

Patient's Bill of Rights and Responsibilities

As a Hospice patient you have the right to:

- Be informed of your rights and responsibilities on admission and any time thereafter as needed.
- Receive these rights in a manner that you understand, written and oral.
- Exercise your rights as a patient of the hospice, through yourself or your legal representative.
- 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
- Be protected from discrimination or reprisal for exercising your rights.
- Have your property and person treated with Respect and Dignity.
- Have relationships with our staff members based on honest and ethical standards.
- Participate in all healthcare decisions that will affect you and be involved in developing the care plan
- Formulate Advance Directives.
- Choose your attending physician.
- Expect confidentiality of all medical information as the law requires, and have access to or release of clinical records in accordance with State and Federal Guidelines. A copy of our policy regarding the release of medical records will be made available upon request.
- Receive effective pain management and symptom control for conditions related to the terminal illness.
- Be informed of your medical condition and be educated about it.
- Receive education about medications, treatments, procedures, etc. and have your questions answered.
- Refuse any medication, treatment, or procedure, and fully know the consequences of the refusal.
- Be free from mistreatment, neglect or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property.
- Receive information about the services covered under the hospice benefit.
- Receive information about the scope of services that the hospice will provide and specific limitations
- Be informed of discharge from hospice within a reasonable timeframe as part of the Plan of Care.
- All information and education to be provided in a language or through an interpreter you understand.

Patients have the responsibility to:

- Remain under a physician's care while in our hospice program.
- Render as complete as possible all healthcare information requested to aid in your care.
- Tell us of any changes in your condition, pain, or any other symptoms, including changes in your Advance Directive.
- Provide financial and insurance information as needed by the hospice for billing, as well as notify hospice of any changes in financial or insurance information.
- Sign or have the legal representative sign all consents needed for medical and billing purposes.
- Allow us to bill and file appeals with Medicare or any insurance you are using to cover hospice.
- Notify Haven Health of any changes in medication, treatment, or procedures ordered by your doctor.
- Obtain medications, supplies and equipment ordered by the patient's physician if they cannot be obtained or supplied by the program.
- Participate as much as possible in creating the Plan of Care.
- Ask questions about any, and all concerns, medications, treatments, and or procedures.
- Advise the program of any problems or dissatisfaction with patient care or personnel.
- Let us know when you are available for visits by the care team.
- Please call if you are not going to be available for a scheduled visit.
- Treat us with the same respect and dignity that we extend to you.
- Accept the consequences of any/all refused medications, treatments, and or procedures.
- Provide Haven Health team members with a safe environment to work in.
- Lastly, please cooperate with the caregivers, staff, and physicians in your care.

If you have any concerns about the quality or safety of our services, please contact us directly at:

(949) 870-4899 ask for the Administrator

If you are not satisfied with our response to your concerns you have the right to bring your complaints to the following regulatory agencies:

THE JOINT COMMISSION AT: (800) 994-6610

OR

DEPARTMENT OF HEALTH SERVICES AT (213) 351-1131

SIGNATURE:

DATE:

PRINT NAME:

