**JEFFERSON COUNTY PUBLIC HEALTH SERVICE**
**BILL OF RIGHTS AND RESPONSIBILITIES**

**AS A CLIENT OF JEFFERSON COUNTY PUBLIC HEALTH SERVICE YOU HAVE THE RIGHT TO:**

- Receive service without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin, or sponsor.
- Be informed of these rights, and the right to exercise such rights, in writing prior to the initiation of care, as evidenced by written documentation in the clinical record;
- Be provided verbal notice of patient's rights and responsibilities in your primary or preferred language and in a manner you understand, free of charge and via the use of a competent interpreter, if necessary, no later than the completion of the **second visit** from a skilled professional;
- Be given a statement of the services available from the agency and related charges;
- Be advised before care is initiated of the extent to which payment for agency services may be expected from any third party payors and the extent to which payment may be required from the patient the availability of free or reduced cost care.
  - The agency shall advise the patient of any changes in information provided regarding payment as soon as possible, but no later than 30 calendar days from the date the agency becomes aware of the change, verbally and in writing.
  - Receive an itemized copy of his/her account statement, upon request.
- Be informed of all treatments prescribed, when and how services will be provided, and the name and functions of any person and affiliated agency providing care and services;
- Participate in the planning of his or her care and be advised in advance if any changes to the plan of care are warranted; and your progress toward discharge.
- Refuse care and treatment after being fully informed of and understanding the consequences of such actions;
- Submit patient complaints about care and services provided or not provided and complaints concerning lack of respect for property by anyone furnishing services on behalf of the agency, to be informed of the procedure for filing such complaints, and to have such complaints investigated by the agency
- Voice complaints and recommend changes in policies and services to agency personnel, the New York State Department of Health or any outside representative of the patient's choice. The expression of such complaints by the patient or his/her designee shall be free from restraint, interference, coercion, discrimination or reprisal;
- Be given information regarding advance directives.
- Be treated with consideration, respect and full recognition of his or her dignity and individuality;
- Refuse to participate in experimental research.
- Privacy, including confidential treatment of patient records, OASIS data, family matters and all communications with service staff and refusal of their release to any individual outside the agency except in the case of the patient's transfer to a health care facility, or as required by law or third-party payment contract; and
- Be advised in writing of the availability of the Department of Health toll-free hotline, the telephone number, the hours of its operation and that the purpose of the hotline is to receive complaints or answer questions about home care agencies (see reverse side).
- Request a review of the quality of medical services you receive(d) which are normally covered by Medicare. For further information and guidance in submitting your request in writing, call 1-800-331-PROS.
- Appeal a decision by Medicare denying payment for your home health care services.
- Receive instructions from Medicare on how to appeal a decision.
- Receive a Medicare and Medicaid approved Notice on collection of personal health information in the Outcome and Assessment Information Set (OASIS).
- May have access to your medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3.
- Approve or refuse the release or disclosure of the contents of your medial record to any health care practitioner and/or health care facility except as required by law or third party payment contract.
- Be informed of the provisions for off-hour emergency coverage.
- Be informed of agency's transfer and discharge policies
  - The Home Health Agency and physician agree that the Home Health Agency can no longer meet the patient's needs, based on the patient's acuity (the Home Health Agency must arrange a safe and appropriate transfer to other entities);
  - The patient or payor will no longer pay for the services provided by the Home Health Agency;
  - The physician and Home Health Agency agree that the measurable outcomes and goals in the plan of care have been achieved and the patient no longer needs Home Health Agency services;
  - The patient refuses Home Health Agency services or elects to be transferred or discharged;
  - The Home Health Agency determines in accordance with certain regulatory requirements that the behavior of the patient (or other persons in the patient's home) is disruptive, abusive, or uncooperative to the extent that care delivery is seriously impaired;
  - A patient dies; or
  - The Home Health Agency ceases to operate.
- Be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.

**YOU HAVE A RESPONSIBILITY TO:**

- Be under medical supervision as required by service policy.
- Supply accurate and complete information to service staff and your physician.
- Make adjustments in your home to facilitate safe and appropriate care.
- Keep appointments or inform the service when unable to do so.
- Provide necessary information for billing purposes.
- Be considerate of those providing care.
- Follow the advice of those providing care and ask questions if prescribed care is not understood.

The services to be provided to you as determined by an initial assessment or reassessment as conducted on _____ may be subject to change if there is:

- A change in your health care needs or the availability of relatives, friends, or significant others to meet your needs; or
- A change in the health-related services or other community services available to meet your needs.

This statement is for the purpose of consumer information and education and to establish and maintain proper understanding and expectations about the care to be provided to you.

Should you have any questions regarding this notification you may contact: Jefferson County Public Health Service at (315) 786-3770.

**I HAVE RECEIVED, READ, AND UNDERSTAND THE CLIENT BILL OF RIGHTS AND RESPONSIBILITIES.**

| DATE | WITNESS | SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE |
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**IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THE CARE YOU ARE RECEIVING, JEFFERSON COUNTY PUBLIC HEALTH SERVICE WANTS TO KNOW.**

To assure attention to your specific concerns, please contact the following staff:

1. Questions or concerns related to the care you are receiving from your **nurse** or **therapist**
   - Contact a **Supervising Public Health Nurse** at **(315) 786-3770**.

2. Questions or concerns related to the care your **home health aide**, **personal care worker**, or **homemaker** is providing:
   - Contact your nurse or therapist at **(315) 786-3770**. A message will be taken and your call returned if the nurse or therapist is not in the office.

3. Questions regarding **scheduling** of your home health aide:
   - Call **(315) 786-3770** and ask to speak with the program supervisor.

4. Questions regarding payment for services you are receiving:
   - Contact a **Supervising Public Health Nurse** at **(315) 786-3770**.

**IF YOU ARE NOT SATISFIED WITH THE RESPONSE TO YOUR CONCERN, PLEASE CALL (315) 786-3710 AND ASK TO SPEAK WITH THE DIRECTOR OF PUBLIC HEALTH, Stephen A. Jennings**.

If you are not satisfied with the response provided by the Director of Patient Services, you have a right to an appeals process with review by a member or committee of the governing authority within 30 days of receipt of the appeal and a right to a complaint investigation by the New York State Department of Health, Office of Health Systems Management.

- **To initiate a complaint, please call the Syracuse Area Office of Health Systems Management at (315) 477-8472 or the New York State Department of Health Hotline at 1-800-628-5972.**

The New York State Department of Health may be contacted at 1-800-628-5972 to make available the following information:

- Name, address and Medicare provider number of Medicare Certified Home Health Agencies in the State.
- Date of the most recent Medicare certification or recertification survey of the individual Home Health Agency.
- Record of any Condition level deficiency found regarding client care in the most recent survey conducted.
- Date of planned corrective actions and completed corrective actions for Condition level deficiencies.
- Date and type of sanctions, if any imposed, including termination.

***JEFFERSON COUNTY PUBLIC HEALTH SERVICE IS COMMITTED TO PROVIDING QUALITY SERVICE TO ALL RESIDENTS OF JEFFERSON COUNTY. YOUR SATISFACTION IS OUR GOAL.***

☐ **Bill of Rights was read to the client and/or legal representative.**

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phnadmin/handouts for homecare/bill of rights and responsibilities 110623