**PURPOSE**

To encourage awareness of patient rights and provide guidelines to assist patients in making decisions regarding care and for active participation in care planning.

**POLICY**

Each patient will be an active, informed participant in his/her plan of care. To ensure this process, the patient will be empowered with certain rights as described. A patient may designate someone to act as his/her representative. This representative, on behalf of the patient, may exercise any of the rights provided by the policies and procedures established by the organization.

To assist with fully understanding patient rights, all policies will be available to the organization personnel, patients, and his/her representatives as well as other organizations and the interested public.

**PATIENT BILL OF RIGHTS**

Ohio Living protects and promotes the rights of all patients receiving home health care to be informed of their rights. The Patient Bill of Rights statement defines the right of the patient to:

1. have his or her property and person treated with respect
2. be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect, and misappropriation of property
3. make complaints to the HHA regarding treatment or care that is (or fails to be) furnished and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the home health agency
4. participate in, be informed about, and consent to or refuse care in advance of and during treatment where appropriate, with respect to:
   1. completion of all assessments
   2. care to be furnished, based on the comprehensive assessment
   3. establishing and revising the plan of care
   4. the disciplines that will furnish the care
   5. the frequency of the visits
   6. expected outcomes of care, including patient identified goals and anticipated risks and benefits
   7. any factors that could impact treatment effectiveness; and any changes in the care to be furnished
5. receive all of the services outlined in the plan of care
6. confidentiality of his or her clinical records, access to or release of patient information and clinical records is permitted
7. be advised of:
8. the extent to which payment to which home health agency services may be expected from Medicare, Medicaid or any other federally funded program known to the home health agency
9. the charges for services that may not be covered by Medicare, Medicaid or any other federally funded program known to the home health agency
10. the charges the individual may have to pay before care is initiated and
11. any changes in the treatment effectiveness and any changes in the care to be furnished
12. proper written notice, in advance of a specified service being furnished, if the home health agency believes that the service may be non-covered care; or in advance of the home health agency reducing or terminating on-going care
13. be advised of the state toll-free home health hotline, it’s contact information, hours of operation and its purpose is to receive complaints or questions about local home health agencies
14. be advised of the names, addresses, and telephone numbers for federally and state-funded consumer information, consumer protection, and advocacy agencies
15. be free from discrimination or reprisal for exercising their rights, whether by voicing grievances to the home health agency or to an outside entity
16. be informed of the right to access auxiliary aids and language services
17. be informed of the home health agencies policies for transfer and discharge