



HOME CARE BILL OF RIGHTS AND CLIENT RESPONSIBILITIES: Page 1 of 2

CLIENT'S NAME: _____

As a patient of **Caregiver Pro Homecare Inc** you have the right to:

1. Be informed of your rights both verbally and in writing at the time of admission and prior to the initiation of care.
2. Receive competent, individualized care and service from **Caregiver Pro Homecare Inc** staff regardless of age, race, color, national origin, religion, sex, disease, disability or any other category protected by law or decisions regarding advance directives.
3. Be treated with dignity, courtesy, consideration, respect, and have your property treated with respect.
4. Be informed verbally and in writing of the services available and related charges, as they apply to the primary insurance, other payers, and self-pay coverage before care is initiated. To be informed of any changes in the sources of payment and your financial responsibility as soon as possible but no later than thirty (30) calendar days after **Caregiver Pro Homecare Inc** becomes aware of the change.
5. Be informed both orally and in writing, in advance of the plan of care, of any changes in the plan of care, and to be included in the planning of care before treatment begins; be informed of all treatment prescribed, when and how services will be provided, and the names and functions of any person and affiliated program providing care and services, including photo identification of agency staff and participate in the development of the discharge plan.
6. Participate in the planning of your care and be advised in advance of any changes in the plan of care.
7. Refuse care and treatment after being fully informed of and understanding the consequences of such actions and to initiate an advance directive, "living will," durable power of attorney and other directives about your care consistent with applicable law and regulations. Refuse to participate in research or experimental treatment.
8. To appropriate assessment of pain and management of his/her pain.
9. Receive information regarding community resources and to be informed of any financial relationships between **Caregiver Pro Homecare Inc** and other providers to which you may be referred to by **Caregiver Pro Homecare Inc**
10. Be informed of the procedures for submitting patient complaints, voice complaints, and recommend changes in the policies and services to the Administrator by calling the agency.

If dissatisfied with the outcome, you have the right to submit the complaint to the New York State Department of Health or any outside representative of the patient's choice. The expression of such complaints by the patient or patient designee shall be free from interference, coercion, discrimination, or reprisal. They can be contacted at: **NYS Department of Health**

Metropolitan Regional Office
90 Church Street, New York, NY 10007
212-417-5888

Complaint Hotline (available 24/7): 1-800-628-5972