



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

CLIENT'S NAME: _____

Express complaints about the care and services provided or not provided and complaints concerning lack of respect for property by personnel furnishing services on behalf of **Caregiver Pro Homecare Inc LLC** and to expect the agency to investigate such complaints within 15 days of receipt of complaint. Also, if dissatisfied with the outcome, you have the right to submit an appeal to the agency's governing authority which will be reviewed within 30 days of receipt of appeal request.

11. Receive timely notice of impending discharge or transfer to another agency or to a different level of care and to be advised of the consequences and alternatives to such transfers.
12. Privacy, including confidential treatment of records and access to your records on request. Information will not be released without your written consent except for those instances required by law, regulation, or third-party reimbursement.
13. In the situation when the patient lacks capacity to exercise these rights, the rights shall be exercised by and individual, guardian, or entity legally authorized to represent the patient.

As a home care client, you have the responsibility to:

1. Be seen by a doctor on a regular and ongoing basis.
2. Share complete and accurate health information.
3. Be responsible for following the recommended treatment plan.
4. Make it known if you do not understand or cannot follow the treatment plan.
5. Cooperate with agency staff and not discriminate against staff.
6. Notify the agency in advance when you cannot keep a scheduled appointment.
7. Notify the agency if you receive services from another agency.
8. Notify the agency in the event of change in your health status.
9. Be responsible for your actions if you refuse treatment or do not follow the agency's recommendations/directions.
10. Take responsibility for financial obligations of your care.
11. Maintain a home environment that facilitates effective home care.

Patient/Representative Signature:	Date:
Witness Signature:	Date: