



A patient has the right to:

1. Be fully informed of all of his or her rights and responsibilities by the home health agency and to receive written notice from the home health agency of these rights during the initial visit or before care is furnished.
2. Have his or her property and person respected by the home health agency.
3. Participate in care planning and in that care, to be informed by the home health agency in advance of changes in care and to be informed of the disciplines that will provide care and the frequency of visits.
4. Confidentiality of his or her protected health information and the right to review the written record upon request.
5. Be advised by the home health agency of the number and availability of the toll-free home health hotline, the hours of operation and that the purpose of the hotline is to receive complaints or questions about local home health agencies.
6. Receive from the home health agency an admission packet that shall include relevant information, including information on the right to contact the Health Care Ombudsman or the State Long-Term Care Ombudsman (if the patient receives services under the Choices for Care 1115 Medicaid Waiver), with information on how to do so.
7. Appropriate and professional care in accordance with appropriate standards of care.
8. Receive a timely response from the home health agency to his or her request for service.
9. A patient has the right to refuse treatment within the confines of the law and to be informed of the consequences of that action.
10. Be informed of his or her right to formulate advanced directives.
11. Be fully informed of home health agency policies and charges for services, including eligibility for third-party reimbursements. Before care is initiated, a home health agency shall inform a patient of the extent to which payment for the services may be expected from Medicare or other sources, and the extent to which payment may be required from the

patient. Before the care is initiated, the home health agency shall inform the patient, verbally and in writing, of:

- a. The extent to which payment may be expected from Medicare, Medicaid, any other federally funded program, or any State or private insurance known to the home health agency
 - b. The charges for services that will not be covered by Medicare or Medicaid
 - c. The charges that the individual may have to pay.
12. Voice grievances and request changes in services or staff without fear of retaliation or discrimination by the home health agency. In the case of a patient adjudicated incompetent by a court, the rights of the patient shall be exercised by the person appointed by the court to act on the patient's behalf.
13. Appeal a notice of reduction or discontinuation of home health agency services or a denial of admission to the home health agency and to receive information about the appeal process. 14. Be informed about how to reach the home health agency at all times.
14. Review reports of state and federal surveys and a right to receive copies of the reports upon request to the Division of Licensing and Protection.
15. Receive care and treatment free of mistreatment or abuse.
16. File complaints with the Division of Licensing and Protection. If dissatisfied with the resolution of the complaint, the patient may ask for the decision to be reconsidered by the Commissioner.

Any of the rights enumerated in this document may be exercised by an individual who has the legal authority to act on behalf of the patient when the patient lacks the capacity to exercise those rights.