

**PATIENT'S RIGHTS AND RESPONSIBILITIES/RIGHTS  
OF THE ELDERLY**RI.2  
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To ensure the patient, their representative (if any), and the Agency staff acknowledge, protect, observe and implement the patient's rights and responsibilities

**DEFINITIONS**

Representative: an individual who has the authority under State law (whether by statute or pursuant to an appointment by the courts of the State) to authorize or terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill patient who is mentally or physically incapacitated. This may include a legal guardian.

**POLICY**

- I. During the initial assessment visit and in advance of furnishing care, the Agency will provide the patient and/or representative with verbal and written notice of the Rights of the Elderly (for persons over 60) and the patient's rights and responsibilities in a language and manner that the patient or representative understands.
- II. The Agency staff will receive in-service education regarding patient's rights and responsibilities on hire and annually thereafter.
- III. The Hospice program will not discontinue or reduce care provided to a Medicare or Medicaid beneficiary patient because of the beneficiary patient's inability to pay for that care. The Hospice organization has a plan for maintaining continuity of care in the event of a patient's declining or lack of financial resources.

**PROCEDURE**

- I. The Agency staff will be responsible for knowing, observing, and implementing the patient's rights and patient responsibilities on an ongoing basis. The staff will also be responsible for protecting and promoting these rights.
- II. A copy of the notice of the patient's of rights and responsibilities will be given to the patient at the time of patient's initial assessment and prior to admission to the Agency. The Rights of the Elderly will be given to the patient 60 years of age or older.

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- A. The Agency will ensure that the patient understands his or her rights and how to exercise them. If necessary The Agency will provide assistance to the patient and/or representative in understanding and exercising these rights.
  - B. The Agency will obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities, and will be witnessed by an Agency staff member.
  - C. If the patient is unable to sign the form, the person acting on behalf of the patient may do so.
  - D. The reason why the patient is unable to sign will be stated on the form.
- III. The Hospice must verbally inform and distribute written information in a manner which they can understand, to the patient and/or representative concerning its policies on advance directives, including a description of applicable State law.
- IV. The Hospice will comply with the requirements of Title 42 Part 489 - Subpart I Advance Directives. The Agency will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.
- V. **Exercise of rights and respect for property and person, the patient has the right:**
- A. **To exercise his or her rights as a patient of the hospice**
  - B. **To have his or her property and person treated with respect, including privacy in treatment and care**
  - C. **To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice**
    - 1. To have complaints investigated regarding treatment or care that is or fails to be furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the hospice



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2. To have the hospice document both the existence of the complaint and steps taken to resolve the complaint
  3. To have the investigation and documentation initiated within 10 calendar days and completed within 30 calendar days after the hospice receives the complaint, unless the hospice has and documents reasonable cause for delay.
- D. To not be subjected to discrimination or reprisal for exercising his or her rights.
- VI. If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf.
- VII. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
- VIII. Regarding alleged abuse, neglect and exploitation, the Agency must:
- A. Ensure that all alleged violations involving mistreatment, neglect, verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator.
  - B. Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures
  - C. Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the State survey agency or local law enforcement agency.

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- D. Ensure that verified violations are reported to State and local bodies having jurisdiction (including to the State survey and certification agency) within (five) 5 working days of becoming aware of the violation.
- IX. Regarding patient's rights, the patient has a right to the following:
- A. To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness
  - B. To be involved in developing his or her hospice plan of care
    - 1. To receive information in advance about the type of care and services
    - 2. To understand the expected outcomes and any barriers to treatment or changes in care providers
    - 3. To receive services outlined in the plan of care
  - C. To refuse care or treatment
  - D. To be informed of the availability of short term inpatient care for pain control, management and respite purposes and the names of the facilities with which the hospice has a contract agreement
  - E. To choose his or her attending physician
  - F. To have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 Code of Federal Regulation, parts 160 and 164 HIPPA and Privacy Regulation
  - G. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, exploitation and misappropriation of patient property by a hospice employee, volunteer or contractor, and to be informed that corporal punishment is prohibited
  - H. To receive information about the services covered under the hospice benefit, including source and the extent payment is expected, and specific limitations on those services

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- I. To receive written information describing the organization's grievance procedure which includes the contact information, contact phone number, hours of operation, and mechanism(s) for communicating problems
- J. To receive an investigation by the organization of complaints made by the patient or the patient's family or guardian regarding treatment or care and that the organization will document the existence of the complaint and the resolution of the complaint.
- K. Receive information addressing any beneficial relationship between the Agency and referring entities.
- L. Receive information addressing organizational ownership and control.
- M. Receive information about the scope of services that the hospice will provide and specific limitations on those services.
- N. Be advised of the state toll free hospice telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local Agencies.
- O. Be informed of the right to access auxiliary aids and language services and how to access these services.
- P. 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. The Agency must also comply with the requirements of 42 CFR 405.1200 through 405.1204 {relating to the Notice of Medicare Non-Coverage}.
- Q. Be assured that the personnel who provide care are qualified through education and experience to carry out the services for which they are responsible.
- R. Unlimited contact with visitors and others.
- S. Assistance in understanding rights.

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- T. Receive information addressing any beneficial relationship between the Agency and referring entities.
- U. Receive information addressing organizational ownership and control.
- V. Have personal health information kept confidential.
- X. Be advised of the availability, purpose and appropriate use of CHAP hotline number. The CHAP hotline # is 1-800-656-9656. The hours of operation for CHAP are 8am - 6 pm (EST) Monday through Friday.
- XI. The Rights of the Elderly will be posted in a conspicuous place.

HOPE HOSPICE - 1982765274