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941.366.0801 | [www.rightaccordhealth.com](http://www.rightaccordhealth.com)

## CLIENT BILL OF RIGHTS

**Right Accord Private Duty- Home Health Care** is dedicated in helping you and your family to continue living a quality and fulfilling life at the comfort of your own home. We believe that each client is worthy of respect and understanding and has certain rights and responsibilities related to the care he/she receives. In accordance with this philosophy, we wish to advise you as a client, your caregiver or guardian of the following rights and responsibilities to assist you in understanding and exercising these rights.

### **As a client, you have the right to:**

1. Be treated with dignity, courtesy and respect.
2. Have your property treated with respect.
3. Know the name and title of agency personnel who are providing service and supervision and to expect that they are properly qualified to provide your care.
4. Receive competent, individualized quality services regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.
5. Make informed decisions about your care, to receive information to help you make such decisions and to participate in developing, planning and changing your care plan. You may have a copy of the medical plan of treatment if requested.
6. The caregiver being referred to you is an employee of Right Accord.
7. Be informed prior to the initiation of care and before changes in the care you will receive, including the disciplines delivering the care and frequency of the service.
8. Refuse all or part of the care from agency personnel, to be told the consequences of that decision and to initiate a "living will", durable power of attorney and other directives about your care consistent with applicable laws and regulations.
9. Be informed of the nature, purposes and frequency of service or procedures and what discipline will be performing the care.
10. Expect reasonable continuity of care, timely delivery of service, and to have your preferences considered in planning and delivering care.
11. Receive prior notice and to make an informed decision before participating in experimental treatment or research.

12. Receive information regarding community resources and to be informed regarding any financial relationship between the agency and other providers to which you are referred.
13. Expect the agency personnel to coordinate care through regular communication with your physician, caregivers and other providers.
14. Receive timely notice of impending discharge or transfer to another organization or to a different level of intensity of care and to be advised of the consequences and alternatives to such transfers.
15. Expect confidentiality of all clinical records and access to your records on request. Information will not be released to anyone other than your physician without your written consent or unless required by law.
16. Notification verbally and in writing regarding your financial liability for agency services, including the extent of payment anticipated from all payers sources, charges for services not covered by Medicare and charges which will be made to you for the services. You also have the right to notice of changes in sources of payment and your financial responsibility within 30 calendar days after the agency becomes aware of the change. You have the right to appeal payment decisions.
17. Have family or guardian exercise these rights on your behalf if you are unable to do so yourself.
18. Voice grievances about care, which is or is not provided, recommend policy/services changes and make complaints without fear of reprisal or unreasonable interruption of care.

**Complaints, recommendations or grievances should be reported to:**

**Right Accord Private Duty- Home Health Care**

**Rosemarie Tamunday, RN (Administrator) Telephone: 941.366.0801**

Report any complaints or grievances concerning agency services or the implementation for your advance directives (if any) and to request information about home care providers by contacting:

**The State Home Health Hot Line** at 1.888.419.3456

To report abuse, neglect, or exploitation, call Toll-free 1.800.96.ABUSE or 1.800.962.2873

**I also understand as a client, I have a responsibility to:**

1. Provide accurate and complete medical information to the agency regarding medical history and current condition, payer that may cover my care and financial information and to promptly inform the agency of changes in this information.
2. Agree to accept all caregivers regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law.

3. Inform agency staff if I wish to appoint other family member of my care other than myself.
4. Select a physician; remain under medical supervision and to notify the agency of changes in my physician, medication, treatment or symptoms.
5. Maintain an adequate and safe environment for home care.
6. Protect my valuables by storing them carefully in an appropriate manner.
7. Provide live-ins with reasonable space for personal items, food and time to rest or sleep.
8. Participate in planning, evaluating and revising my care plans to the degree that I am able to do so.
9. Adhere to the plan of care which I participate in developing, follow through with instructions and procedures taught by agency staff, and inform agency staff when I do not understand the plan of care.
10. Arrange for supplies, equipment, medications and other services, which the agency cannot provide, which are necessary for provision of care and my safety.
11. Notify the agency prior to the scheduled visit if I will not be present at the agreed upon visit times or wish to discontinue services.
12. Follow agency's rules affecting patient conduct and treat staff with respect, courtesy and consideration.
13. Pay for services agreed in the Consent for Services and Schedule of Fees, assure that the financial obligations of my care are fulfilled as promptly as possible.
14. Accept the consequences for any refusal of treatment or choice of noncompliance, be responsible for my own actions if I refuse treatment or do not follow the staff's instructions.