

# Johns Hopkins All Children's Home Care Patient Rights and Responsibilities

To promote patient safety, we encourage you to speak openly with your health care team, be well informed, and take part in care decisions and treatment choices. Join us as active members of your health care team by reviewing the rights and responsibilities listed below for patients and patient representatives.

## You or your designee have the right to:

### Effective Communication and Participation in Your Care

- 1 Be given a copy of the Patient Rights and Responsibilities and the following in writing at the initial assessment visit before care is provided:
  - Copy of our transfer and discharge policies
  - Contact information (name, business address and business phone number) for our administrator
  - Outcome and Assessment Information Set (OASIS) Privacy Notice for signature (if OASIS data is collected on you)
- 2 Receive verbal notice and discussion of Patient Rights and Responsibilities no later than the second visit.
- 3 Get timely and understandable information. The use of the following will be provided free of charge:
  - Sign language and foreign language interpreters
  - Written translation
  - Special communication aids for speech, hearing or vision
- 4 Be informed about:
  - Completion of all health assessments
  - Plan of care and any change to the plan of care. This includes which health care professionals provide the care and how often services are provided
  - Expected outcomes of care that include patient goals
  - Possible unplanned outcomes of care
  - Any factors that could impact treatment effectiveness
- 5 Be involved in and have your family or designee involved in decisions about care, treatment, or services.
- 6 Be informed about support services available and receive all services outlined in your plan of care.
- 7 Have your pain managed.
- 8 Refuse care, treatment, or services, in accordance with law and regulation.

### Respectful and Safe Care

- 9 Be given considerate, respectful and compassionate care.
- 10 Have visits on a schedule that is convenient to you. Be informed of the visit schedule and any changes to the schedule.
- 11 Have your property treated with respect both inside and outside of your home.
- 12 Have your culture and personal values, beliefs and wishes respected.
- 13 Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity, language or socioeconomic status.
- 14 Be protected from abuse and neglect (verbal, mental, physical or sexual) or exploitation (theft of property) while receiving care from us. All allegations of abuse and neglect will be evaluated and reported to the proper authorities as required by law.
- 15 Be advised of the names and contact information for protective and advocacy services. These services help certain patients (e.g., children, elderly, disabled) exercise their rights and protect them from abuse and neglect.

- 16 Know the names and jobs of the people who care for you and who is responsible for your care.
- 17 Be given our contact information for any home rental medical equipment you receive from us.
- 18 Upon request and in advance of treatment, be advised of the extent to which payment may be expected from Medicare, Medicaid or any other federally funded program.
- 19 Ask for an estimate of charges before care is provided that includes an estimate of how much you will owe after we receive payment from your insurance company.
- 20 Receive written notice:
  - Before home care services are started if we determine the service may be non-covered care.
  - In advance of our reducing or terminating on-going care.
- 21 Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, have the charges explained.
- 22 Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

### Decision-Making and Informed Consent

- 23 Select someone to make health care decisions for you if at some point you are unable to make those decisions and to have all patient rights apply to that person.
- 24 Create or change an advance directive (also known as a living will or durable power of attorney for health care).
- 25 Give permission (informed consent) before any non-emergency care is provided, including:
  - risks and benefits of your treatment and the likelihood of achieving your goals
  - alternatives to that treatment
  - risks and benefits of those alternatives
- 26 Give permission or refuse to allow pictures for purposes other than your care.
- 27 Be informed if treatment is for research purposes and agree or refuse to be part of a research study, including the following:
  - An explanation of the purpose of the research
  - The expected duration of the patient's participation
  - A clear description of the procedures to be followed
  - A statement of the potential benefits, risks, discomforts, and side effects
  - Alternative care, treatment, or services available to the patient that might prove advantageous to the patient
  - An explanation that refusing to participate or discontinuing participation at any time will not jeopardize your access to care.

