purpose of the hot line is to receive complaints or questions about local home care agencies.
26. You may call the Michigan Department of Consumer & Industry Services, State Hotline, at 1-800-882-6006, Monday through Friday, 8:30am to 4:30pm with complaints or questions about local home care organizations. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the Advance Directive requirement.
27. You may call The Community Health Accreditation Program, Inc. (CHAP) toll-free hotline at (800) 656-9656.

## **RESPONSIBILITIES:**

### **You and/or your guardian have the responsibility:**

1. To participate in the formulation of your Plan of Care and in the determination of all changes made to the Plan including discontinuation of service.
2. To follow the established Plan of Care and to carry out mutually agreed upon responsibilities and activities.
3. To notify the Agency of changes in reportable symptoms or other changes in your condition which may require hospitalization or other modifications to your Plan of Care.
4. To notify the Agency of any change in insurance coverage and/or payer responsibility prior to the effective date of the change.
5. To inform the Agency of the existence of, and any change to, your Advance Directives.
6. To notify the Agency when visit schedules need to be changed.
7. To maintain a safe environment in which care can be provided.