



PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Hackensack Meridian *Health* At Home exists primarily for the purpose of providing high, quality care that meets or exceeds accepted standards of care. Hackensack Meridian *Health* At Home believes that each patient is worth of respect and understanding and has certain rights and responsibilities related to the care he/she receives. In accordance with this philosophy, Hackensack Meridian *Health* At Home needs to advise you, your legal representative such as a guardian (if any) or a patient-selected representative of the following rights and responsibilities.

As a patient of Hackensack Meridian Health At Home, you have the right to:

1. Treatment and services without discrimination based on race, age, religion, national origin, sex, sexual preference, handicap, diagnosis, ability to pay, or source of payment.
2. Be given a written notice, prior to the initiation of care, of these patient rights, our transfer/discharge policy and any additional policies and procedures established by the agency involving patient rights and responsibilities. When appropriate this notice shall be given to the legal representative (if any) or a patient-selected representative such as a family member or other responsible individual who participates in making decisions related to your care and well-being.
3. Receive this written notice in a language that you understand.
4. Obtain the legal representative or patient selected representative's signature confirming that he or she has received a copy of this notice of rights and responsibilities.
5. Receive an Oasis Privacy Notice to all patients for whom the Oasis data is collected.
6. Contact information for the agency administrator, including the administrator's name, business address, and business phone number in order to receive complaints
7. Be provided a verbal notice of these rights in your primary or preferred language in a manner that you understand, 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.
8. Be informed in writing of the following:
 - a. Services available from the facility
 - b. The names and professional status of personnel providing and/or responsible for care
 - c. The frequency of home visits to be provided
 - d. The agency's daytime and emergency telephone numbers
9. Receive, in terms that the patient understands, an explanation of his or her plan of care, expected results, and reasonable alternatives. If this information would be detrimental to the patient's health, or if the patient is not able to understand the information, the explanation shall be provided to a family member or guardian and documented in the patient's medical record
10. Receive, as soon as possible, the services of a translator, interpreter, language services or auxiliary aids to facilitate communication between the patient and health care personnel
11. Receive the care and health services that have been ordered.
12. Be informed of and to participate in your care and treatment and to consent or refuse care and treatment at any time, with respect to:
 - a. Completion of all assessments
 - b. The care to be furnished, based on the comprehensive assessment
 - c. Establishing, revising and changes to the plan of care to be furnished
 - d. The frequency of visits
 - e. Expected outcomes of care, including patient-identified goals and anticipated risks and benefits
 - f. Any factors that could impact treatment effectiveness; and
 - g. Any changes in the care to be furnished
13. Receive proper written notice, in advance of a specific service being furnished, if the agency believes that the service may be non-covered care; or in advance of the agency reducing or terminating on-going care
14. Refuse services, including medication and treatment, provided by the facility and to be informed of available home health treatment options, including the option of no treatment, and of the possible benefits and risks of each option
15. Refuse to participate in experimental research. If he or she chooses to participate, his or her written informed consent shall be obtained
16. Receive full information about financial arrangements, including but not limited to:

