



Hospice Care Patient Bill of Rights and Responsibilities

Hospice Care patients have the right to be notified of their rights and responsibilities before treatment begins or during the initial evaluation visit. A patient's legal guardian, legal representative, or parent in the case of a minor, may exercise these rights on behalf of the patient. The patient will have these rights and responsibilities communicated verbally and in writing in a language that the patient will understand.

As a Hospice Care Patient, you have the right to:

- a. Receive end-of-life care of the highest quality.
- b. Receive effective pain management and symptom control for conditions related to the terminal illness.
- c. Choose an attending physician or other approved non-physician provider.
- d. Receive information about the services covered under the hospice benefit.
- e. Receive information on advance directives.
- f. Receive the bill of rights verbally and in writing in a language and manner that the patient understands.
 - Patient/Representative understands English - no interpreter assistance needed.
 - Patient/Representative has a language barrier, limited English, or a disability that requires interpreter assistance.
- g. Be informed of the right to access auxiliary aids and language services and how to access these services.
- h. Have property and person treated with respect.
- i. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.
- j. Patient will be informed of Cornerstone VNA's transfer/discharge policy including:
 - A transfer or discharge is necessary for the patient's welfare because the Hospice Care Team and the physician who is responsible for the plan of care agree that Hospice can no longer meet the patient's needs, based on the patient's care needs. Hospice must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the Hospice's capabilities.
 - Patient or payer will no longer pay for the services provided by Hospice.
 - The transfer or discharge is appropriate because the physician who is responsible for the plan of care and Hospice agree that the measurable outcomes and goals set forth in the plan of care have been achieved and the physician agrees that the patient no longer needs Hospice services.
- k. Patient refuses services or elects to be transferred or discharged.
- l. Hospice Care program ceases to operate.
- m. Hospice discharges patient for cause due to uncooperative, disruptive, abusive behavior and/or sexual harassment, or any incident in which agency staff feel threatened or unsafe resulting in a serious impediment to the agency's ability to operate safely and effectively in the delivery of care.
- n. Discharge/transfer can be for anything that puts the staff at risk, including but not limited to severe infestations and excessive use of substances, drugs, or alcohol.
- o. Before HHA discharges for cause, patient, representative (if any), physicians(s) issuing orders for home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA will be informed that a discharge for cause is being considered.
- p. Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.
- q. Request a copy of any information contained in the clinical record including the plan of care, medication list, etc. Cornerstone VNA will use a variety of communication methods such as written calendars, patient workbooks specific to the disease, medication list (if requested by patient/representative), etc.
- r. Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
 - Completion of all assessments
 - The care to be furnished
 - Establishing and revising the plan of care
 - The disciplines that will furnish care
 - The frequency of visits
 - Expected outcomes (including patient-identified goals, and anticipated risks and benefits)
 - Any factors that could impact treatment effectiveness
 - Any changes in the care to be furnished
- s. Receive proper written notice, in advance of a specific service being furnished, if Hospice believes that the



service may be non-covered care or in advance of Hospice reducing or termination ongoing care.

o. Be advised of:

- The extent to which payment for Hospice services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to Hospice.
- The charges for services that may not be covered by Medicare, Medicaid, or any other Federally-funded or Federal aid program known to Hospice.
- The charges the individual may have to pay before care is initiated.
- Any changes to the plan of care during the course of hospice care. The Hospice must update the hospice election addendum and provide these updates, in writing, to the individual (or representative) in order to communicate these changes to the individual (or representative)

p. Make complaints to Hospice regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of Hospice. You can direct concerns or complaints to the Hospice Care Administrator.

Hospice Care Administrator

Hospice Director
178 Farmington Rd
Rochester NH 03867
800-691-1133. Monday-Friday 8:00am-4:30pm

q. Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions.

NH Home Health "Hot Line"

129 Pleasant St, Concord NH 03301
800-621-6232. Hours: Weekdays 9am-4pm

Maine Home Health "Hot Line"

221 State St, 11 State House Station
Augusta ME 04333
800-621-8222. Hours: Monday-Friday 8am-5pm

NH Department of Health and Human Services

Office of Legal and Regulatory Services

Health Facilities Administration

129 Pleasant St, Concord NH 03301
800-852-3345

Maine Ombudsman

61 Winthrop St, Augusta ME 04330
800-499-0229

As a patient, you have the responsibility to:

- Treat all staff with respect. If you or any other person in the household are disruptive, abusive, or uncooperative to the extent that delivery of care or the ability of the hospice team to provide effective care is seriously impaired, then staff are instructed to leave your home and to contact their supervisor. This could result in a discharge from the agency if unresolved.
- Give accurate and complete health information.
- Participate in developing and following your plan of care.
- Request information about anything that you do not understand and express to Cornerstone VNA any concerns regarding your hospice services.
- Inform Cornerstone VNA when you are unable to keep a hospice visit appointment.
- Maintain a safe environment for agency staff. This may include, but is not limited to:
 - Restricting pets from the treatment area
 - Storing firearms in a safe place
 - Refraining from smoking during visits
- Obtain consent if a recording device is being used during visits (NH recording law stipulates that it is a two-party consent state. In NH, it is a criminal offense to use any device to record communications, whether they're wire, oral or electronic, without the consent of everyone taking part in the conversation. This includes the recording of home care visits).
- Follow directions/instructions given by the hospice nurse for taking all controlled medications. If controlled medications are misused, lost or stolen, they may not be filled and will result in an internal investigation.
- Coordinate all of your care through hospice or else it might not be covered.
- Revoke your hospice benefit at any time for any reason.
 - Revocation is your choice and must be initiated by you or your family or representative.
 - There is no penalty to re-enroll and you are free to re-elect the hospice benefit at any time.
 - You must sign in writing a statement of revocation on the effective date.
- Be aware that Hospice is not required to pay for emergency or non-emergency services not coordinated by Cornerstone VNA Hospice.
- Call your hospice nurse first if you have an accident such as a fall, broken bone, laceration, etc. If an ER evaluation is needed, it will be coordinated by your hospice nurse.