

Patient Rights

As a patient, you have the right:

- To be informed of your rights in a language and manner you understand, to you or your representative in your primary or preferred language, and to be given these rights in written format during the initial evaluation visit in advance of care being furnished. If necessary alternate formats of written patient rights will be provided free of charge to persons with disabilities upon request and you have the right to have information provided to you in plain language and in a manner that is both accessible and timely.
- To be able to “Exercise patient rights” even in the event a patient is declared incompetent under state law by court jurisdiction the person appointed by the state court can exercise your patient rights.
- To have your property and person treated with respect.
- To be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.
- To make complaints to the agency regarding treatment or care that was (or failed to be) furnished which the patient and/or their family believe was inappropriate or to report complaints or specific patient rights violations and to have the complaint investigated and resolved by the agency administrator or designee.
- To participate in, be informed about, and consent to or refuse care.
- To refuse prescribed treatment or terminate services after explanation of the possible consequences resulting from the

refusal/termination is provided to you and your physician is notified of your decision.

- To participate in and be informed about the patient-specific comprehensive assessment, including an assessment of the patient's goals and care preferences.
- To participate in and be informed about the care that the agency plans to furnish based on the needs identified during the comprehensive assessment, establishing and revising that plan, the disciplines that will furnish care, the frequency of visits, identifying expected outcomes of care, and any factors that could impact treatment effectiveness.
- To receive a copy of your individualized agency plan of care, including all updated plans of care and to be informed about any change in the care to be furnished in advance of those changes being made in the patient's plan of care and to participate in the development and periodic revision of the plan of care.
- To receive all of the services outlined in the plan of care.
- To confidentiality of your clinical records and to be advised of the agency policy regarding the disclosure of the clinical record.
- To receive proper written notice, in advance of a specific service being furnished, if the agency believes that the service may be non-covered care; or in advance of the agency reducing or terminating on-going care.
- To be informed in advance of the extent to which payment may be expected from Medicare, Medicaid, or other third party payors and any costs for which you may be responsible.
- To expect detailed invoices, when you are responsible for payment, identifying when and by whom services were provided and applicable charges. Expect referral to alternative

community services to meet needs for additional services or financial needs.

- To be able to voice complaints regarding an agency to the home health hotline: ACHC Home Health Hotline M-F 8:00am-6:00pm 1-888-419-3456.
- To be free from discrimination or reprisal for exercising your right, whether by voicing grievances to the agency or to an outside entity.
- To be informed of your right to access auxiliary aids and language services, and to be provided instruction on how to access these services.
- To be informed of the agencies policies governing admission, transfer and discharge in advance of the agency providing care.
- To receive appropriate service/care without discrimination in accordance with Physician orders regardless of age, sexual preference, color, creed, ethical or political beliefs, mental or physical handicap, national origin, payor source, race, cultural background, religion, or sex by appropriately trained profession staff. Expect that the personnel involved in your care are qualified through education and experience and utilize current knowledge/skills to provide the service outlined in the plan of care.
- To be informed of the client care rights under state law, to formulate an advanced care directive and to consent to or refuse service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
- To be informed of your rights regarding the collection and reporting of OASIS information.
- To be fully informed of one's responsibilities.
- To be able to choose a healthcare provider.

- To be able to identify visiting staff members through proper identification.
- To be protected from exploitation by Real Solutions Home Health Care, Inc. personnel who are prohibited from accepting personal gifts and borrowing from patients/ their families/caregivers.
- To have relationships with home care personnel that are based on honesty and ethical standards of conduct.
- To know how to reach agency personnel 24 hours /day 7 days/week.
- To have your reports of pain believed and assessed appropriately and comprehensively. To receive information about pain and pain relief measures. To receive care from a concerned team of healthcare professionals committed to pain prevention and management and who respond quickly and appropriately to reports of pain. To be informed, and have your family informed when appropriate, of your role in managing pain, along with the potential limitations and side effects of pain treatments, based on the current body of knowledge.
- To be fully informed of what to do in an emergency situation.
- To have your family, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, be involved in your care, treatment, and/or service decisions. Be informed and when appropriate, have your family informed with your permission, about the outcomes of care, treatment, and /or services, based on the current body of knowledge, along with any barriers to outcome achievement.
- To access to your clinical records during business hours with agency and physician approval under the restrictions of the HIPPA Privacy Rule.

- To be informed about the nature and purpose of any technical procedure that will be performed, as well as, who will perform the procedure.
- To be fully informed of services or treatments provided when payment will be made by Medicaid or any other state or federal program. To be informed of charges for which the patient may be liable within 15 days from the date which Real Solutions Home Care, Inc. became aware.

Patient Responsibilities

As a patient you have the responsibility to:

- Remain under a physician's care (licensed in the state of Florida) while receiving Real Solutions Home Health Care, Inc. services.
- Provide Real Solutions Home Health Care, Inc. with a complete and accurate health history in order to plan and carry out care.
- Inform Agency staff about any changes in your health status, condition, or treatment.
- Provide Real Solutions Home Health Care, Inc. with all requested insurance and financial information/ records.
- Sign or have your legal representative sign the required consents and release for insurance billing.
- Allow Real Solutions Home Health Care, Inc. to act on your behalf in filing appeals of denied payment of service by third-party payors and to cooperate to the fullest extent possible in such appeals.
- Notify Real Solutions Home Health Care, Inc. if you are going to be unavailable for a visit.

- Treat Real Solutions Home Health Care, Inc. personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
- Accept the consequences for any refusal of treatment or choice of noncompliance.
- Provide Real Solutions Home Health Care, Inc. personnel with a safe home environment in which your care can be provided.
- Cooperate with your physician, Real Solutions Home Health Care, Inc. staff and other caregivers.
- Inform the Agency if you are unable to understand or follow the Agency's written instructions.
- Make a family member or substitute available who will assume a primary caregiver role when Agency staff are not in your home.
- Notify Real Solutions Home Health Care, Inc. of the existence of Advance Directives.
- Advise Real Solutions Home Health Care, Inc. of any dissatisfaction you may have with the care of services you are receiving and giving the agency opportunity to resolve these issues.