

ACS HOME CARE LLC

PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights

As a patient of ACS Home Care LLC (“ACS” or “Agency”), you have the right to expect:

To Receive Information

1. To be given written and verbal information about your rights and responsibilities at the time of admission before the initiation of care and on an ongoing basis as necessary.
2. That all rights and responsibilities that pertain to a patient will, when it is determined that a patient lacks capacity to exercise those rights, be exercised by an individual guardian, surrogate decision maker, or entity legally authorized to represent the patient according to patient preference, law, and regulation.
3. To be given information about the ownership of the Agency; including written information regarding name, address, and telephone number of the agency, hours of operation, and pertinent program policies.
4. To be given a statement of services available by the Agency and related charges, be advised prior to initiation of care of the extent to which payment for Agency services may be expected from the third party payer, and the extent from which payment may be required from the patient; to be advised of any changes in such as soon as possible but no later than 30 days from the date the agency becomes aware of the change. This information should be provided in writing and orally.
5. To receive reasonable advance notice of and assistance with transfer to another agency or with discharge, assuring continuity of care where indicated.
6. To receive, upon request, an explanation of your bill, regardless of your source of payment.
7. That you receive self-determination information. The existence or lack of advance directives does not hamper your access to care for services.

To Participate in Your Care

8. To freely choose your home health care providers to the extent permitted by applicable Federal and State laws.
9. That you or your surrogate decision maker will participate and be provided with:
 - a. Information pertaining to your plan of care in understandable terms which includes the services the Agency will provide and when and how such services will be provided.
 - b. The opportunity to participate in decisions involved in developing your plan of care, being advised in advance of any changes in your plan of care, an emergency disaster plan, and a plan for discharge from home care.
 - c. Information on your continuing health care needs following transfer or discharge and be involved in the plan for the provision of such care.
10. That you or your surrogate decision maker may refuse treatment, to the extent permitted by law, and that you or your surrogate decision maker will be informed of the possible consequences of it.
11. That you be referred to other organizations, services, or individuals and be informed of any financial benefit to the referring home care organization.

ACS HOME CARE PATIENT RIGHTS AND RESPONSIBILITIES (continued)

To Understand Your Rights

12. The right to effective communication tailored to your age, language, and ability to understand.
13. That prior to being requested to sign any forms, you will be given a full explanation as to their content and purpose.
14. That you will be told when and how the services will be provided, the name and duties of any of our staff providing you with service and those responsible for coordinating, rendering, and supervising your home care, including the identity of other health care providers with which the Agency has contractual relationships.
15. That within the limits of the particular situation, you or your designee will be taught about your illness and its management in understandable terms with a clear interpretation of a realistic prognosis.

Confidentiality of Your Information

16. Privacy, to the extent consistent with providing optimal health care.
17. All health information pertaining to your care will be held in strict confidence and in accordance with local, state, and federal laws.
18. That all communications and records pertaining to your care will be held confidential unless you direct the release, or for the purpose of coordination, continuity of care, or reimbursement, or as provided by the Health Insurance Portability and Accountability Act of 1996, as amended.

Respect from ACS Personnel

19. To be provided services without discrimination as to age, race, religion, sex, national origin, sexual orientation, or source of payment accepted by ACS.
20. That ACS staff entering your home will show appropriate respect for you, your premises, and your property as well as your privacy, safety and security.
21. To be free of mental, physical, sexual, and verbal abuse, neglect, and exploitation, intimidation, and other disruptive behaviors.
22. To receive service from direct care personnel who are aware of and have been trained to acknowledge your rights and responsibilities.
23. To receive a reasonable and timely response by the ACS
24. The Agency to respect your cultural and personal values, beliefs, and preferences as well as religious and other spiritual beliefs.
25. That you have the right to appropriate assessment and management of pain. You can expect:
 - Your reports of pain will be believed
 - Information about pain and pain relief measures
 - Effective pain management.
26. Pastoral and other spiritual services as needed.

ACS HOME CARE PATIENT RIGHTS AND RESPONSIBILITIES (continued)

To Complain or File a Grievance

27. That you or your surrogate may voice grievances and recommend changes in policies and services to the Agency staff, the governing authority, and the New York State Department of Health (DOH) without fear of reprisal, coercion, interference, or discrimination.
28. That you or your surrogate have recourse to the Management of ACS if there is a violation of your rights, a lack of respect for your property, deficiencies in the quality of care you have received, or if you are dissatisfied with services rendered to you.
29. To be informed of the Agency policies and procedures for submitting complaints or recommendations for changes in the Agencies policies.
30. That ACS Management will thoroughly investigate your complaint/grievance in accordance with DOH regulations (10 NYCRR 766.9(j)) and that you will be notified of the outcome of such an investigation. The Agency will review each complaint with a written response to all written complaints and to oral complaints, if requested by the individuals making the oral complaint. The Agency will explain the complaint investigation findings and the decisions rendered to date by the agency within 15 days of receipt of such complaint.
31. You can appeal the outcome of the agency's complaint investigation to the President/CEO, Vice President or Board of Directors. A member or committee of the governing authority will review the request for appeal and will respond to the complainant in writing within thirty (30) days of your written receipt of the appeal.
32. If the patient is not satisfied by the agency's response, the patient may complain to the Department of Health's Office of Health Systems Management. To refer your complaint to the Department of Health, see the contact information below:

New York State Department of Health

Metropolitan Area Regional Office

90 Church Street

New York, NY 1007

(212) 417-5888

ACS HOME CARE PATIENT RIGHTS AND RESPONSIBILITIES (continued)

Patient Responsibilities- As a patient of ACS Home Care LLC, you are expected:

To Provide Information Necessary to Deliver Services

1. To provide accurate and complete information concerning past illnesses, hospitalization, medications, allergies, and other pertinent information.
2. To provide accurate and current information about the physician supervising your care
3. To notify the Agency of any change in physician.
4. To tell the physician, nurse, or other health care provider about any changes in health status or pain management.
5. To provide the Agency with information regarding any other agency involved in your care.
6. To provide the Agency with information regarding any vendor of supplies currently servicing your care
7. To notify the Agency when a piece of rental equipment is no longer needed.
8. To provide Agency with information regarding any out patient therapy currently servicing your care.
9. To provide Agency with a copy of your executed health care advance directives if one has been executed.
10. To notify the Agency as soon as possible if you need to cancel an appointment or change the time/hours of service.
11. To provide information necessary to ensure processing of bills by ACS.
12. To notify the Agency if there is ANY change in insurance.

To Understand the Services Provided

13. To read and understand the Notice of Privacy.
14. To inform the Agency if you do not understand, agree, or are unable to follow the Agency's written instructions or treatment plan.
15. To understand and accept the consequences of not following the plan of care.

To Take Action

16. To designate a family member or substitute available to assume primary responsibility for your care.
17. To participate in the development and revisions of a plan of care and adhering to that plan.
18. To assist in maintaining a safe environment.
19. To follow instructions given for performing a procedure or using a piece of equipment.
20. To be considerate of health care workers without discrimination as to race, color, gender, religion, national origin, or sexual orientation and provide safe working environment for them.
21. To report on or provide information regarding concerns and problems you have to an ACS staff member.