

## **The Home Healthcare Client's Bill of Rights and Responsibilities**

As an individual receiving home health care services from Silver Touch Home Health Care, you have the right to:

- a. Be treated with consideration, respect, and full recognition of the client's dignity and individuality, including privacy in treatment and personal care and respect for personal property, and including being informed of the name, licensure status, and staff position and employer of all persons with whom the client has contact, pursuant to RSA151:3-b
- b. Receive individualized, appropriate professional care in your home without discrimination, based on your race, creed, color, national origin, religion, disability, sex, sexual orientation, handicap or age.
- c. Be free from verbal, emotional, physical, sexual and psychological abuse and to be treated with consideration, respect, dignity, and individuality, including privacy in treatment and personal care.
- d. Expect all personal property to be treated with care and respect.
- e. Be given the information you need to give informed consent for treatment, prior to treatment being started, and to consider use of alternative services which may be available to you. The information will be provided in a language/format that you and/or your family can understand.
- f. Receive complete information about, and to participate in the development and periodic revision of your plan of care, and to be informed in advance of any changes to your plan or intent to discharge except as provided by RSA151:26-a,III.
- g. Refuse medical treatment and other services provided, within the confines of the law, and to be informed of the possible consequences of your refusal.
- h. Be involved in experimental research, only upon the client's voluntary written consent.
- i. Be ensured of confidential treatment of all information contained in the client's personal and clinical record, including the requirement of the client's written consent to release such information to anyone not otherwise authorized by law to receive it. Information about your health, social and financial circumstances are considered confidential. Your client record is deemed to be your property and you have the right to a copy of such record, upon request and at a reasonable cost.
- j. Know that all health care provided to you is evaluated periodically, through a quality assurance program.
- k. Be free of any physical and chemical restraints, except as authorized in writing by a physician.
- l. Be informed of all charges for services, in advance, including payment for care expected from third parties as well as charges for which you will be responsible.
- m. Voice a grievance and suggest changes in your service or staff, without fear or reprisal, discrimination or restraint.
- n. Upon submitting a written complaint/grievance to Silver Touch HHC, you can expect to receive a prompt and reasonable response within 15 days. All complaints/grievances are to be referred to Silver Touch HHC at the address and/or telephone number noted above.
- o. Be informed that the State of New Hampshire has a "Hot Line" number where you may file a complaint/grievance should you feel that your rights have been violated:

Division of Public Health, Bureau of Health Facilities, 6 Hazen Drive, Concord, NH 03301

1-800-621-6232 (8:00 - 4:30 M-F)

As a home health care consumer you have the responsibility to:

1. Provide accurate and complete health care information.
2. Create and maintain an environment that is safe and free from sexual or other forms of harassment by the client or others in the home. For the purposes of this sub-paragraph, an environment is unsafe if conditions in and around the home imminently threaten the safety of the home health care provider personnel or jeopardize the home health care provider's ability to provide care.
3. Participate in developing and following the plan of care.
4. Request information about anything that is not understood, and express concerns regarding services provided
5. Inform the Agency when you will not be able to keep an appointment for a home health care visit.
6. Inform the Agency if you are experiencing any problems with your services.
7. Inform the agency of the existence of and any changes made to your advance directives.
8. Maintain a relationship with a primary care physician and notify the Agency promptly of any changes to your primary physician.