

PATIENT BILL OF RIGHTS

INSERVICE

TEACHING PLAN

Patient Rights are an integral part of healthcare today. All clients come to our Agency with different healthcare experiences and may or may not be aware of their rights. Protections are afforded by federal and state legislation and as health care providers we must educate our client about their rights and the manner in which they may exercise them. For ease of access and teaching, the patient's rights are clearly stated in one document that is called *The Patient's Bill of Rights*.

Accessibility and Education

The Bill of Rights must always be accessible to the client, family, public and staff. It can be found posted in the office and in the client's admission packet. If a client would like an additional copy, they are located in the office.

Upon admission, the nurse will explain the Bill of Rights to the client and/or caregiver. The client/caregiver must be given the opportunity to ask questions. Receipt of the Bill of Rights is documented in the clinical record. The client must also be informed that he/she has the right to exercise the rights at any time without fear of reprisal. Any questions about the protections afforded by the Bill of Rights may be directed to the Administrator if the employee/ contractor cannot answer it.

Key Areas

Key things to remember about the Bill of Rights are:

- The rights can be exercised at anytime
- Clients are to receive the best quality care without regard to race, creed, nationality/origin, lifestyle choice and diagnosis
- The client/caregiver **ALWAYS** has the right to refuse care
- The client/caregiver must be informed of care prior to initiation
- Privacy, including protection of PHI is paramount
- The client/caregiver must be informed of charges prior to initiating service
- The client has the right to be safe
- The client has the right to be treated with respect.
- The client has the right to make concerns/ grievances known without the fear of reprisal

Specific questions about patients' rights may be directed to the Administrator.

Interacting with Clients

Client rights not only govern what the client may do and when, but how Agency staff interacts with the client and their environment. Appropriate and professional interaction can increase client confidence and overall satisfaction. When you are in a client's home, remember:

- Address the client using his or her name and the appropriate title. Nicknames like *sweetie* and *honey* are well meaning but it can come across as demeaning. Terms of endearment should never be used and nicknames should only be used if and when the client gives permission.
- Treat the client's property with respect. Remember although you are working, you are in someone's home! Observe cultural considerations and do not slam doors or damage personal property.
- Clients have the right to know who you are and what you are doing.
 - Always introduce yourself when you enter into a client's environment and at the beginning of telephone conversations.
 - ALWAYS wear your ID badge
 - Explain procedures prior to starting them
 - Answer questions honestly.
- Be professional and smile.

Complaints/ Grievances

The client has the right to make concerns known. The Agency has a responsibility to investigate the problem and resolve the issue to the client's satisfaction in a timely manner. Upon admission the client is given a copy of the grievance process and rights pertaining to having problems resolved. If a client is upset it is important to remember:

- Remain calm and objective.
- Respond to questions and problems promptly
- Do not take complaints personally
- Remain professional
 - Do not yell
 - Do not name call
 - Do not make accusations
 - Do not accept or assign blame

Responsibilities

For every right, there is a responsibility to assure that the right is exercised in a safe manner. As a healthcare provider you have the responsibility to:

- Listen to you patient when they tell you what they need. Do not assume you know what they need or want.
- Explain what you are going to do with the patient prior to starting in language that is appropriate for his/her level of development/ national origin.
- Be honest. If you do not know the answer to a question, redirect the question to the office.
- Remember client privacy!
 - Do
 - Secure documents with client information
 - Use the assigned number in place of identifying information when you can

- Don't
 - Gossip about clients
 - Hold conversations with or about clients in public
- Encourage independence.

HIPAA

HIPAA was designed to address public concerns about managed care, insurance availability, and insurance affordability. For example, HIPAA prohibits insurance companies from denying coverage because of 1) preexisting conditions, 2) a family member's health status, or 3) whether or not an individual has been covered under a group policy and is seeking a personal health insurance policy. Further, HIPAA ensures immediate coverage without regard to pre-existing conditions for individuals who change jobs and insurance carriers. Further, to encourage the purchase of long-term care insurance, HIPAA allows employers to deduct premiums and most benefits are tax-free to the beneficiary.

HIPAA contains provisions for both privacy and security. Privacy rules have been promulgated and compliance was required by most health plans by April 14, 2003; plans with less than \$5 million in annual receipts had until April 14, 2004 to fully comply. These rules have gone through several iterations, some as recently as March 2003 and refinements continue. Security rules that detail further requirements for the health care industry and patients were issued in October 2004.

