

SOPHIE'S HEALTHCARE SERVICES INC.
BILL OF PATIENT RIGHTS AND RESPONSIBILITIES

Patients have the right to be informed of these rights, in writing, in a way that the patient understands, prior to the initiation of care and the right to exercise such rights.

As a patient you have the right to:

1. Competent, concerned, individualized care without regard to race, creed, color, age, sex, national origins, religion, sexual preference or disability.
2. Be treated with dignity, consideration, and respect, including respect for your privacy, your property, your safety/security, your cultural, ethnic, psychosocial, spiritual, personal values, beliefs, and preferences. You have the right to complain of disrespect for your property.
3. Be free from real or perceived mental, physical, sexual, and verbal abuse, neglect, and exploitation; and to have all allegations, observations, or suspected abuse, neglect or exploitation investigated.
4. Expect the agency to maintain a written care plan, and to include your participation, as able, in all decisions affecting your care and treatment. This includes an emergency disaster plan. Be advised in advance of any changes in your plan of care.
5. Privacy and confidentiality of all information, including records pertaining to your treatment, except as otherwise provided by law or third-party payment.
6. Access, request amendment to, and receive an accounting of disclosures regarding your health information as well as to request restrictions of use and disclosure and receive confidential communications.
7. Know the names and functions of those people responsible for coordinating, rendering and supervising your health care, including the identity of other health care providers with which the agency has contractual relationships, and to expect that staff members will listen to voiced concerns and/or complaints. Be informed of all services the agency will provide, when and how such services will be provided.
8. Be fully informed of your diagnosis, prognosis and treatment, including alternatives to care and risks involved, with explanation by staff that are knowledgeable of your condition. **Be informed of outcomes of care including unanticipated outcomes.** Information will be **communicated effectively and be** presented in a form **and manner**, which you can understand.
9. Make informed decisions about proposed & ongoing care or services. Refuse treatment after being fully informed of and understanding the consequences of such actions, without fear of discrimination or reprisal.
10. Receive information regarding the agency's policies and procedures, including the discontinuation of service, and to be informed of continuing health care needs following transfer or discharge and to be involved in the plan for the provision of such care.
11. Have your complains heard, reviewed, and if possible, resolved and recommend changes in policies and services to the agency staff, the governing authority and the New York State Department of Health (**use the toll free home health hotline number: 800-628-5972**) without fear of reprisal, coercion, interference, discrimination, or unreasonable interruption in service. To file a grievance, write or call the Administrator of the program. To receive information in writing on how to file a grievance. Submit

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complaints about the care and services provided or not provided, and complaints concerning lack of respect and lack of respect of property.

12. View your clinical record in the agency office or receive a copy of it.
13. Examine, question and receive a full explanation of any bill regardless of source of payment.
14. All rights and responsibilities specified as they pertain to a patient lacking capacity to exercise these rights, the rights will be exercised by an individual, guardian or entity legally authorized to represent the patient.
15. Be given a written statement of services available by the agency and related charges, including the actual dollar amount to be borne by you (or approximate maximum dollar amount if actual amount not known); be advised prior to initiation of care of the extent to which payment for agency services may be expected from any third party payor and the extent from which payment may be required from the patient, to be advised of any changes in such as soon as possible but no later than 30 calendar days from the date.
16. Be given information on patient self-determination, Advance Directives, health care proxy, living will and DNR. Formulate advance directives, as appropriate to care and services. Existence or lack of Advance Directives does not hamper your access to care or services.
17. Be given information in a language, form **and manner** you can reasonably understand. Have communication needs met.
18. Information about the ownership of the agency.
19. Not to receive experimental treatment, investigational studies, clinical trials, or participate in research unless you have given documented voluntary informed consent.
20. Participate in ethical issues and the resolution of conflicts arising in your care.
21. Be referred to other organizations, services, or individuals; be involved in the referral or transfer process; and be informed of any financial benefit or other reciprocal relationship to the referring home care organization.
22. Appropriate assessment of your reports of pain by concerned, qualified staff, as well as information about pain, pain relief measures and the effective management of your pain.

THE PATIENT'S FAMILY OR GUARDIAN MAY EXERCISE THE PATIENT'S RIGHTS WHEN THE PATIENT HAS BEEN JUDGED INCOMPETENT.