



## **PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

Hospice & Palliative Care Buffalo recognizes that patients and families have the right to individualized care that addresses the physical and psychosocial stresses brought about by illness, the right to dignity and as much independence of choice as possible, and the right to an active role in the development of the plan for care, based on personal needs and preferences. During the initial assessment visit, and in advance of receiving care, each patient will receive this notice verbally and in writing.

### **EACH PATIENT HAS A RIGHT TO EXERCISE HIS/HER RIGHTS AS A PATIENT:**

#### **CARE AND SERVICES:**

- Adequate, appropriate and timely care and services for the duration of participation in the program without regard to race or ethnicity, color, sex, religion, national origin, handicap, citizenship status, sexual orientation, or source of payment.
- To be fully informed of my rights as evidenced by written acknowledgement prior to or at the time of admission.
- To be free from mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of an unknown source and misappropriation of property.
- Considerate, respectful care and treatment with full recognition of dignity and individuality.
- Have one's property & person treated with respect.
- Be fully informed in advance of all treatments and changes in the plan of care, and to be told how services will be provided and the name and functions of any person or affiliated agency providing care and services.
- Participate and make informed decisions in planning for and developing the plan of care and services.
- Independent personal decisions and knowledge of available choices.
- Receive effective pain management and symptom control for conditions related to the terminal illness.
- Formulate advance directives that are to be respected by Hospice & Palliative Care Buffalo and participate in any ethical issues regarding his/her care with resolution of any conflict in care decisions.
- Refuse care or treatment or medications, to participate in any proposed research, to the extent permitted by law, and to be informed of the expected consequences of his/her action.
- Choose one's attending physician.
- Be given a statement of services provided by Hospice & Palliative Care Buffalo of related charges.

## **CONFIDENTIALITY, PRIVACY AND SECURITY:**

- Privacy, safety and security to the extent consistent with providing adequate health care. This shall not rule out discreet discussion of the patient's case or examination by appropriate health care personnel.
- Privacy and confidentiality of all records pertaining to treatment, except as otherwise provided by law, third party payment contracts or if transferred to another health care service or institution. All patient information regarding access and confidential maintenance shall be in accordance with State & Federal regulations.
- May approve or refuse release of patient/family records to any individual outside of Hospice & Palliative Care Buffalo except in the case of the patient's transfer to a health care facility, or as required by law or third party payment contract.

## **RECEIVE INFORMATION:**

- Prior to the initiation of care, receive information about covered services that includes information about the scope of services that will be provided and specific limitation on those services.
- Be fully informed of his/her medical condition, to the extent desired, concerning diagnosis, treatment, medications and prognosis in terms the patient can reasonably be expected to understand.
- Receive information necessary to make decisions regarding care to be received in a language and format that can be understood.
- Be informed about any continuing health care requirements at the time of discharge and/or transfer to another level of care.
- Be informed and given a copy of the agency's policies concerning advance directives and "Do Not Resuscitate" services that includes a description of State law.
- Be verbally informed in an understandable language and manner, as well as given a copy of this Bill of Rights and Responsibilities.
- Be informed in an understandable manner regarding the written copy of the agency's drug policies and procedures, including policies and procedures pertaining to the process of managing the safe use and disposal of controlled drugs.

## **REQUEST INFORMATION:**

- Request the name of the physician responsible for coordination of care.
- Request the name, title, function and/or affiliation of any person providing care and health care services.
- Request the name, address and the telephone numbers of the agency and provider agencies servicing him/her.
- Request clinical record disclosure through a written request directed to the attention of the agency Director of Medical Information as permitted in accordance with State and Federal Law.

## **VOICE CONCERN AND DISSATISFACTION**

- 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 organization. In addition, the patient has the right to voice complaints and recommend changes in policies and services to agency staff, the New York State Department of Health or any outside representative of choice. The expression of such complaints shall be free from restraint, interference, coercion, discrimination, reprisal, or unreasonable interruption of services for exercising said rights.
- It is recommended that all complaints be expressed to the agency (i.e., through your primary nurse). If there is any question about a violation of your rights or possible deficiencies in the care received, it is encouraged for you to contact the agency Administrator. Patient Advocate: (716) 901-0278
- The investigation of complaints will include the issuance of a written response to all written complaints and to oral complaints if requested by the individual making the oral complaint, explaining the findings and decisions rendered by the program within fifteen (15) days of receipt of such complaints. If not satisfied or designee is not satisfied by the response, the patient (or designee) may appeal to a member or committee of the governing authority of the agency who will review the appeal within 30 days of the receipt of the appeal.
- If not satisfied with the agency's response, the patient may complain to the New York State Health Department by calling 1-800-628-5972, 24 hours per day, seven days per week. In addition to the above mentioned issues, the purpose of the New York State Hotline (1-800-628-5972) is to receive complaints or questions about local home health agencies and hospices. This hotline may also be used to lodge complaints concerning the implementation of the Advance Directives requirement.

## **PATIENT RESPONSIBILITIES**

### **EACH PATIENT HAS THE RESPONSIBILITY TO:**

- Understand that as a patient you may be "discharged for cause" when determined that the patient's or other person's behavior is disruptive, abusive or uncooperative in assuring a safe and effective plan of care or that the hospice's ability to operate effectively is seriously impaired.
- Be under medical supervision as required by the agency.
- Supply accurate and complete medical history information to his/her physician and the agency.
- Cooperate in giving full and honest information about financial and environmental factors which affect health status or impede health care.
- Tell the physician and/or appropriate agency personnel about any changes in his/her health status and make it known if he/she does not understand or cannot follow directions.
- To observe and carry out the reasonable health care recommendations of physicians, nurses and other health care staff.
- Cooperate in making adequate physical arrangements in his/her home to allow for safe and appropriate care as it relates to him/herself or agency staff.
- Keep appointments or inform the agency when he/she cannot.
- Have the availability, if necessary, of a family member, or substitute, able and willing to participate in care and/or care planning.
- Be reasonably considerate and cooperative with all agency personnel and associated workers and volunteers.
- Avoid discriminating against health workers because of race, color, creed, sex, religion, age, national or ethnic origin, or sexual orientation.