Health care professionals have long realized the need to protect patients from unauthorized use of their health information; at the same time, they want to have access to needed information when treating a patient. The intent of HIPAA is to protect patients from unauthorized or inappropriate use and access to their health information. Further, the rules protect patients by giving them access to their health information so they know what has been documented about their health status. Proposed by-products of HIPAA are to improve quality of care, restore trust in the health care system, and improve the efficiency and effectiveness of information dissemination by building on existing legal frameworks. HIPAA also contains an administrative simplification section designed to improve the efficiency of health information coding to facilitate digital transfer of information between and among health care providers, payers, and health plans.

Health care providers are defined as anyone who is paid for health care services or bills for services provided. The list is all inclusive: physicians, licensed health care providers, hospitals, outpatient physical therapists, social workers, certified nurse midwives, technicians administering X-rays done at home, home health agencies, pharmacists, providers of home dialysis supplies and equipment, nursing homes, nurses, and nurse administrators. This list means that any hospital or health facility worker who may see confidential patient information is included.

All facilities must limit access to information only to those who have a need to know. A nurse who seeks information about a patient not under her care is violating the HIPAA rules. Similarly, health information can only be used for health purposes. Employers cannot use the information to screen candidates for hire or promotion. Financial institutions may not use it to determine lending practice. Only the patient can explicitly authorize employers, banks, and individuals to have access to his/her medical information.

HIPAA also established the "minimum necessary rule" which stipulates that only the minimum necessary information may be shared, even with the patient authorization. A classic example would involve treatment for a case of child or domestic abuse; the provider would, rather than providing an entire medical record, furnish the pertinent data furnished in the form of an abstract outlining the information that is necessary to provide treatment and protect the victim(s). The abstracted information could be provided to legal and law enforcement entities. Health providers involved in the treatment of patients are not subject to the minimum necessary rule and can have full access to all information that is needed to provide patient care. Health information that has implications for the public health and safety can be shared without consent. There are several situations where medical information can be shared: in Emergency 911 situations, when communicable diseases are involved, when law enforcement agencies participate, or if national defense or security is a factor.

HIPAA privacy regulations also mandate specific patient rights that include the following.

1. Right to privacy notice requires disclosure and reasonable effort to assure that the patient understands the agency's policy concerning privacy of information.
2. Right to request restrictions means that patients may specify health information that cannot be released and/or, they may restrict to whom information can be released.
3. Right to access of PHI means that patients must be allowed to inspect and copy information contained in the agency's record.
4. Right to know what disclosures have been made means the agency must track all information released and be able to provide documentation to the patient.
5. Right to amend the PHI means that while patients may request amendments to the PHI and the agency must allow amendments, the agency may deny some requests.

All covered entities are required to comply with certain procedural rules. Most have had to develop new policies and procedures to address the many aspects covered under these rules. The following are some of the rules.

1. Agencies must appoint a privacy officer who will monitor and audit compliance.
2. Agencies must develop an internal compliance process that will assure no patient rights are violated, complaints are addressed and investigated, and that a process for remediation is in place.
3. Training must be provided to employees to assure that they are informed about patient rights and disclosure of information.
4. HIPAA requires that agencies document any and all violations and that sanctions parallel other disciplinary policies.
5. Agencies must have a process for mitigating any harmful effect of disclosure.
6. All forms of communication must be addressed in administrative safeguards.
7. Agencies must agree and have policies that specify no retaliation for an employee or consumer who files a complaint.

Be an Advocate!

An *advocate* is a person who speaks or argues on behalf of someone else, in this case the client or patient. Nursing advocacy plays a critical role in keeping patients safe throughout their encounters with the health care system. This is especially true when a client is too ill or sedated to serve as his or her own advocate. Since the time of Florence Nightingale, nurses have served in this important role, advocating for health care improvements related to infection control, practice and patient care environments, and access to care. Regardless of the practice setting, every encounter a nurse has with a patient provides an opportunity for that nurse to serve as a patient advocate.

Clinicians and families may decide what is best for patients instead of asking or fully considering what the patient might want. This is most likely to occur in situations in which patients choose to rely on and give their complete trust to their health care providers. Other times, patients may be afraid to voice their concerns or preferences.