- a. Fees and charges, including any fees and charges for services not covered by sources of third-party payment before care is initiated
 - b. Copies of written records of financial arrangements
 - c. Notification of any additional charges, expenses, or other financial liabilities in excess of the predetermined fee as soon as possible, in advance of the next home health visit
 - d. Description of agreements with third-party payors and/or other payors and referral systems for patients' financial assistance
17. Be free from, verbal, mental, sexual, and physical abuse including injuries of unknown source (unwitnessed or unexplained injuries), neglect, misappropriation of property and from exploitation
 18. Freedom from restraints, unless they are authorized by a physician for a limited period of time to protect the patient or others from injury
 19. Be assured of confidential treatment of his or her medical/health record, and to approve or refuse in writing its release to any individual outside the facility, except as required by law or third-party payment contract
 20. Be treated with courtesy, consideration, respect, and recognition of this or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy and confidentiality concerning patient treatment and disclosures
 21. Have your property and person treated with respect
 22. Join with other patients or individuals to work for improvements in patient care
 23. Retain and exercise to the fullest extent possible, all the constitutional, civil, and legal rights to which the patient is entitled by law, including religious liberties, the right to independent personal decisions, and the right to provide instructions and directions for health care in the event of future decision making incapacity in accordance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., the Physician Orders for Life-Sustaining Treatment Act, N.J.S.A. 26:2H-129 et seq., and with N.J.A.C. 8:42-6.5
 24. Be transferred to another facility only for one of the reasons delineated at N.J.A.C 8:42-6.6(e) which include:
 - a. A valid medical reason, including the agency's inability to care for the patient;
 - b. In order to comply with clearly expressed and documented patient choice in accordance with applicable laws or regulations; or
 - c. In conformance with the New Jersey Advance Directives for Health Care Act in the instance of a private, religiously affiliated home health agency which establishes written policies defining circumstances in which it will decline to participate in the withholding or withdrawal of life-sustaining treatment. Such agencies shall:
 - i. Provide written notice of the policy to the patients, families, or health care representatives prior to or at the time of admission to services; and
 - ii. Implement a timely and respectful transfer of the patient to an agency which will implement the advance directive.
 25. Discharge himself or herself from treatment by home care.
 26. Express grievances to an agency's staff, governing authority or outside entity regarding care and services without fear of reprisal, and to receive an answer to those grievances within a reasonable time
 27. Make complaints to the agency 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 to you on behalf of the agency
 28. Be advised that you may file a complaint with ***the New Jersey Department of Health and Senior Services 24 hour Complaint Hotline at 1-800-792-9770.***

In writing to: NJ Department of Health
 Division of Health Facility Survey and Field Operations
 PO Box 367
 Trenton, New Jersey 08625-0367

By Fax to: 609-943-3013

Online: <http://web.doh.state.nj.us/fc/search.aspx>
 29. Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where you reside:
 - a. Agency on Aging
 - b. Center for Independent Living
 - c. Protection and Advocacy Agency,
 - d. Aging and Disability Resource Center; and
 - e. Quality Improvement Organization



PATIENT AND FAMILY RESPONSIBILITIES

1. Provide information. Provide to the best of your knowledge, information about present complaints, past illnesses, hospitalizations, medication and other matters related to your health.
2. Sharing expectations. Provide information about your expectations and satisfaction with the Agency. Participate in planning, evaluating, and revising your care plan to the degree that you are able to do so.
3. Asking questions. Ask questions when you do not understand the care, treatment or services and what you are expected to do.
 - a. Ask questions about pain and pain management. Discuss pain relief options, assist in the assessment of your pain and developing a pain management plan.
4. Following instruction. Follow instructions about care, treatment and services, and express any concern about your ability to follow the instructions.
5. Accepting consequences. Accept your share of responsibility for outcomes of care, treatment or services if you do not follow the instructions about care, treatment or services. Accept the consequences for any refusal of treatment or choice of noncompliance, including changes in reimbursement eligibility.
6. Meeting financial commitments. Provide accurate and complete health insurance information; promptly inform the Agency of any insurance changes and meet the financial commitment agreed upon in the General Consent.
7. Show respect and consideration.
 - a. Accept all caregivers regardless of age, race, color, national origin, religion, sex, or other category;
 - b. Treat agency staff with respect, courtesy and consideration; and
 - c. Notify the Agency in advance whenever you will not be home for a scheduled visit.
8. Maintain an adequate and safe environment for providing care. Confine pets during visits. Secure or remove all weapons. Secure and control medications such as those for pain, anxiety and sleeping. Protect all valuables by removing or locking.
9. Select a physician, remain under medical supervision and notify Agency if you change your physician.
10. Arrange for supplies, equipment, medications and other non-covered services, which are necessary for provision of care and your safety.