



A HOME CARE BILL OF RIGHTS

1. Be fully informed of: Services available, agency ownership and control, charges and billing for services and equipment, availability of third party payment, and the agency's liability insurance as well as policies and procedures for disclosure of client clinical records, the proper identification by name and title by everyone who provides home health care services to you.
2. Be given a written notice about your rights and responsibilities for receiving home health care services in advance of care provided to you or as soon as possible after the onset of care.
3. Exercise your rights as a client of the home health care agency, or in the event of an incompetence judgment, permit your family or guardian to exercise your rights.
4. Receive timely response from the home health care agency regarding your request for and continuity of home health care services. To be treated with courtesy and respect by all who provide home health care services to you. Access the necessary professional staff 24 hours a day, 7 days a week.
5. Be given appropriate and professional quality home health care services without discrimination against your race, creed, color, religion, sex, national origin, sexual preference, handicap, age, or source of payment, regardless of whether or not an advance directive has been executed.
6. Be free from physical and mental abuse, neglect or exploitation of any kind.
7. Be given necessary information in advance about the care, or any changes in the care to be provided; the discipline that will provide the care, and the frequency of the proposed visits, so you will be able to give informed consent for your treatment.
8. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose, in terms and language you can reasonably be expected to understand.
9. Receive home health care that is developed to meet your unique home care needs. Suggest change in home care services and/or staff without being subject to threat, restraint or discrimination.
10. Be given written information concerning your rights under state law to accept or refuse medical care and to formulate advance directives.
11. Be given information regarding anticipated transfer of your home health care to another health care facility and/or termination of home health care services to you.
12. Voice grievances regarding treatment or care, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the home health care agency, without being subjected to discrimination or reprisal for doing so.
13. Call the NJ State Department of Health Complaint Hotline 24 hours a day (800-7929770), if you believe your concerns have not been addressed satisfactorily.
14. Expect that complaints made by you, your family, and/or your guardian regarding treatment or care that is or that fails to be furnished, or regarding the lack of respect for your property by anyone who is furnishing services on behalf of the home health care agency, are investigated by the home health care agency.
15. To be referred to another agency if we cannot meet your needs.