Nurses and other health care clinicians must remain alert to times when patients are hesitant or unable to speak up. Encouraging a patient to voice his or her wishes and desires or giving voice to a patient when the patient cannot speak is one of the nurse's most important roles. Nurses should consistently ask the questions, "What does this patient want? What are his or her preferences? What are his or her wishes and values?" This information serves as the foundation for the nurse's role as advocate. A nurse becomes an advocate for a patient by providing care that focuses on meeting the patient's specific wishes.

Working in complex systems can make it challenging for nurses to act as advocates. Other clinicians may not listen or respond in a timely manner. There also may be competing priorities for a nurse's attention and efforts, perhaps placing tasks before advocacy.

Nurses must consistently place patients' safety first. This may involve having a difficult conversation with a colleague about practice issues or concerns that compromise patient care. For example, a nurse may observe that a member of the health care team does not routinely wash his or her hands before touching a patient or after providing patient care. Practice patterns that place patients at risk must be recognized and addressed.

When nurses fail to address their concerns or fail to voice a patient's preferences, they miss a critical opportunity to serve as a patient advocate. Patients and their family members depend on nurses and other clinicians to detect and address potential safety issues and to protect them from preventable harm. Keeping patients safe serving as patient advocates are critical to achieving that goal.

When acting as an advocate the home care worker must:

- Be educated, know the client's rights and offer to be a resource about health problems and treatments
- Be objective; do not include information about your beliefs or value system or personal opinions.
- Be honest, if you don't know something, offer to find out
- Be reliable, do what you promise to, when you promise to do it
- Be supportive, never judge

Bill of Rights:

PATIENT RIGHTS AND RESPONSIBILITIES

STATEMENT OF PURPOSE: It is anticipated that observance of these rights and responsibilities will contribute to more effective care and greater satisfaction for the patient as well as the staff. The rights will be respected by all personnel and integrated into all Home Care programs. A copy of these rights will be given to patients and their families or designated representative. The client or his/her designated representative has the right to exercise these rights. In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on the client's behalf. In the case of a client who has not been adjudged incompetent. Any legal representative may exercise the client's rights to the extent permitted by law.

THE PATIENT HAS THE RIGHT:

1. To be fully informed in writing and knowledgeable of all rights and responsibilities before providing pre-planned care and to understand that these rights can be exercised at any time.
2. To appropriate and professional care relating to physician orders.
3. To choose a health care provider
4. To request services from the Home Care Agency of their choice and to request full information from their agency before care is given concerning services provided, alternatives available, licensure and accreditation requirements, organization ownership and control.
5. To be informed in advance about care to be furnished and of any changes in the care to be furnished before the change is made
6. To be informed of the disciplines that will furnish care and the frequency of visits proposed to be furnished and to know that all staff are properly trained and competent to perform their duties.
7. To information necessary to give informed consent prior to the start of any procedure or treatment and any changes to be made.
8. To participate in the development and periodic revision of the plan of care/service.

9. To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information according to HIPAA, Federal, State and Accreditation regulations.
10. To information necessary to refuse treatment within the confines of the law and to be informed of the consequences.
11. To treatment with utmost dignity and respect by all agency representatives, regardless of the patient's chosen lifestyle, marital status, cultural mores, political, religious, ethical beliefs, and source of payment, or whether or not they have executed an advance directive, without regard to race, creed, color, sex, age or handicap.
12. To have his/her property and person treated with respect, consideration and recognition of client/patient dignity and individually.
13. To receive and access services consistently and in a timely manner from the agency to his/her request for service.
14. To be admitted for service only if the agency has the ability to provide safe professional care at the level of intensity needed and to be informed of the agency's limitations.
15. To reasonable continuity of care.
16. To an individualized plan of care and teaching plan developed by the entire health team including the patient and/or family.
17. To be informed of client patient rights under state and federal law to formulate advance care directives without fear of reprisal whether or not an advance directive is prepared and to know that the agency will honor the patient's advance directive in providing care.
18. To be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.
19. To be informed of client/patient rights regarding the collection and reporting of OASIS information
20. To expect confidentiality of services provided and of the access to medical records and written information from records in accordance with State Statutes
21. To be informed within a reasonable time of anticipated termination of service or of plans for transfer to another health care facility/provider and the reason for termination/transfer of services.
22. To be informed verbally and in writing and before care is initiated of the organization's billing policies and payment procedures and the extent to which:
 - (a) Payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the organization
 - (b) Charges for services that will not be covered by Medicare
 - (c) Charges that the individual may have to pay
23. To be able to identify visiting staff members through proper identification.
24. To be informed orally and in writing of any changes in payment information as soon as possible, but no later than 30 days from the date that the organization becomes aware of the change
25. To honest, accurate, forthright information, regarding the home care industry in general and his/her chosen agency in particular, including cost per visit, employee qualifications, names and titles of personnel, etc.
26. To access necessary professional services 24 hours a day, 7 days a week
27. To be referred to another agency if he/she is dissatisfied with the agency or the agency cannot meet the patient's needs
28. To receive disclosure information regarding ownership and control and of any beneficial relationship the organization has that may result in profit for the referring organization.
29. To education, instruction and a list of requirements for continuity of care when the services of the agency are terminated and information regarding community services available.

