

Home Care Client's Bill of Rights

All home care clients have the following rights. The family or guardian may exercise the patient's rights if the patient is judged incompetent.

1. The right to complete current information about your diagnosis, care, and treatment in terms you and your family can understand.
2. The right to know of changes in your care before those changes occur.
3. The right to participate in planning your care and to know what services will be offered and the planned frequency of those services.
4. The right to refuse treatment.
5. The right to make an Advance Directive. An Advance Directive consists of written instructions that direct the care provided if you are unable to. Examples would be a living will or Durable Power of Attorney for Health Care. Any Advance Directive will be noted in agency records. You should discuss your wishes with your family and friends so they are known.
6. The right to privacy concerning your care. Those not directly involved in your care must have your permission to be present during all conversations or visits. Information from a patient's clinical record may not be released from the agency, except as required by law, without express written consent of the patient or legal guardian.
7. The right to be advised, before care is started, of charges for services and the extent of your liability. You also have the right to know if your eligibility for reimbursement by insurance ends no later than 15 working days from the date this agency becomes aware of the change.
8. The right to know how to reach necessary help. If an emergency occurs, activate the emergency medical system by dialing 911. If you have questions, you may call 641-622-3575 or 641-622-2211 Monday through Friday 8:00 a.m. to 4:30 p.m. If it is necessary for you to reach a nurse after normal office hours, please dial 641-622-3575 or 641-622-2211 and the nurse on call will assist you.
9. The right to voice grievances regarding treatment or care that is given or fails to be given.
10. The right to have your property treated respectfully by anyone furnishing services on behalf of this agency.
11. The right to voice grievances for failure of notification of your right to make an Advance Directive by anyone furnishing services on behalf of this agency.
12. You have the right to complain, without fear of reprisal or discrimination. The agency must investigate complaints regarding these rights within 2 weeks and document the existence of the complaint and how it was resolved.
13. The right to call the toll-free home health agency hotline in Des Moines, if complaints are not satisfactorily resolved at the local level. Normal office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday. After hours and weekends a prerecorded message will be available to take your complaints. Then during normal business hours, your call will be returned. This toll free hotline number is also available to voice grievances regarding the implementation of the Advance Directives requirements. The number is 800-383-4920.

**Home Health Agency
Outcome and Assessment Information Set (OASIS)
Statement of Patient Privacy Rights**

As a home health patient, you have the privacy rights listed below.

- You have the right to know why we need to ask you questions. We are required by law to collect health information to make sure you get quality health care and payment for Medicare and Medicaid patients is correct.
- You have the right to have your personal health care information kept confidential. You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.
- You have the right to refuse to answer questions. We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.
- You have the right to look at your personal health information. We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it. If you are not satisfied with our response, you can ask the Health Care Financing Administration, the federal Medicare and Medicaid agency, to correct your information.

Date

Client Signature

Date

Witness Signature

Privacy Act Statement – Health Care Records

This statement gives you advice required by law (the Privacy Act of 1974). This statement is not a consent form. It will not be used to release or to use your health care information.

- I. **AUTHORITY FOR COLLECTION OF YOUR INFORMATION INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.**
Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the “Outcome and Assessment Information Set” (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Health Care Financing Administration (HCFA, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the “Home Health Agency Outcome and Assessment Information Set” (HHA OASIS) System of Records. You have the right see, copy, review and request correction of your information in the HHA OASIS System of Records.

- II. **PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED**

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- Support litigation involving the Health Care Financing Administration
- Support regulatory, reimbursement, and policy functions performed within the Health Care Financing Administration or by a contractor or consultant
- Study the effectiveness and quality of care provided by those home health agencies
- Survey and certification of Medicare and Medicaid home health agencies
- Provide for development, validation, and refinement of a Medicare prospective payment system
- Enable regulators to provide home health agencies with data for their internal quality improvement activities
- Support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health and for health and for health care payment related projects

- Support constituent requests made to a Congressional representative

III. ROUTINE USES

These “routine uses” specify the circumstances when the Health Care Financing Administration may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information.

Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Health Care Financing Administration
2. contractors or consultants working the Health Care Financing Administration to assist in the performance of a service related to this system of records and who need to access these records to perform the activity
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State
4. Another Federal or State agency to contribute to the accuracy of the Health Care Financing Administration’s health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs
5. Peer Review Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care
6. An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects
7. A congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained the in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors; incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative

signs the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

Date

Signature of Client or Representative

Date

Signature of Witness

Contact Information

If you want to ask the Health Care Financing Administration to see, review, copy, or correct your personal health information which that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.

TTY for the hearing and speech impaired 1-877-486-2048.