

Statement of Patient Rights and Responsibilities

Patient Rights

1. We commit to treating you with consideration and respect, in full recognition of your dignity and individuality.
2. We commit to respecting your privacy in treatment and personal care. The right to personal privacy includes respect for personal property and physical privacy to the extent consistent with your care needs during personal hygiene activities (e.g., toileting, bathing, or dressing), during medical/nursing treatments, and when requested (as appropriate).
3. Except as permitted by New Hampshire law, you have the right to be informed of the name, licensure status, and staff position of all staff and personnel that you have contact with.
4. You shall not be denied appropriate care or otherwise be discriminated against on the basis of age, sex, gender identity, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession.
5. You shall be given the opportunity to participate in the development and periodic revision of your plan of care. You will be informed in advance of any changes of the plan or intent to discharge.
6. Your care will be evaluated through our quality assurance program.
7. You shall be given the opportunity to refuse treatment within the confines of the law and be informed of the consequences of such action.
8. You will not be involved in experimental research without your written consent.
9. You have the right to voice grievances and to recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal. Notify your provider, nurse or the North Country Healthcare (NCH) Compliance Officer, 8 Clover Lane, Whitefield, NH 03598, Telephone: (603) 326-5608, or Email, compliance@northcountryhealth.org. You may also contact the NH Department of Health and Human Services Health Facility Certification Unit, 129 Pleasant Street Concord, NH 03301-3857, Telephone: (603) 271-9049 or 1-800-852-9049, Email, DHHS.HFA-Certification@dhhs.nh.gov or the HHS Office for Civil Rights Complaint Portal, which is available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-567-7697 (TDD) .
10. You have the right to be free from emotional, psychological, sexual, and physical abuse. You have the right to be free from exploitation, neglect, corporal punishment, and involuntary seclusion.
11. You have the right to be free from chemical and physical restraints except when they are authorized in writing by a physician. Restraints and seclusion will never be imposed as a means of coercion, discipline, convenience, or retaliation by staff.
12. You shall be informed of the hospice's drug policies and procedures, including the policies and procedures regarding the tracking and disposing of controlled substances.
13. You have the right to receive effective pain management and symptom control from hospice for conditions related to your terminal illness(es). You also have the right to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments..
14. We commit to the confidential treatment of all information contained in your personal and clinical record. Your consent shall be required for the release of information to anyone not otherwise authorized by law to receive it.

15. Medical information contained in our medical records is deemed to be your property. You are entitled to a copy of such records upon request and at a reasonable cost.
16. You have the right to be informed in advance of the charges for services, including payment for care expected from third parties and any charges you will be expected to pay.
17. NCH and its affiliates will provide free aids and services to people with disabilities to communicate effectively with us, such as: (i) qualified sign language interpreters; and (ii) written information in other formats (large print, audio, accessible electronic formats, other formats). They will also provide free language services to people whose primary language is not English, such as: (i) qualified interpreters; and (ii) information written in other languages.

Patient Responsibilities

1. You have the responsibility to remain under a doctor's care while receiving agency services.
2. You have the responsibility to provide your health care team with accurate and complete information about your health status, to the best of your knowledge. This includes information about present complaints, past illnesses, prior hospitalizations, medication usage, and other matters relating to your health.
3. You have the responsibility to create and maintain an environment that is safe and free from sexual or other forms of harassment by the client or others in the home. For the purposes of this subparagraph, an environment is unsafe if conditions in and around the home imminently threaten the safety of the home health care provider personnel or jeopardize the home health care provider's ability to provide care.
4. You have the responsibility to participate in developing and following the plan of care.
5. You have the responsibility to request information about anything that you do not understand and express concerns regarding services provided.
6. You have the responsibility to notify us of perceived risks or unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
7. You have the responsibility to follow instructions and accept responsibility for the outcomes if you do not follow the care, treatment or service plan.
8. You have the responsibility to report and discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
9. You have the responsibility to keep appointments. If you cannot keep an appointment, you have the responsibility to notify our facility as soon as possible.
10. You have the responsibility to promptly meet your financial obligations and responsibilities agreed upon with the agency.
11. You have the responsibility to tell us if your Medicare or other insurance coverage changes or if you decide to enroll in a Medicare or private HMO (Health Maintenance Organization).
12. You have the responsibility to show respect and consideration for agency staff and equipment.

You have the responsibility to inform the provider of the existence of, and any changes made to, advance directives.