



## **PATIENT RIGHTS AND RESPONSIBILITIES**

**Visiting Nursing Association of WNY, Inc. / VNA Homecare Services**

---

The patient has the right to:

1. Be informed of your rights in writing prior to the initiation of care including the right to exercise these rights at any time. In the event you are not able to exercise these rights, an individual, guardian or other entity authorized to represent you shall exercise these rights on your behalf. Expect that the organization has made all personnel providing patient care services aware of your rights as a patient to ensure understanding of their responsibility to protect and promote the exercise of these rights.
2. Be provided with information about your rights to make health care decisions including the right to execute advance directives;
3. Be given a statement of the services available by the agency and the related charges; be informed of the policy concerning payment for services, including insurance coverage, and the policy on uncompensated care; and any related co-pays as well as be informed orally and in writing regarding any changes in payment information as soon as possible but no later than 30 days from the date the VNA becomes aware of the change. Receive proper written notice in advance of a specific service being furnished, if the organization believes that the service may be non-covered care or in advance of the organization reducing or terminating ongoing care.
4. Be treated with consideration, respect and full recognition of your dignity and individuality. Specifically be free from neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misuse of your property by anyone furnishing services on behalf of the agency.
5. Participate in planning of your care. You and your representative (if any), be informed of all treatments prescribed and consent to or refuse care in advance of and during treatment after being fully informed of and understanding the consequences of such actions, as well as where appropriate with respect to (1) completion of all assessments; (2) the care to be furnished, based on the comprehensive assessment; (3) establishing and revising the plan of care; (4) the disciplines that will furnish the care including the name and function of any person and affiliated agency providing care and services; (5) the frequency of visits; (6) expected outcomes of care including your identified goals for recovery and anticipated risks and benefits, (7) any factors that could affect the effectiveness of your treatment; and (8) any changes in the plan of care to be furnished.
6. Demand photo identification of any agency personnel. Expect that you can receive all services in the plan of care in a timely manner and they will be appropriate to your needs. Expect to be informed in a timely manner of impending discharge, continuing care requirements, other available services, or the need to transfer to another organization.
7. Expect that you will not receive experimental treatment or participate in research unless written, voluntary consent is obtained from you.
8. Expect privacy, including confidential treatment of your patient record that ensures access to or release of your patient information and records in accordance with Health Insurance Portability and Accountability Act (HIPAA) law and regulation (45CFR parts 160 and 164), including the right to consent to the release of records to any individual not employed by



## **PATIENT RIGHTS AND RESPONSIBILITIES**

**Visiting Nursing Association of WNY, Inc. / VNA Homecare Services**

the agency except physician or other medical personnel acting as a consultant about your medical condition, or in the case of your transfer to a health care facility, or as required by law or third-party payment contract or as required by a Federal, State or accrediting organization, body or agency. Right to access to your clinical records in accordance with the Health Insurance Portability and Accountability Act (HIPAA) law and regulation (45CFR parts 160 and 164).

9. You and your representative (if any) have the right to voice and report grievances about care and/or services provided or not provided and complaints regarding lack of respect for property and/or person by anyone furnishing care and/or services on behalf of the agency. The expression of such complaints by you or your representative shall be free from any discrimination, restraint, interference, coercion, reprisal or unreasonable interruption of services. You and your representative have the right to be informed of the procedure for filing such complaints, and to have such complaints investigated by the agency. All complaints made will be given immediate attention and will be thoroughly investigated by the agency and responded to in a timely manner. You or your representative may appeal any response from the agency and request a review of the matter with a member of the Board of Directors within 30 days of receipt of the appeal. If you are not satisfied with the agency response or if you have a question, you may call the New York State Department of Health by calling 1-800-628-5972. This toll free number is operational Monday through Friday from 10:00 am to 4:00 pm except on state holidays. You may also contact CHAP hotline at 1-800-656-9656.
10. Refuse consent to advanced tasks performed by an advanced home health aide, in which case the agency shall provide for the performance of such tasks by a registered professional nurse.
11. Expect that you and your representative (if any) be informed of the right to access and how to assess auxiliary aids and language services as well as be advised of the names, addresses, and telephone numbers of federally funded and state-funded entities that serve the area where the patient resides, include the (1) Agency on Aging; (2) Center for independent Living; (3) Protection and Advocacy Agency; (4) Aging and Disability Resource Center; and (5) Quality Improvement Organization.
12. To appropriate pain assessment and management.

The patient has the responsibility to:

1. Give the agency accurate information so it can make decisions about services and fees;
2. Give the agency complete information about the medical services he/she is receiving and physicians and facilities who are providing care,
3. Inform the nurse or physician about previous medical advance and all medications and treatment he/she is following.
4. Inform the physician or nurse of changes in health or reactions to medications and treatments and make it known if he/she does not understand or cannot follow instructions.