



The Law provides certain rights as a home health patient. These include the right:

1. To exercise your right as a patient of this Agency.
2. To have a family member or guardian exercise your rights if you are or are not judged incompetent.
3. To refuse care and services and have assistance in understanding and exercising his/her rights.
4. To have your property treated with respect.
5. To voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the Agency and must not be subjected to discrimination or reprisal for doing so.
6. To be informed in advance about the care to be furnished and of any changes in the care to be furnished.
7. To participate in the planning of care and planning changes in the care or treatment.
8. To confidentiality of all clinical records maintained by this agency. Information from your clinical records will not be released without consent, unless required by law.
 - a. To be informed that OASIS information will be collected and the purpose of the collection.
 - b. To have information kept confidential.
 - c. To be informed that OASIS information will not be disclosed except for legitimate purposes allowed by Federal Privacy Acts.
 - d. To refuse to answer questions.
 - e. To see, review, and request changes on the consent.
9. To be informed before care is initiated both orally and in writing of:
 - a. The extent to which payment may be expected from Medicare, Medicaid, or any other federally funded program or private insurance known to this agency.



- b. The charges for services that will not be covered by Medicare or private insurance.
 - c. Any specific charges for services to be paid by client.
- 10. To be informed orally and in writing of any known changes in these charges as soon as possible but no later than 30 working days from the date this Agency becomes aware of the change.
- 11. To lodge a complaint against this Agency or receive information regarding any Texas home health agency by calling the toll-free Texas Home Health Hotline 1-800-458-9858. The Agency must investigate complaints made by the patient/patient's family/guardian regarding the treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the Agency and must document the existence of the complaint and the resolution of the complaint. The Hotline may also be utilized to lodge complaints regarding implementation of the advanced directive requirement. The Home Health Hotline is answered 24 hours a day, 365 days a year.
- 12. To appropriate assessment and management of pain.
- 13. To be informed of services/products and equipment available directly or by contract.
- 14. To be informed of organization ownership and control.
- 15. To be informed of disciplines that will provide care and the proposed frequency of visits service.
- 16. To be informed of the agency's policy on client advanced directives including a description of an individual's rights under State law (whether statutory or as recognized by the courts of the State) and how such rights are implemented by the Agency.
- 17. To receive service without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle.
- 18. To receive service without regard to whether or not any advanced directive has.
- 19. To make informed decisions about care and treatment plans and to receive information in a way that is understandable to the client.



FORTE
—HEALTH SERVICES—

Patient Bill of Rights

20. To be notified in advance of treatment options, transfers, when and why care will be discontinued.
21. To receive and access services consistently and in a timely manner in accordance with organization's stated operational policy.
22. To education, instruction and requirements for continuing care when the services of the Agency are discontinued.
23. To participate in the selections of options for alternative levels of care or referral to other organizations, as indicated by the client's need for continuing care.
24. To receive disclosure information regarding any beneficial relationships the organization is unable to meet the client's needs or if the client is not satisfied with the care they are receiving.
25. To be referred to another provider organization if the organization is unable to meet the client's needs or if the client is not satisfied with the care they are receiving.
26. To be advised of the availability, purpose and appropriate use of State, Medicare and Community Health Accreditation Program, Inc. (CHAP) hotline numbers.
27. To not receive any experimental treatment without the client's specific agreement and full understanding of information explained.
28. To be free from any mental, physical abuse, neglect or exploitation of any kind by the Agency staff.
29. To confidentiality of the client's records and the organization's policy for accessing and disclosing of clinical records.