



Patient's Rights and Responsibilities

A plan of home health services which ensures your safety and well-being depends on our ability to work together cooperatively. At HCR, our partnership with you is based on the following Patient's Rights and Responsibilities.

As a patient, you have the right to:

1. Safe and competent care without prejudice or discrimination of race, color, religion, creed, gender, national origin, disability, sexual orientation, marital or veteran status, age, gender identity, or any other legally protected status.
2. Be informed of your rights in writing prior to admission.
3. Receive a timely response from the agency to your request for service and be informed, within a reasonable time, for anticipated termination.
4. Be informed orally and in writing before care is initiated, of your rights and obligations under Medicare, the extent to which Medicare, Medicaid or other sources including third party payor may be expected to be available to pay for your services, and the charges you may be required to pay and the right to be advised orally and in writing of any changes in the information provided when they occur, as soon as possible but no later than 30 working days from the date that HCR becomes aware of a change.
5. Be given a statement of the services available from HCR and related charges and to be referred elsewhere if HCR is unable to provide service.
6. Be informed, in advance, about the care to be furnished and treatments prescribed, and of the disciplines that will furnish care, and the frequency of visits proposed to be furnished, and of any change in the plan of care, of when and how services will be provided, and the name and functions of any person and affiliated agency providing care and services.
7. Participate in designating a care plan for your needs and periodically update it as your condition changes.
8. Accept or refuse treatment after being fully informed of and understanding the consequences of such actions; and to be informed of and, if you wish, exercise your rights under New York State law to make health care decisions, including your right to formulate advance directives such as a living will or Health Care Proxy, and to make inquiries or register complaints regarding the advance directive requirements by calling HCR at 800-270-4904.
9. Be treated with consideration and respect, and full recognition of your dignity and individuality, and have your property treated with respect.
10. Obtain the services of an Interpreter provided by the Agency 24 hours a day if you have limited English proficiency, or are deaf or hearing impaired. In addition, services of the New York State Relay Service (800-421-1220) are utilized as needed.
11. Privacy, including confidential treatment of your clinical records maintained by HCR and refusal of their release to any individual outside the agency except in the case of your transfer to a health care facility or agency, or as required by law or third-party payment contract.
12. Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for your property by anyone who is furnishing services on behalf of HCR, and you must not be subjected to discrimination or reprisal for doing so. This right includes 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 your choice. The expression of such complaints by you or your designee shall be free from restraint, interference, coercion, discrimination or reprisal.
13. Be informed of the procedures for expressing your complaints about the care and services provided, lack of respect for property, or discrimination and to have HCR investigate such complaints as specified in Section 763.2 of the Regulations of the New York State Department of Health, and Section 504 of the Rehab Act of 1973, and the right to complain to the New York State Department of Health if dissatisfied with the response. Grievances and complaints may be reported to HCR either by talking with the HCR nurse who visits you or by calling HCR at 800-270-4904. Be advised of the availability of the New York State Home Health Agency Hotline to answer questions and receive complaints about home care agencies. The telephone number of this hotline is 800-628-5972, and its hours of operation are Monday through Friday, 10:00 am to 4:00 pm, except State holidays. The purpose of the hotline is to receive complaints or questions about home health agencies.
14. Be informed that all rights and responsibilities specified in this section, as they pertain to a patient adjudicated incompetent in accordance with State law, evolve to the appointed committee authorized to act on behalf of the patient.

You have the right to exercise your rights as a patient of HCR. Your family or guardian, health care agent, or committee may exercise your rights as allowed by law when you have been judged incompetent or lack capacity to exercise these rights.

HCR must investigate complaints made by you or your family or guardian, health care agent, or committee regarding treatment of care that is (or fails to be) furnished, or regarding the lack of respect for your property by anyone furnishing services on behalf of HCR, and must document both the existence of the complaint and the resolution of the complaint; you have the right to appeal the outcome of the agency's investigation.

In order that HCR can provide you with the best possible care, it is important that you fulfill your responsibilities as a patient.

You agree to:

1. Receive home health services from HCR without regard to race, color, religion, creed, gender, national origin, disability, sexual orientation, marital or veteran status, age, gender identity, or any other legally protected status of the caregiver.
2. Provide complete information about medical services you are receiving, the physicians and facilities who are providing your care, previous medical advice and all medication and treatment plans you are following.
3. Be responsible for participating in planning for your care and cooperating with your doctor, HCR staff and other caregivers in following the care plan, asking questions regarding anything you do not understand.
4. Remain under a doctor's care if receiving medical services from HCR and inform your physician or nurse of changes in your health or reactions to medications, or treatment, and be seen promptly by your physician if a change in health status occurs.
5. Provide HCR the name of a caregiver who is willing and able to participate in your care, especially during an emergency, as agreed in the plan of care.
6. Notify HCR in advance when you need to reschedule a planned visit by agency staff, or if you must cancel an appointment with your doctor.
7. Be responsible for your actions if you refuse prescribed medical treatments or fail to follow agency instructions.
8. Provide a safe environment for the personnel providing home health services. You will ensure that the employees are not subject to physical abuse, verbal abuse or rude behavior. You and your family members will cooperate with the home health personnel at all times. You further agree that you will not permit any illegal activity to occur at your home.
9. Provide HCR with all requested insurance and financial information and immediately notify HCR of any change in insurance coverage. I understand it is my responsibility to know and understand the terms and conditions of my insurance policies and to notify HCR at least 15 days in advance of changes in my insurance coverage, change of insurance companies, enrollment/disenrollment from Medicare, Medicaid, Medicare Advantage, HMO or Managed Care. If I do not notify HCR timely, I will be financially responsible for all services not covered or denied by the insurance company. Further, I understand that most insurance companies require providers such as HCR to obtain prior authorization to determine if services will be covered and paid and is why I must inform HCR in advance. If HCR is not a provider under my new insurance, I need to select a participating provider and inform HCR of the need to transfer prior to the change in insurance or I can continue receiving services from HCR on a private pay basis.
10. File any and all claims with insurance carriers who do not allow HCR to bill them directly, and forward to HCR in the form of your own personal check or cash payment or any payment you receive from the carrier. If the insurance payment is less than our fee, you agree to pay the balance to HCR.
11. Be responsible to pay for services when they are not covered by health insurance. HCR will attempt to notify you in advance when they become aware that your application for insurance coverage has been denied, or when your health insurance will no longer cover the services being provided. It is understood, however, that HCR may not be able to provide such advance notification, and you will be responsible to pay HCR for these services regardless of when you are ultimately notified. You further agree to pay bills within thirty (30) days of the date the bills are rendered.
12. Sign the aide time sheets that reflect aide arrival and departure times as well as services performed if home health aide service is provided as part of your care plan. If aide documents their time with Carewatch (or similar telephoning system), they will do so using your phone line. Your cooperation is appreciated.
13. Abide by agency policies that restrict duties HCR staff may perform.
14. Allow home health aide supervisions to occur at scheduled intervals.
15. Restrain your pets while HCR employees are in your home.

Finally, you understand that, should any of these terms and conditions be breached, HCR has the right to terminate home health services.