PATIENT RIGHTS AND RESPONSIBILITIES

REFERENCES: Medicare COP484.10-12; JCAHO R1.2.1; CHAP Cl.6b-e; NHPCO ARE3-6

PURPOSE: To provide information to patients that describes their rights and responsibilities related to their care and how to communicate concerns to administration

AFFECTED AREAS: All staff

POLICY:

1. In support of the hospice philosophy of care, each patient is an active, informed participant in his/her plan of care. To ensure this involvement, the patient must be empowered with certain rights and responsibilities.

2. Each patient receiving services from the agency shall, upon admission, be provided with and have explained patient rights and responsibilities. The patient receives a copy of the Patient Bill of Rights on or before acceptance for treatment.

3. A patient who has been judged incompetent may have someone designate to act as his/her representative. The patient representative, on behalf of the patient, may exercise any of the rights provided by the agency policies and procedures.

4. All patient rights policies are available to agency personnel, patients, and patient representatives, as well as other organizations and the interested public.

5. In the event a communication barrier exists, if possible, special devices or interpreters shall be made available to the patient/family.

6. The Patient Bill of Rights is used as a basis for the development of agency policies and procedures.

7. All agency personnel, both clinical and non-clinical, will be oriented to patient rights and responsibilities during the orientation program and annually thereafter.

PROCEDURE:

1. The admitting clinician provides each patient and/or responsible patient representative with a written copy of Patient Rights and Responsibilities.

2. The admitting clinician explains the patient rights and responsibilities to the patient prior to initiation of the patient assessment. This explanation will be in a language the patient can reasonably be expected to understand.

3. The patient/family is informed at admission of:
   A. The ownership or control of the agency
   B. The right to participate in planning hospice care
   C. The value or purpose of any technical procedure that will be performed, including the benefits, risks, and who will perform the task/procedure and the right to refuse care
   D. The cost of services not covered by his/her insurance(s) that will be billed to the patient (explained verbally and in writing)
   E. The policy on the withholding of resuscitative services and the withdrawal of life-sustaining treatment, and making health care decisions
   F. The right to voice a complaint/concern regarding care or service without discrimination or reprisal for doing so
   G. The right to refuse all or part of his/her care to the extent permitted by law
   H. The right to participate in all aspects of care/service
   I. The right to confidentiality of information
J. The right to privacy, security, and respect of property.
4. The patient signs the Consent/Authorization/Information and Patient Bill of Rights forms. The original of both is kept in the patient’s permanent record with copies given to the patient. Patient refusal to sign will be documented in the clinical record, including the reasons for refusal.
5. The admitting clinician documents that the patient has received the above copies.
6. When the patient’s representative signs the Patient Bill of Rights form, an explanation of his/her relationship to the patient is documented in the clinical record.
7. If the patient is unable to understand or accept his/her responsibilities, documentation in the clinical record is made.
8. Supervisory visits with clinical disciplines will be conducted to assure these rights are honored/protected according to agency policy.

PATIENT RESPONSIBILITIES

During admission, the patient receives a written copy of his/her responsibilities, including the following:

A. Remain under a doctor’s care while receiving hospice services.
B. Inform the hospice of any advance directives or any changes in advance directives and provide the hospice with a copy.
C. Cooperate with the primary doctor, hospice staff, and other caregivers.
D. Advise the hospice of any problems or dissatisfaction with patient care.
E. Notify the hospice of address or telephone number changes or when unable to keep appointments.
F. Provide a safe home environment in which care can be given; service may be terminated for conduct such that the patient’s or staff’s welfare or safety is threatened.
G. Obtain medication, supplies, and equipment ordered by the patient’s physician if they cannot be obtained or supplied by the hospice.
H. Treat hospice personnel with respect and consideration.
I. Sign the required consents and releases for insurance billing and provide insurance and financial records as requested.
J. Accept the consequences for any refusal of treatment or choice of non-compliance.

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Signature: ________________________________ Date: ___________________