

Patients have a right to be notified of their rights and responsibilities before initiation of care or treatment. The family or guardian may exercise the Patient's rights when the Patient has been judged incompetent. Agency has an obligation to protect and promote the following rights of their Patient:

- To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- To not be discriminated against and receive services regardless of race, color, creed, ethnic origin, age, sexual orientation, etc.
- To have complaints investigated made by the patient, patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for patient's property by anyone furnishing services on behalf of the Agency. You will not be subject to discrimination for doing so. Agency must document both the existence of the complaint and the resolution of the complaint.
- To have your property treated with respect.
- To be informed of the procedure you can follow to lodge complaints with the Agency about the care that is, or fails to be, furnished, and regarding a lack of respect for property. To lodge complaints, call the Agency Administrator at 703-661-4555.
- To know about the disposition of such complaints.
- To voice their grievances without fear of discrimination or reprisal for having done so.
- To be advised of the telephone number and hours of operation of Virginia's Home Health Agency hotline, that receives complaints or questions about local home care agencies. The hours are 24 hours a day, seven (7) days a week and the telephone number is 800-955-1819. The hotline also receives complaints about advance directives.
- To personal dignity.
- To effective communication.
- To be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
- To refuse to participate in investigational, experimental, research or clinical trials.
- To be notified in advance about the care that is to be furnished, the types (disciplines) of the caregivers who will furnish the care and the frequency of the visits that are proposed to be furnished.
- To be served by individuals who are properly trained and competent to perform their duties.
- To be advised in advance of the right to participate in planning care or treatment and in planning changes in care before the change is made.
- To be informed of rights under state law to make decisions concerning medical care, including the right to accept or refuse treatment and the right to formulate advance directives.
- To be informed of policies and procedures for implementing advance directives, including any limitations if the Agency cannot implement an advance directive on the basis of conscience.
- To receive care without condition on, or discrimination based on, the execution of advance directives.
- To refuse care without fear of reprisal or discrimination and in accordance with law and regulation. If you are not legally responsible, your surrogate decision maker may refuse care on your behalf as permitted by law.
- To exercise his/her rights as a patient of the Agency.
- The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.
- To confidentiality of your medical record as well as information about their health, social and financial circumstances and about what takes place in the home.
- To expect the Agency to release information only as required by law or authorized by the patient and to be informed of procedures for disclosure.
- To access, request an amendment to and receive an accounting of disclosures regarding your own health information as permitted under applicable law.
- To be informed of the extent to which payment may be expected from Medicare, Medicaid or any other payor known to the Agency.
- To be informed of any charges that will not be covered by Medicare or Medicaid.
- To be informed of the charges for which the patient may be liable and to receive this information, orally and in writing, before care is initiated and within 30 calendar days of the date the Agency becomes aware of any changes.

- To be informed of the procedures for collecting charges owed by the patient.
- To have access upon request to all bills for service the patient has received, regardless of whether the bills are paid out-of-pocket or by another party.
- To be admitted by the Agency only if it has the resources needed to provide the care safely and at the required level of intensity, as determined by a professional assessment. The Agency with less than optimal resources may nevertheless admit the patient if a more appropriate provider is not available, but only after fully informing the patient of the Agency's limitations and the lack of suitable alternative arrangements.
- To be given at least 10 days written notice when the organization determines to terminate services.
- To effective pain management.
- Voice concerns related to care, treatment or services and patient safety issues: Please call Agency Director of Clinical Services. We also encourage you to contact The Joint Commission, Office of Quality Monitoring at 800-994-6610 or e-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

Additional Rights and Responsibilities as outlined by the Virginia Department of Medical Assistance Services include:

