

## **HOSPICE - PATIENT/FAMILY BILL OF RIGHTS/RESPONSIBILITIES**

It is recognized that observation of the Patient/Family Bill of Rights/Responsibilities will contribute to more effective patient/family care and greater satisfaction for the patient, the family, the physician and Prairie Haven Hospice as well as being an integral part of the care process. It is also recognized that the hospice service has a responsibility to the patient/family. It is in recognition of these factors that these Rights/Responsibilities are affirmed. The Patient/Family Bill of Rights/Responsibilities will be made available to the patient, family, legal representative staff, other interested organizations and public.

### **PATIENT/FAMILY RIGHTS**

1. The patient/family legal representative have the right to be fully informed in advance regarding the hospice concept of care, admission criteria, care and treatment to be provided, changes in the plan of care and to participate in the plan of care and receive appropriate instruction and education regarding the plan.
2. Patients/families/legal representative shall be admitted for service only if the service has the ability to provide safe, professional care at the level of intensity needed. Patients shall have the right to continuity of care and quality of care in the home and inpatient setting.
3. Patients/families/legal representative have the right to the full range of services provided by Prairie Haven Hospice and to be informed regarding any limitations to services.
4. The patient/family/legal representative have the right to confidentiality of clinical records, communications and personal information.
5. Patients/families/legal representative have the right to be informed in writing of Prairie Haven Hospice policies regarding their right under state law to make decisions about their medical care.
6. Patients have the right to be informed of their rights to refuse and/or accept medical and surgical treatment.
7. Patients have the right to formulate advance directives and will have information available to them regarding advance directives if they so request.

*Initials:* \_\_\_\_\_

### **PRAIRIE HAVEN HOSPICE**

Two West 42nd, Suite 2300  
Scottsbluff NE 69361

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8. The patient/family/legal representative have the right to be involved in ethical considerations which might arise in their care and access the Regional West Medical Center Bioethics Committee for consultation and support when appropriate.
9. The patients shall have the right to review and receive a copy of all medical records pertaining to them unless it is medically contraindicated in the clinical record by the physician.
10. Patient shall have the right to expect pain relief and be assured that measures will be instituted to ensure comfort.
11. The patient/family/legal representative have the right to considerate and respectful care that recognizes their personal values and beliefs.
12. The patient/family/legal representative have the right to express spiritual beliefs and cultural practices.
13. The patient/family/legal representative have the right to have his or her property treated with respect.
14. Patients/families/legal representative will have the right to be free from verbal, physical and psychological abuse including mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property; and to be treated with dignity.
15. Patients/families/legal representative have the right to be cared for in a safe physical environment.
16. The patient/family/legal representative have the right to be fully informed verbally, and in writing, in advance of the Medicare Hospice Benefits, the Medicaid Hospice Benefits as well as other third party payer benefits that are applicable, as well as the amount of all uncompensated charges, as well as their obligations to Medicare, Medicaid, and other third party payers.

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17. The patient/family/legal representative shall have the right to choose health care providers including choosing an attending physician, and the right to communicate with those providers.
18. The patient/family/legal representative have the right to request a change in caregivers without fear of reprisal or discrimination.
19. The patient/family/legal representative have the right to request and receive information and education about his/her diagnosis, prognosis and treatment as well as alternatives to care, and risks involved in terms that the patient/family/legal representative can understand so informed consent can be obtained.
20. If hospice services are denied or terminated for any reason patients/families/legal representative shall have the right to receive both an oral and written explanation regarding denial/termination and information regarding community resources.
21. Patients moving out of Prairie Haven Hospice's service area or transferring to another hospice or not being recertified as being terminally ill or discharged for cause have the right to receive both oral and written discharge information and information regarding community resources. This information will be supplied to the patient/family/legal representative. A hospice patient may be discharged for cause based on an unsafe care environment in the patient's home, patient non-compliance (including disruptive, abusive or uncooperative behavior to the extent that delivery of care to the patient or the ability of Prairie Haven Hospice to operate effectively is seriously impaired). Prairie Haven Hospice must make a serious effort to resolve the problem(s) presented by the behavior or situation to assure that the proposed discharge is not due to the patient's use of necessary hospice services; document the problem(s) and the efforts made to resolve the problem(s) in the patient's medical record; and obtain a written physician's order from the patient's attending physician and the Prairie Haven Hospice Medical Director concurring with the discharge.
22. The patient/family/legal representative have the right to refuse hospice care and to be informed of possible consequences of that refusal and options for alternative care.

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23. The patient/family/legal representative have the right to care given without discrimination as to race, color, creed, age, diagnosis, natural origin, gender, sexual orientation, religion, language barriers, disability, communicable disease, resuscitative status or ability to pay.
24. The patient/family/legal representative have the right to be fully informed regarding the purpose of any technical procedure that will be performed, as well as who will perform the procedure.
25. The patient/family/legal representative have the right to be informed of the procedure for lodging complaints with Prairie Haven Hospice about the care that is, or fails to be furnished and regarding a lack of respect for property. To lodge complaints, you may call the hospice office at 630-1149 or (877) 699-7794 (toll free). If you do not receive satisfactory resolution of your complaint you may call the Nebraska Health and Human Services – Licensure Unit at 402-471-0316
26. The patient/family/legal representative have the right to know about the disposition of such complaints.
27. The patient/family/legal representative have the right to voice their grievances without fear of discrimination or reprisal for having done so.
28. The patient has the right to be free from physical and chemical restraints that are not medically necessary.

### **PATIENT/FAMILY RESPONSIBILITIES**

1. Participating actively in your health care and asking questions of physicians and hospice staff when a diagnosis, prescribed treatment, or medication is not understood.
2. Providing the healthcare provider with accurate information about medical history and other matters related to your health (past illnesses, hospitalizations and medications).

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3. Communicating your wishes, expectations, and treatment goals to physicians and hospice staff (formally through Advance Directives, or informally through verbal communications).

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- 4. Providing information required for insurance processing related to hospice bill payment, reviewing credit options, and asking questions regarding your financial responsibilities.
- 5. Remaining under a physician's care while receiving hospice care.
- 6. Maintaining a safe home care environment.
- 7. Contact hospice if you are moving, relocating or have a new telephone number.
- 8. Abiding by hospice policies that may restrict duties hospice staff can perform.
- 9. Due to the nature of the service, families often desire to express gratitude personally to individual staff members. We greatly appreciate the intent but would ask no monetary or other personal gifts be offered. It is our privilege to assist you in this difficult time and in doing so reap our individual rewards.

By signing this form, I/we (Patient and/or Agent) certify that we have received information regarding our right to refuse and/or accept medical and surgical treatment and have received information according to federal and state law regarding advance directives.

A form signed by the patient and/or caretaker will verify the receipt and understanding of the Patient/Family Bill of Rights/Responsibilities.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Patient or Agent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

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