30. To be free of abuse, neglect and exploitation of any kind including agency employees, volunteers or contractors.
31. To privacy to maintain his/her personal dignity and respect.
32. To know that the agency has liability insurance sufficient for the needs of the agency.
33. To be advised that the agency complies with Subpart 1 of 42 CFR 489 and receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and to know that the Agency will honor the patient's advance directives in providing care.
34. To receive advance directives information prior to or at the time of the first home visit, as long as the information is furnished before care is provided and to know that the Hotline number, 1-800-792-9770, may be used to lodge complaints regarding the implementation of the Advance Directive requirement.
35. To voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal and to know that grievances will be resolved and the patient notified of the resolution within 30 days.
36. To be advised of the toll-free home health agency hot-line for the State of New Jersey and the purpose of the hotline to receive complaints or questions about the organization. The Home Health Hotline Number is 1-800-792-9770. The number is operated 8AM to 5PM daily to receive complaints or questions about local Home Health Agencies. You may also register complaints in writing to:
 - State of New Jersey Department of Health and Senior Services
 - Division of Health Care Systems Analysis
 - P. O. Box 360
 - Trenton, New Jersey 08625-0360
37. To be informed of the toll-free adult abuse hot-line 1-800-792-8820, used to report abuse, neglect or exploitation.
38. To be informed of the toll-free child abuse hot-line 1-877-652-2873, used to report child abuse, neglect or exploitation.

THE PATIENT HAS THE RESPONSIBILITY:

1. To provide, to the best of his/her knowledge, accurate and complete information about:
 - a. Past and present medical histories.
 - b. Unexpected changes in his/her condition.
 - c. Whether he/she understands a course of action selected.
2. To follow the treatment recommended by the particular handling of the case.
3. For his/her actions if he/she refused treatment or does not follow the physician's orders.
4. For accruing that the financial obligations of his/her health care are fulfilled as promptly as possible.
5. To respect the rights of all staff providing service.
6. To notify the agency promptly in advance of an appointment or visit you must cancel.
7. To become independent in care to the extent possible, utilizing self, family and other sources.
8. To pay for care or services not covered by 3rd party payers.
9. To comply with the rules and regulations established by the agency and any changes subsequent to the rules

**Signature of Patient
Signature**

Date of Signature

Nurse/Therapist Signature

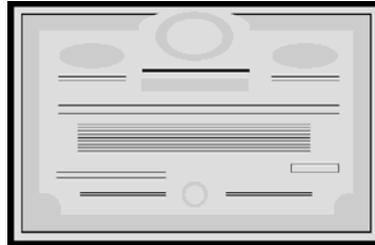
Date of

Patient Rights Test

Choose the best answer and then check your answers with your supervisor.

Question	True	False
1. All clients know their rights.		
2. If a client tells me that he/she is aware of the protections offered by the Bill of Rights I do not have to give him/her a copy.		
3. If a client refuses services I can perform the service if he or she really needs it.		
4. Clients can voice their concerns and complaints.		
5. If I do not use identifying information, I can call in report to my supervisor while I am in a public place.		
6. A client can refuse service from a caregiver because of religion.		
7. An agency can refuse to provide service to a client because of the client's religion.		
8. Client rights may only be exercised before care is initiated.		
9. Clients do not have to be made aware of changes in the Plan of Care.		
10. Clients may expect their clinical records are always be treated as confidential.		
11. Every resident has the right to be free of chemical and physical restraints.		
12. Home care clients have rights guaranteed by law.		

Achievement Certificate



Awarded to: _____

**For Completing the
One-Hour Course Entitled
"PATIENT BILL OF RIGHTS"**

Health Insurance Portability and Accountability Act

Date of course: _____

Agency: _____

Presented by: _____

(Signature of presenter, or write "self-study")