

GUTHRIE HOME CARE dba
Guthrie Home Health
Guthrie Hospice
Guthrie Private Care

Patient Bill of Rights

Guthrie Home Care is a part of Guthrie Healthcare System. As such, Guthrie Healthcare System and Guthrie Home Care benefit both financially and indirectly through referrals made to other Guthrie companies. You and your family also benefit by using other Guthrie companies to provide services for you. Specific information regarding these beneficial relationships are available to you upon request.

As a patient of Guthrie Home Care, you have a right:

- To receive services without discrimination based on age, race, color, religion, sex, sexual preference, national origin, disability or source of payment and to receive an explanation of the proposed services and plan of care through whatever means it will be best understood.
- To be informed of patient rights and responsibilities in writing before care begins.
- To receive a timely response to a request for service.
- To be treated with dignity, consideration, mutual respect and full recognition of your individuality and respect for property. **Guthrie Home Care employees are prohibited from accepting personal gifts or borrowing from patients/families and/or primary caregivers, as per Guthrie Healthcare System policy.**
- To participate, or have a designated family member or other participate in, initial and ongoing development and changes in your plan of care, including explanation of services proposed and alternative services that may be available.
- To be notified in writing of the care that is to be furnished, the types (disciplines) of the caregivers who will furnish the care, the frequency of the visits that are proposed to be furnished, and to be advised of any change in the plan of care before the change is made.
- To be given the necessary information to be able to give informed consent for care and treatment prior to the start such care or treatment.
- To be admitted by a home care provider only if it is determined that we have the resources required to provide care safely and at the level of intensity determined by a professional assessment.
- To have all medically related home care provided in accordance with physician's orders based on a plan of care specifying the services to be provided and their frequency and duration.

- Specifically for the Hospice program:
 - To be admitted by the Hospice program only if it is assured that all necessary palliative and supportive services will be provided which are necessary to promote your physical, psychological, social and spiritual well being.
 - To know the Hospice program's usual procedures followed at the time of death.
 - To receive continuity of care from home to inpatient facility and through bereavement care.
 - To receive pastoral and other spiritual services.
 - To have an environment that preserves dignity and contributes to a positive self image.
- To expect that all home care personnel, within the limits set by the plan of care, will respond in good faith to requests for assistance in your home.
- To refuse treatment or services, or to request a change in caregiver, after being fully informed of, and understanding the consequences of, such actions, without fear of reprisal or discrimination.
- To participate in all decisions made, or to receive adequate notice, concerning my discharge from the agency and to be informed of continuing health care requirements after discharge and the available resources for meeting them.
- To not receive any experimental treatment without your specific agreement and full understanding of the information explained.
- To know the identity of home care personnel, the names of physicians directly participating in my care and the names and functions of other health care personnel having direct contact with me and have the right of choice of provider.
- To have relationships with home care providers that are based upon honest and ethical standards of conduct.
- To receive care of the highest quality and to expect that services will be determined by a professional and carried out by qualified personnel.
- To be informed as to the extent that payment may be expected from Medicare, Medicaid, Area Agency on Aging, any other third party payor or from yourself, as the Patient, and to receive written notice of any changes to this explanation within 30 days of the date the agency becomes aware of these changes.
- To feel confident that information about your health, social and financial circumstances and what happens in your home will be shared only with individuals involved in your care unless otherwise required by law, third party payment contract or authorized by you or your agent.
- To be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail.

- To receive, upon request, written documentation regarding agency ownership; philosophy and mission; licensing, credentialing and accreditation reports; information regarding our liability insurance and a copy of the most recent annual report or services provided.

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- To have access, upon request, to all bills for service regardless of whether they are paid by yourself or by a third party payor.
- Patients, consumers or family members have the right to be informed of the procedures for lodging complaints. Complaints or recommended changes in policies and procedures can be made to Guthrie Home Care staff by calling the following numbers:

1-800-598-6155 for Guthrie Hospice
 1-800-327-8039 for Guthrie Home Health
 1-800-327-0736 for Guthrie Private Care

Calls can be made to these toll free numbers 24 hours a day without fear of reprisal, discrimination, interference or coercion and you will be notified as to the outcome of an investigation, if appropriate.

If you are not satisfied with the response give by the staff of the agency, or if you wish to lodge a complaint concerning the implementation of advance directives or suspected fraud and abuse activities, you may complain to the Pennsylvania Division of Primary Care and Home Health Services via the Home Health Hotline at 1-800-222-0989. Additionally, Medicare beneficiaries can call in complaints or concerns to the Pennsylvania State Health Insurance Program (Apprise) a 1-800-783-7067 or call the Healthcare Finance Administration (HCFA) directly at 1-215- 861-4226.

Patient's, consumers or families can also contact the Community Health Accreditation Program (CHAP) for complaints or concerns regarding Guthrie Home Care services at 1-800-669-9656.

- To be told what to do in case of an emergency.
- To know the truth about diagnosis and prognosis.
- To know the program's policies with regard to resuscitation and other "heroic" procedures and to receive service without regard to whether or not any advance directive has been executed.

Patient Responsibilities

Guthrie Home Care or your physician may be forced to refer you to another source of care if you refuse to comply with the plan of care, or threaten to compromise our commitment to quality care. Additionally, **as a patient, you have the responsibility:**

- To provide the agency with accurate and complete health information concerning your medical history.
- To assist in developing and maintaining a safe environment.

- To provide the agency with requested insurance and financial information and to inform them when any changes occur to the same.
 - To sign the required consents and releases for insurance billing.
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- To treat agency policies with respect and consideration.
 - To abide by agency policies that staff may perform.
 - To request further information concerning anything you do not understand.
 - To give information regarding concerns and problems you have to a home care agency staff member.
 - To inform the agency when you will be unable to keep a home care visit.
 - To request information regarding any concerns, questions or problems you may have.
 - To contact your physician or agency whenever you notice any unusual symptoms or changes in your condition.
 - To contact the agency if any of the following occur:
 - You receive a change in your prescriptions.
 - You are hospitalized or will be away from your home.
 - You change your residence.
 - You acquire any infectious diseases while you are receiving care from our agency.
 - To participate in, and adhere to, the development and updates of your plan of care.
 - As a Hospice patient, to call Hospice for unusual symptoms or changes.