- The Agency's responsibility to notify the patient in writing of any action taken which affects the patient's services.
- The Agency's responsibility to render services according to acceptable standards of care.
- The Agency's responsibility to make a good faith effort to provide care according to the scheduled Plan of Care and to notify the recipient when unable to provide care.
- The Agency must inform the patient of his or her responsibility to have some planned back-up for times when the Agency is unable to secure coverage and to identify which staff the patient should contact regarding schedule changes.
- The patient has the right to choose his or her provider agency as well as the waiver services he or she receives.
- The Department of Medical Assistance Services (Medicaid) pays Five Star Home Health Care to provide personal and/or respite care to you. If you have a problem with these services you should contact the RN Supervisor at 703-662-7500. If the staff at the Agency is unable or unwilling to help you resolve the problem you may contact the Long Term Care Unit at Virginia DMAS by calling 804-225-4222 or by mail at: DMAS Long Term Care Unit, 600 East Broad Street Suite 1300, Richmond, VA 23219

Patient Responsibilities:

- Notify the Agency of any perceived risks in your care or unexpected changes in your condition, e.g., hospitalization, changes in the plan of care, symptoms to be reported, etc.
- Notify the Agency if the visit schedule needs to be changed.
- Notify the Agency if staff fail to appear for work.
- Notify the Agency of the existence of, and any changes made to, advance directives.
- Notify the Agency of any problems or dissatisfactions with the services provided.
- Provide a safe environment for care.
- Follow instructions and express any concerns you have about your ability to follow and comply with proposed plan or course of treatment. The Agency will make every effort to adapt the plan to your specific needs and limitations. If such changes are not recommended, the Agency will inform you of the consequences of care alternatives.
- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters related to the patient's health.
- Know that in the event of an emergency that disrupts Agency's services to patient, that Agency will make every effort to visit or telephone patient. However, if patient has a medical emergency and is not able to contact the Agency, the patient should access the nearest emergency medical facility.
- Ask questions about care or services when you do not understand your care or what you are expected to do.
- Provide feedback about service needs or expectations.
- Follow Agency rules and regulations concerning patient care and conduct.
- Show respect and consideration for Agency's personnel and property.
- Meet financial commitments agreed upon with the Agency promptly.
- Understand and accept consequences for the outcomes if the care and services or treatment plans are not followed.

## **PRIVACY**

As a home health patient seeking services through Medicare or Medicaid, you have the privacy rights listed below:

- You have the right to know why we need to ask you questions.
  - We are required by law to collect health information to make sure:
    - You get quality health care, and
    - Payment for Medicare and Medicaid patients is correct.
- You have the right to have your personal health care information kept confidential.
  - You may be asked to tell us information about yourself so that we will know which home health services will be best for you.
  - We keep anything we learn about you confidential.
  - This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.
- You have the right to refuse to answer questions.
  - We may need your help in collecting your health information.
  - If you choose not to answer, we will fill in the information as best we can.
  - You do not have to answer every question to get services.
- You have the right to look at your personal health information.
  - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
  - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the Federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records.

The following information pertains to patients who do not have Medicare or Medicaid coverage:

- Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services
- We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
- We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- We keep anything we learn about you confidential

# PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

**THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).  
THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.**

## **I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.**

**Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.**

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review and request correction of your information in the HHA OASIS System of Records.

## **II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED**

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- Support litigation involving the Centers for Medicare & Medicaid Services.
- Support regulatory, reimbursement and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant.
- Study the effectiveness and quality of care provided by those home health agencies.
- Survey and certification of Medicare and Medicaid home health agencies.
- Provide for development, validation and refinement of a Medicare prospective payment system.
- Enable regulators to provide home health agencies with data for their internal quality improvement activities.
- Support research, evaluation or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects.
- Support constituent requests made to a Congressional representative.

## **III. ROUTINE USES**

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. The federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services.
2. Contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity.
3. An agency of a State government for purposes of determining, evaluating and/or assessing cost, effectiveness and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State.
4. Another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs.
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care.
6. An individual or organization for a research, evaluation or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health or payment related projects.
7. A congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

## **IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION**

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

**NOTE:** This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may **request** you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative signs the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

### **CONTACT INFORMATION**

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or correct your personal health information

that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.

TTY for the hearing and speech impaired: 1-877-486-2048.