

ECU Health Home Health & Hospice Patient Rights and Responsibilities



Our first priority at ECU Health Home Health & Hospice is to provide you the care you need, when you need it, with skill, compassion and respect. Please tell us if you have concerns about your care or if you have pain.

As a Patient, You Have the Right to:

High Quality Care

- Be advised of the agency or facility's policies regarding the patient's rights and responsibilities.
- Considerate, dignified and respectful care and provision of services in a safe setting in which your individual, physical, spiritual, emotional and social needs are met.
- Quality care given by competent personnel and high professional standards that are continually maintained and reviewed and a health care team that is able to perform procedures and deliver care at the level of experience and skill required. You have the right to reasonable continuity of care and services by all staff.
- Treatment without discrimination based on age, ethnicity, race, color, religion, culture, language, national origin, sex, gender identity or expression, sexual orientation, physical or mental disability, socioeconomic status or source of payment.
- Be given the name and title of all persons that are providing care and services to you.
- Interact with all persons involved in your care, including your physician or other members of your health care team, as appropriate.
- Be told who to contact to report a complaint or grievance, and expect a prompt response or resolution.
- Have a family member and your doctor notified of your admission, if you wish.
- Decide who your designated medical representative is.
- Be informed (or have your representative informed) about the outcome of your care, including unanticipated outcomes. An unanticipated outcome is a result that is significantly different from what was expected from a treatment or procedure.
- Emergency procedures started without unnecessary delay.
- Be free from repeated medical procedures unless they are medically necessary.
- Medical and nursing treatment that avoids unnecessary physical and mental discomfort.
- A complete explanation of all care and services provided upon entry into care, resumption of care, at discharge as well as continually throughout your care. You have the right to be informed of, in advance, of the disciplines that will provide the care and services, and the proposed visit frequency.
- Comfort and also information about managing pain. You can access staff that is committed to pain relief.
- Exercise your rights without being subject to discrimination, punishment or reprisal.
- Communication and information you can understand. Information will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive help (if needed) to ensure your care needs are met.
- Receive appropriate instructions and education that you can understand regarding the plan of treatment and care plan.
- Interpreter services for sign language and foreign language as needed and/or requested at no cost.
- To be informed of the agency's "on-call" service and be provided information on how staff may be reached at all hours of the day for emergency purposes.
- A copy of the agency or facility's policies regarding client responsibility as it relates to safety and care plan compliance.

A Clean and Safe Environment

You have the right to...

- Have your personal property respected
- Be free of mental and physical abuse, neglect or exploitation or harassment
- Know what rules and regulations of the organization apply to your behavior as a patient
- Obtain information about any professional relationships among individuals who are treating you
- Be disturbed from sleep only if necessary for medical care.
- Be notified within ten (10) days when the agency's licensure has been revoked, suspended, cancelled, annulled, withdrawn, recalled, or amended.

- Obtain information on the relationship of an agency or facility to other health care providers and other institutions insofar as your care is concerned.

Involvement in your Care

You have the right to...

- Be informed and participate in your plan of care and any changes made to it, as well as to be provided with informed education and health teaching in a language that you or your authorized representative, can reasonably understand.
- Receive from your health care team, all information necessary to give competent and voluntary informed consent before the start of any procedure and/or treatment, except in emergencies. The information includes the nature of the specific procedure or treatment, the medically significant risks and benefits involved and the probable amount of time to recover. Your doctor should also tell you about significant medical alternatives or other ways to treat your medical condition. If you are unable to receive or understand this information, your authorized representative will be provided this information on your behalf.
- Get complete and current information from your doctor about your medical condition, diagnosis, treatment and prognosis (expected outcome). If it is not medically advisable to give the information to you, the information will be available to the person you choose or appoint.
- Refuse any drug, treatment or procedure, to the extent permitted by law and to be informed of the medical consequences of your action. If you refuse, or your legal representative prevents the provision of appropriate care in accordance with professional standards, the relationship between this organization and you may be terminated.
- Decide who your family members are and how you would like them to be involved in your care. These can be people who are related to you by genetics, legal or emotional relationships.
- Decide which people should have the same visitation rights as immediate family (even if they are not related to you).
- Have your family or support person with you unless that person's presence is not appropriate for therapeutic or medical reasons, or violates privacy or safety.
- Be informed about potential participation in an organ or tissue donor program. You have the right to refuse participation in such programs and may withdraw from them at any time.
- Consult with another doctor at your own request and expense. Medical or nursing staff will help arrange a consultation if requested.
- A complete explanation of the reasons for a transfer to another organization, agency or facility and the alternatives to that transfer. The agency or facility you are going to must accept you before you are transferred. Financial benefits to our agency from making any such transfer must be discussed with you as well. You must also be informed at least three (3) days prior to discharge of any health care requirements/care following discharge.
- Be advised of the agency or facility's procedure for discharge.
- Be informed of the agency or facility's grounds for termination of services and to seek assistance in finding and transferring provision of care and services.
- Receive spiritual and emotional support and care by a religious official. Your religious practices will be supported as much as possible.
- Make Advance Directives to guide your health care if you become unable to speak for yourself. The staff will follow your valid Advance Directives, according to local, state and federal law; and there will be no fear by you of discrimination or differentiation of care and services.
- Ask for help with ethical issues and difficult decisions regarding your care.
- Be allowed to exercise your right as a patient and to have your designee, as selected by you or applicable local, state or federal law, exercise that right as well.
- Access all information in your medical record. When it is not medically advisable to give the information to you, the information will be available to your authorized designee on your behalf within a reasonable time frame.

