

# Sullivan County Department of Public Health

<b><u>Title:</u></b> Patient Rights and Responsibilities	Original Approval: 9/99
<b><u>Number:</u></b> DP-09	Reviewed/ revised: 9/99, 8/04, 12/04, 5/05, 10/17, 3/24
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**Statement/ Purpose:**

To inform and provide guidelines to patients about the plan for services to be provided and educating patients about their rights and responsibilities while receiving home care.

**Authority:**

**Application:**

All SCDPH Certified Home Health Agency (CHHA) staff

**Terminology:**

**Responsible Party:**

Public Health Director

**Cross-Reference:**

**Procedure:**

1. During the initial evaluation visit, in advance of furnishing care to the patient, patients and their legal representatives are informed of their rights concerning care, services, treatment and information, confidentiality, to refuse treatment, to voice concern and/or complaints, of their rights and responsibilities, and of the agency's transfer and discharge policies in writing, or written notice (see attached) will be provided within 4 business days of the initial evaluation visit.
2. The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The agency must protect and promote the exercise of these rights.
3. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities. If a patient or his/her representative's understanding of English is inadequate for the patient's comprehension of his/her rights and responsibilities, the information must be provided in a language or format familiar to the patient or his/her representative.
4. Language assistance should be provided through the use of competent bilingual staff, staff interpreters, contracts, formal arrangements with local organizations providing interpretation, translation services, or technology and telephonic interpretation services.
5. All agency staff should be trained to identify patients with any language barriers which may prevent effective communication of the rights and responsibilities. Staff having on-going contact with patients who have language

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barriers should be trained in effective communication techniques, including the effective use of an interpreter. Staff will provide verbal notice of the patient's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary, no later than the completion of the second visit.

6. Staff will document that verbal discussion of rights took place and that the patient and/or representative was able to confirm her/his understanding of rights. The HHA should include official documentation of any adjudication by the courts which indicate that a patient lacks capacity to make their own health care decisions and the names of the person(s) identified by the courts who may exercise the patient's rights.

7. Staff will obtain the patient's or legal representative's signature confirming that he or she has received a copy of the notice of patient rights and responsibilities, transfer and discharge policies.

8. Agency staff include the client in developing the plan of care. The patient has the right to participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to completion of all assessments; the care to be furnished, based on the comprehensive assessment; establishing and revising the plan of care; the disciplines that will furnish the care; the frequency of visits; expected outcomes of care, including patient-identified goals, and anticipated risks and benefits; any factors that could impact treatment effectiveness; and any changes in the care to be furnished. The patient has the right to receive all services outlined in the plan of care.

9. When requested, the agency disseminates information about patients' rights and responsibilities to the interested public or to other agencies.

10. If the agency is unable to provide requested care due to lack of caregivers or a conflict with the agency's mission, philosophy, or values, the agency refers the patient to alternative agencies (see attached.)