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 home health care administrator
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 of the name and contact information of the responsible person supervising your home health care.
5. Contact the agency 24 hours a day, 7 days a week regarding care by calling 410-288-8000 or toll free at 1-800-288-2838.
6. 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 the patient goals
   - Possible unplanned outcomes of care
   - Any factors that could impact treatment effectiveness
7. Be involved in, and have your family or designee involved, in decisions about care, treatment, or services.
8. Be informed about support services available and receive all services outlined in your plan of care.
9. Have your pain managed.
10. Receive or refuse care, treatment, or services, in accordance with law and regulation and know what may happen if you refuse.
11. Receive assistance with activities of daily living and routine treatment from a non-certified individual if you sign a waiver detailing the potential risks and benefits.
12. Refuse or withdraw any portion of the planned treatment without giving up other portions, except if partial care is medically contraindicated.

**Respectful and Safe Care**
1. Be given considerate, respectful and compassionate care.
2. Have visits on a schedule that is convenient to you, during normal business hours. Be informed of the visit schedule and any changes to the schedule.
3. Have your property treated with respect both inside and outside of your home.
4. Have your culture and personal values, beliefs and wishes respected.
5. 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.
6. Be protected from abuse and neglect (verbal, mental, physical or sexual) or exploitation (theft of property) while receiving care from us. All allegations will be evaluated and reported to the proper authorities, as required by law.
7. 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.
8. Be informed if treatment is for research purposes and agree or refuse to be part of a research study, including the following:
   - An explanation that refusing to participate or discontinuing participation at any time will not jeopardize your access to care
   - 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

**Decision-Making and Informed Consent**
1. Accept or reject any employee or contractor referred by the agency (within the limits of law, regulation and policy) without fear of retaliation.
2. 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).
3. Create or change an advance directive (also known as a living will or durable power of attorney for health care).
4. Give permission (informed consent) before any non-emergency care is provided, including:
   - Risks and benefits of your treatment, cost, and the likelihood of achieving your goals
   - Alternatives to that treatment and estimated costs of the alternative treatments
   - Risks and benefits of those alternatives
5. Give permission or refuse to allow pictures for purposes other than your care.
6. 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**
1. Have privacy and confidential treatment and communication about your care.
2. Be given a copy of the HIPAA Notice of Privacy Practices.
Complaints and Grievances

Complain and have your complaint reviewed without negatively affecting or interrupting your care. Your complaint will be acknowledged and we will promptly follow-up. If you have a problem or complaint, please contact the following:

• Johns Hopkins Home Care Group
  5901 Holabird Avenue, Suite A
  Baltimore, MD 21224
  (410)288-8036

Receive, upon request, a summary report regarding complaints that is available for public inspection.

Other external groups you may contact include:

• Maryland Home Health Hotline:
  1-800-492-6005
  Hours of Operation: 24 hours a day, 7 days a week
  You may also call (410)402-8040
  Hours of Operation: 8:30am - 5:00pm (M-F except holidays)
  You may submit your complaint in writing to:
  Office of Health Care Quality
  7120 Samuel Morse Drive
  Second Floor
  Columbia, MD 21046

• Accreditation Agency:
  The Joint Commission Office of Quality and Patient Safety
  One Renaissance Blvd.
  Oakbrook Terrace, IL 60181
  Fax: 630-792-5636
  Online at www.jointcommission.org/report_a_complaint.aspx

• 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
  Complaint forms are available at:

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 directive.
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 Medicare, Medicaid or other insurance coverage changes or if you decide to enroll in a Medicare 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.

Additional Resources

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

• Agency on Aging
  Maryland Department of Aging
  301 West Preston St.
  Suite 1007
  Baltimore, MD 21201
  410-767-1100
  Administration on Aging
  One Massachusetts Ave., N.W.
  Washington, DC 20001
  202-619-0724

• Center for Independent Living
  Maryland Statewide Independent Living Council
  199 E. Montgomery Ave., Suite 100
  Rockville, MD 20850
  240-599-7965

• Protection and Advocacy Agency
  Maryland Commission on Aging
  301 West Preston St., Suite 1007
  Baltimore MD, 21201
  410-767-0708

• Aging and Disability Resource Center
  Division of Aging and Care Services
  417 East Fayette St.
  Baltimore, MD 21202
  410-396-4932

• Quality Improvement Organization
  Health Quality Innovators
  9830 Maryland Dr.
  Suite J
  Richmond, VA 23233
  804-289-5320
  Livanta/BFCC-QIO
  6830 W. Oquendo Rd.
  Suite 202
  Las Vegas, NV 89118
  Fax: 844-420-6671