



CharterCARE Home Health Services
PATIENTS RIGHTS

- We do not segregate, delay, deny or limit services or benefits based on an individual’s sex, age, disability, race, color or national origin.
- We provide equal access to health care without discrimination based on sex, including pregnancy, gender identity, or sex stereotypes.
- We treat individuals consistent with their gender identity, including with respect to access to facilities, such as bathrooms and patient rooms.
- We do not delay or deny effective language assistance to individuals with limited English proficiency, (“LEP”), and will not:
 - Require an individual to provide his/her own interpreter
 - Rely on a minor child to interpret (except in a life threatening emergency where no qualified interpreter is immediately available)
 - Rely on interpreters that the individual prefers when there are competency, confidentiality or other concerns
 - Rely on unqualified or multi-lingual staff
 - Use low-quality video remote interpreting services
- We have established a grievance procedure/process and a compliance/civil rights coordinator to receive, investigate, and resolve discrimination complaints.

As a Home Care Patient, you have a right to:

- The patient and patient representative (if any), have the right to be informed of the patient’s rights in a language and manner the individual understands. The Home Health Agency must protect and promote the exercise of these rights.

Notice of Rights: The Home Health Agency must:

Provide the patient and the patient’s legal representative (if any), the following information during the initial evaluation visit, in advance of furnishing care to the patient: <ul style="list-style-type: none"> • Written notice of the patient’s rights and responsibilities under this rule, and the Home Health Agencies transfer and discharge policies. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities. • Contact information for Home Health Agency Administrator, including administrator’s name, business address, and business phone number in order to receive complaints. • An OASIS privacy notice to all patients for whom the OASIS data is collected. 	Obtain the patient’s or legal representative’s signature confirming that he or she has received a copy of the notice of privacy rights and responsibilities.
	Provide verbal notice of the patient’s rights and responsibilities in the individual’s primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary, no later than the completion of the second visit from a skilled professional.
	Provide written notice of the patient’s rights and responsibilities and the Home Health Agency’s transfer and discharge policies to a patient representative within 4 business days of the initial evaluation visit.

Exercise of Rights:

<p>If a patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction, the rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf.</p>	<p>If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient's representative may exercise the patient's rights.</p>	<p>If a patient has not been adjudged to lack legal capacity to make health care decisions under state law by a court of proper jurisdiction, the patient may exercise his or her rights to the extent allowed by court order.</p>
---	--	--

Rights of the Patient: The patient has the right to:

<p>Have his or her property and person treated with respect, courtesy and privacy.</p>	<p>Be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect and misappropriation of property.</p>
<p>Your choice of home health care agencies and a timely response from the agency after initial M.D. orders received.</p>	<p>Be informed in a timely manner if a scheduled visit is to be canceled or changed, impending discharge, continuing care requirements, and of other services available.</p>
<p>To receive information and counseling about advanced directives such as living will and durable power of attorney for health care, to formulate advanced directives, and to receive written information about the policy of the Agency on patient advanced directives and the R.I. Comfort One Protocol.</p>	<p>Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect to property and/or person by anyone who is furnishing services on behalf of the Home Health Agency.</p>
<p>Receive all services outlined in the plan of care.</p>	<p>Information regarding ownership or controlling agent of the agency and any possible financial benefit or referral to another agency.</p>
<p>Participate in, be informed about, and consent or refuse care in advance of and during treatment where appropriate, with respect to:</p> <ul style="list-style-type: none"> • Completion of all assessments • The care to be furnished, based on the comprehensive assessment • Establishing and revising the plan of care • The frequency of visits • Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits • Any factors that could impact treatment effectiveness • Any changes in the care to be furnished • Information regarding your diagnosis, treatment and prognosis in terms and language you can understand 	<p>Be advised of:</p> <ul style="list-style-type: none"> • The extent to which payment for Home Health Agency Services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the Home Health Agency • The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to Home Health Agency • The charges the individual may have to pay before care is initiated • Any changes in the information provided. The Home Health Agency must advise the patient and patient representative (if any) of these changes as soon as possible, in advance of the next home health visit. The Home Health Agency must comply with the patient notice requirements
<p>To be advised before it is initiated if the provider is a full participating provider in the patient's health care plan, the cost of services, the extent to which payment of agency services may be expected from the insurance, government or other sources, and the extent payment may be required from the patient and the charges they will be required to pay.</p>	<p>No charge shall be made for furnishing a health record or part thereof to a patient, his/her attorney or authorized representatives if the record or part thereof is necessary for the purpose of supporting an appeal under any provision of the Social Security Act and the request is accompanied by documentation of the appeal. A provider shall furnish a health record request pursuant to this section within 30 days of the request.</p>

<p>Be advised of the state toll free home health telephone hot line, (401) 222-5960, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local Home Health Agencies.</p>	<p>Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the Home Health Agency or an outside agency.</p>
<p>Be informed of the right to access auxiliary aides and language services and how to access them.</p>	<p>Be accepted for care only if agency can provide the level of care required.</p>