

Patient Rights and Responsibilities

Mission Statement: Four Seasons' mission is to provide goal-oriented, holistic and life-affirming care to our patients and families. Patients and families enrolled in the Four Seasons hospice program have the following rights and responsibilities:

1. To exercise my rights as a patient of Four Seasons.
2. To not be subjected to discrimination or reprisal for exercising my rights.
3. To be informed and participate in my plan of care.
4. To have my property and person treated with respect, consideration, and dignity, with full recognition of my individuality and right to privacy.
5. To receive care and services that are adequate, appropriate, and in compliance with relevant Federal and State laws and rules and regulations.
6. To be informed of the process for acceptance and continuance of service and eligibility determination.
7. To receive effective pain management and symptom control from Four Seasons for conditions related to the terminal illness.
8. To have my Advance Directives honored as permitted by local, state, and federal law.
9. To accept or refuse services, care, or treatment, and be informed about the consequences of such action.
10. To choose my attending physician.
11. To receive a copy of Four Seasons' Notice of Privacy Practices describing my privacy rights.
12. To have my personal and medical records kept confidential, and not be disclosed without appropriate written consent or in accordance with the Notice of Privacy Practices.
13. To request confidential communications.
14. To inspect and copy my health information in accordance with the Notice of Privacy Practices.
15. To object to a disclosure of my health information to the NC Department of Health Service Regulation for purposes of validating Four Seasons' compliance with state law as I have indicated in the Consent for Hospice Services or have amended in writing.
16. To be informed of the agency's on-call service.
17. To be informed of supervisory accessibility and availability, and be advised of the agency's procedures for discharge.
18. To receive a reasonable response to my requests of the agency.
19. To receive a written statement of services provided by the agency and the charges I am liable for paying.
20. To receive information about the services covered under the hospice benefit.
21. To receive information about the scope of services Four Seasons will provide and specific limitations on those services.
22. To receive health teaching and education in a language or form that I can reasonably be expected to understand.
23. To be involved in resolving ethical issues or conflicts about care or service.
24. To be notified within 10 days when the agency's license has been revoked, suspended, canceled, annulled, withdrawn, recalled, or amended.

25. To be advised of the opportunity to request a copy of the agency's policies regarding patient rights or responsibilities.
26. To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of Four Seasons, and not be subjected to discrimination or reprisal for doing so.
27. To receive care without regard to race, color, national origin, religion, disability, gender, sexual orientation, age, type of illness, source of payment or ability to pay.
28. To be advised of the address and telephone number for information, questions, or complaints about services provided by the agency:

Chris Comeaux, President/CEO
Four Seasons
571 South Allen Road
Flat Rock, NC 28731
(828) 692-6178; 1-866-466-9734 (Toll Free)
NC TTY/TDD: 919-874-2212

29. To be advised of the address and telephone number of the section of the Department of Health and Human Services responsible for the enforcement of the provisions of this Part and the Division of Health Service complaints hotline number or the Department of Health and Human Services Careline number.

<u>Acute Care, Home Care and CLIA Branch</u>	<u>Complaint Intake Unit</u>	<u>Office for Civil Rights</u>
Licensure and Certification Section	NC Division of Health Service Regulation	61 Forsyth Street SW
Division of Health Service Regulation	2711 Mail Service Center	Suite 3B70
2712 Mail Service Center	Raleigh, NC 27699	Atlanta, GA 30323
Raleigh, NC 27699	1-800-624-3004 (within NC) or	404-562-7886 Phone
919-855-4620 Phone; 919-715-3073 FAX	919-855-4500	404-331-2867 TDD

30. To be provided a copy of the declaration of Patient Rights and Responsibilities in advance of care being furnished.
31. To be free from mistreatment, exploitation, neglect, or verbal, mental, sexual, and/or physical abuse, including injuries of unknown source and misappropriation of patient property.
32. To expect that the agency shall investigate, within 72 hours, complaints made to the agency by a client or the client's family.
33. To know that my family or guardian may exercise my patient rights if I have been judged incompetent by a court of law.

Specific to Elizabeth House:

34. To unlimited contact with visitors and others in keeping with the security, privacy, and rights of others in the facility
35. To keep and use personal clothing and possessions.
36. To privacy and security of myself and my possessions.

I have the responsibility:

1. To notify Four Seasons of changes in my address, health status, medications, physician, or admission to a health care facility.
2. To notify Four Seasons of my inability to keep a scheduled appointment.

3. To notify Four Seasons when I feel my rights are not being respected.
4. To sign a release when refusing medications, treatments, the recommended plan of care, or when refusing home care services.
5. To notify Four Seasons if I join or enroll in an HMO.
6. To cooperate with my physician and Four Seasons in my treatment program.
7. To provide a safe home environment in which care can be given.
8. To provide Four Seasons with a current copy of my Advance Directives.
9. To express any concerns regarding the course of treatment or my ability to comply with instructions.