**PURPOSE**

To encourage awareness of patient rights and to provide guidelines to assist patients making decisions regarding care.

**POLICY**

Each patient will be empowered with certain rights as listed. The rights contained within this

policy include the basic rights of the patient. Additional rights may be required by program specific standards and will be found in program specific policy.

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 Ohio Living Home Health and Hospice.

**PROCEDURE**

1. The Patient Bill of Rights statement defines the right of the patient to:
   1. Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the organization and must not be subjected to discrimination or reprisal for doing so
   2. Receive an investigation by the organization of complaints made by the patient or the patient’s family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding lack of respect for the patient’s property by anyone furnishing services on behalf of the organization; the existence of the complaint and the resolution of the complaint must be documented
   3. Be informed about the scope of service, and any specific l imitations on those services, be advised in advance of the right to participate in planning the care or service and in planning changes in the care and service; hospice patients have the right to refuse care or treatment
   4. Choose his or her attending physician
   5. Receive effective pain management and symptom control for conditions related to the terminal illness (hospice patients)
   6. Confidentiality of the clinical records maintained by the organization
   7. Access to care/service is based upon nondiscrimination
   8. Be informed, verbally and in writing, of billing and reimbursement methodologies prior to the start of care/service and as changes occur, including fees for services/products provided, direct pay responsibilities, and notification of insurance coverage
   9. Receive in writing, prior to the start of care, the hours of operation, and the purpose of the hotlines to receive complaints or questions about the organization
   10. Use the hotlines to lodge complaints concerning the implementation of Advance Directive requirements
2. Upon admission, the admitting clinician/technician will provide each patient or his/her representative with a written copy of the Patient Bill of Rights.
3. The Patient Bill of Rights will be explained and distributed to the patient prior to the initiation of organization services. This explanation will be in a language he/she can reasonably be expected to understand.
4. The patient will be requested to sign that he/she has received a copy of the Patient Bill of Rights form. The patient's refusal to sign will be documented in the clinical record, including the reason for refusal.
5. The admitting clinician will document:
   * 1. If the patient is unable to understand his/her rights and responsibilities, documentation in the clinical note will be made.
     2. In the event a communication barrier exists, if possible, special devices or interpreters will be made available.
     3. Written information will be provided to patients in the predominant languages of the population served.
6. When the patient's representative signs the Patient Bill of Rights form, an explanation of that relationship must be documented and kept on file in the clinical record.
7. The family or guardian may exercise the patient’s rights when a patient is incompetent.
8. All organization personnel, both clinical and non-clinical, will be oriented to the patient’s rights and responsibilities prior to the end of their orientation program, as well as annually.
9. Hospice: Patients have the right to receive effective pain management, choose attending physician, receive information regarding the scope of services and services under the hospice benefit and be free from mistreatment, neglect or verbal, mental, sexual and physical abuse.