Protection of your Privacy

You have the right to...

- Confidentiality, privacy and individuality with regards to communication and records of care and services. Case discussions, consultations, examinations and treatments are confidential and should be as private as possible as it relates to your social, religious, psychological well-being, medical care programs, records and communications.
- Personal privacy during medical or nursing treatments, and during activities like dressing, bathing and using the bathroom. People who are not directly involved in your care must have your permission to be present.
- Personal privacy and privacy about your health care information following HIPAA regulations (Health Insurance Portability and Accountability Act) and ECU Health Home Health & Hospice policies related to privacy.
- Request a list of certain disclosures of your personal health information.
- Request and examine all information being maintained by the agency or facility including your patient chart and financial records. This includes but is not limited to information regarding your diagnosis, prognosis, treatment, provision of care and services and related costs attributed to them.
- Request an amendment to clinical, billing or other records containing personal health information.
- Not disclosing any of your personal privacy or privacy about your health care information without the appropriate written consent of you or your designee.

Help with Financial Matters

You have the right to...

- Information about financial resources that may help you pay for your care.
- Be informed, orally and in writing, prior to care being initiated or at the time of, to the extent to which payment may be expected from health insurance, Medicare, Medicaid or any other federally funded or aided programs or known payer.
- Be informed of the charges that will not be covered by Medicare or other payer.
- Be informed and receive a written statement of services provided by the agency and of the charges that you may be liable responsible for paying.
- Be informed of the process for acceptance and continuance of services and eligibility determination, as well as to accept or refuse service.
- Receive this information, orally and in writing, before care is initiated and within thirty (30) calendar days of the date the agency becomes aware of any changes or potential eligibility reasons for termination.
- See your bill(s) for services provided and request and receive an itemized explanation of charges regardless of who is paying the bill (out-of-pocket or by another party).

As a Patient, you are responsible for:

- Providing, to the best of your ability and knowledge, accurate and complete information about your current health condition, past illnesses, hospitalizations, medicines and other matters about your health.
- Assisting in developing and maintaining a safe environment by making care providers aware of any special mobility needs you may have.
- Telling your caregiver if you think you will have problems following the prescribed treatment.
- Participating in the planning of your care and following the plan of treatment and care ordered by your care provider/physician and explained to you by a member of the health care team.
- Speaking up and asking questions if you do not understand your treatment plan and what you need to do to.
- Following the treatment plan recommended by the doctor who is responsible for your care.
- Making informed decisions about your care.
- Reporting any unexpected changes in your condition to your care provider including any change in the way you "feel" or changes in your symptoms.
- Reporting any change in address, telephone number or home caregiver.
- Making sure that we have a copy of your written advance directive if you have one.
- Asking about pain management, including what to expect and options for pain relief. You should let us know if your pain continues. You should take an active part in your pain

management plan and ask for relief when you first feel pain.

- Making reasonable efforts to cooperate with and respectfully treat other patients, the needs of the agency, medical staff and employees.
- Providing necessary information for insurance claims and for working with us to make financial arrangements as promptly as possible.
- Assuring that financial obligations are fulfilled as promptly as possible according to any financial agreements.
- Recognizing that your lifestyle and behaviors affect your personal health.
- Keeping appointments that are arranged for your continuing care.
- Accepting responsibility for the medical results and understanding the consequences if you refuse treatment and do not follow your health providers' instructions.
- Behaving in a way that respects the rights of other patients, staff members and home health and hospice property.
- Reporting unexpected changes in your condition.

When You Have Concerns or Complaints Regarding Care or Services

As a patient, you have a right to...

- Expect and receive care in a timely manner, appropriate to your needs and accurate and reasonable responses to your requests and questions within a reasonable time frame.
- Be actively involved in resolving ethical issues about care or service.
- Give information regarding concerns and problems to a staff member or other member of the care team or relay them the Leadership.
- Be informed of a supervisor's accessibility and availability.
- Discuss problems, voice grievances and suggest changes regarding your care, services provided and/or the staff without fear of retaliation, discrimination by the agency or facility in action or verbally.
- Be advised of the telephone number and address for additional information, questions or complaints about home health care and hospice services provided by our agency.

The addresses and telephone numbers are as follows:

ECU Health Home Health & Hospice

1005 WH Smith Boulevard
Post Office Box 8125
Greenville, North Carolina 27835-8125
(252)847-7830 or (800)227-3894

Service League-Inpatient Hospice Facility

920 Wellness Drive
Greenville, North Carolina 27835
(252)847-1241 direct line
(252)847-1230 main number

- Be advised that the Acute and Home Care Licensure and Certification Section at the Division of Health Sciences Regulation (DHSR) is responsible for enforcing state statutes for home health and hospice care agencies. Questions and requests for information would also be handled by this Section. The agency's address and phone number are as follows:

Acute and Home Care Licensure and Certification Section/Division of Health Service Regulation

2712 Mail Service Center
Raleigh, North Carolina 27699
(919)855-4620

- Be advised there are also additional resources for reporting concerns, complaints or requesting more information. These are as follows:

The Joint Commission Office of Quality Monitoring

One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Complaint@jointcommission.org
(800)994-6610
(630)792-5636 fax

Long Term Care Regional Ombudsman (NC Division of Aging and Adult Services)

(252) 974-1838

NC State Hotline for Complaints North Carolina Department of Health and Human Services

Division of Health Service Regulation
Complaint Intake Unit
1-800-624-3004 (North Carolina only)
(919) 855-4500 (All other areas)