



## **Palliative Care Bill of Rights and Responsibilities**

Palliative 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 Palliative Care Patient, you have the right to:**

- a. 484.50 Patient/Representative has the right to request to receive the bill of rights in a language that is understood and in a manner which accommodates any disability.
    - ☐ Patient/Representative understands English - no interpreter assistance needed.
    - ☐ Patient/Representative has a language barrier, limited English, or a disability that requires interpreter assistance.
  - b. Be informed of the right to access auxiliary aids and language services.
  - c. Have his or her property and person treated with respect.
  - d. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.
  - e. 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 Palliative Care Team and the practitioner who is responsible for the plan of care agree that Palliative Care can no longer meet the patient's needs, based on the patient's acuity. Palliative Care Team must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the Palliative Care Team's capabilities.
    - Patient or payer will no longer pay for the services provided by Palliative Care.
    - The transfer or discharge is appropriate because the practitioner who is responsible for the plan of care and patient agree that the measurable outcomes and goals set forth in the plan of care have been achieved and the practitioner agrees that the patient no longer needs Palliative Care services.
  - f. Patient/Representative have the right at any time to request a copy of any information contained in the clinical record including the plan of care, medication list, etc.
  - g. Cornerstone VNA will use a variety of communication methods such as written calendars, patient workbooks specific to his/her disease, medication list (if requested by patient/representative), etc.
  - h. 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
- Patient refuses services, or elects to be transferred or discharged.
  - Palliative Care program ceases to operate.
  - Patient is discharged 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.
    - Discharge/transfer can be for anything that puts the staff at risk including but not limited to excessive use of substances, drugs, alcohol, or severe infestations.
    - If Palliative Care discharges for cause, patient, representative (if any), physicians(s), practitioner issuing orders for the 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 Palliative Care, that a discharge for cause is being considered.



- 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
- i. Receive proper written notice, in advance of a specific service being furnished, if Palliative Care believes that the service may be non-covered care or in advance of Palliative Care reducing or termination on-going care.
- j. Be advised of:
- The extent to which payment for Palliative Care services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to Palliative Care.
  - The charges for services that may not be covered by Medicare, Medicaid, or any other Federally-funded or Federal aid program known to Palliative Care.
  - The charges the individual may have to pay before care is initiated; and
  - Any changes in the information, Palliative Care must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next visit.
- k. Make complaints to Palliative Care 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 Palliative Care. You can direct concerns or complaints to the Palliative Care Administrator.
- Palliative Care Administrator**  
Julie Reynolds, RN, MS  
178 Farmington Rd,  
Rochester NH 03867  
603-332-1133  
Monday-Friday 8:00am-4:30pm
- l. Be advised that health facilities cannot take complaints against physicians offices. Please contact the NH Board of Medicine to make inquires to the Complaint Department at (603) 271-6930.

**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 Palliative Care 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 Palliative Care services.
- Inform Cornerstone VNA when you are unable to keep a Palliative Care visit appointment.
- An agency discharge may occur when a patient misses two or more visits in one month for being not home or refusing care, without notifying the agency in advance, except in emergency situations.
- Maintain a safe environment for agency staff. This may include, but is not limited to:
  - Restricting pets from the treatment area
  - Safe storage of firearms
  - Refraining from smoking during visits
  - Obtaining 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 Palliative Care provider 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.
- Inform Cornerstone VNA of the existence of your advance directives and any changes you make to them and provide copies to the provider.