### Privacy and Confidentiality

- 28 Have privacy and confidential treatment and communication about your care.
- 29 Be given a copy of the HIPAA Notice of Privacy Practices.

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## Complaints and Grievances

30 Complain and have your complaint reviewed without affecting your care. If you have a problem or complaint, please contact the following:

- **JHACH Risk Management Department**  
to begin the formal grievance process.  
Phone: 727-767-8959  
or toll free 1-800-428-3990  
Or contact the home health agency administrator:
- **JHACH Home Care Administrator**  
501 6th Street South  
Saint Petersburg, FL 33701  
Phone 727-898-7451 or 1-800-456-4543

31 If your issue is not resolved to your satisfaction, other external groups you may contact include:

- **State Toll Free Home Health Hotline:**  
The Florida HealthCare Complaint and Administration Unit  
Phone 1-888-419-3456 or 1-800-955-8771  
Via internet at  
[http://acha.myflorida.com/Contact/call\\_center.shtml](http://acha.myflorida.com/Contact/call_center.shtml)
- **Hospital's Quality Improvement Organization (QIO) for coverage decisions or to appeal a premature discharge:**  
KEPRO  
Organization for Beneficiary Family Centered Care (BFCC-QIO)  
5201 West Kennedy Blvd., Suite 900  
Tampa, FL 33069  
1-844-455-8708
- **State Agency:**  
Agency for HealthCare Administration (AHCA)  
Complaint Administrative Unit  
2727 Mahan Drive, Mail Stop #49  
Tallahassee, FL 32308  
Toll free: 1-888-419-3456 or email: [CAU@ahca.myflorida.com](mailto:CAU@ahca.myflorida.com)
- **Accreditation Agency:**  
The Joint Commission Office of Quality and Patient Safety  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
1-800-994-6610  
[patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)
- **To address discrimination concerns, you may also file a civil rights complaint with the U.S. Department of Health and Human Services:**  
Office for Civil Rights  
200 Independence Ave., SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>

## Additional Resources

32 Be given the name, address and telephone number for federal and state agencies that serve your area including, as applicable but not limited to:

- **Florida Department of Children & Families Abuse Hotline:**  
Phone: 1-800-96-ABUSE  
Via internet at  
<http://www.myflfamilies.com/service-programs/abuse-hotline>
- **Protection and Advocacy Agency:**  
DC General Hospital Compound  
Building 14  
1905 E Street, SE  
Washington, DC 20003  
202-673-9319  
[dbh@dc.gov](mailto:dbh@dc.gov)

## You or your designee have the responsibility to:

- 1 Provide accurate and complete information about your health including allergies, all medications, address, telephone number, date of birth, insurance carrier and employer.
- 2 Report unexpected changes in your health (e.g., hospitalizations, changes in the plan of care, symptoms to be reported, pain, change in your homebound status or change of physician).
- 3 Inform us if you have an advance directive and give us a copy. Let us know if you made changes to your advance directives.
- 4 Notify us in advance if you need to change your scheduled delivery or visit for any reason (for example: medical appointment, family emergency or you are in the hospital).
- 5 Tell us if your Medicaid or other insurance coverage changes or if you decide to enroll in a Medicaid or Private HMO or hospice.
- 6 Ask questions if there is anything you do not understand.
- 7 Remain under a doctor's care while receiving skilled home care services.
- 8 Provide a safe and cooperative environment for care (such as keeping pets confined, putting away weapons, or not smoking during your care).
- 9 Treat all who provide home care services to you with courtesy and respect.
- 10 Use and maintain medical equipment using the safety guidelines reviewed with you. Notify us when you are no longer using the equipment.
- 11 Follow plan of care and instructions about your care, treatment or services.
- 12 Accept the consequences for the outcome(s) of refusing care or not following instructions.
- 13 Pay your bills or work with us to find funding to meet your financial obligations.
- 14 Refrain from taking pictures, videos or recordings without permission from our staff.