A Better Choice Home Care Policies and Procedures	
Section 3: Service Delivery and Client Care	
	Policy Number: 3.40
Policy Title: Client Rights	Effective Date: 8/2/2002
	Revision Date: 8/16/2013
	Approved By: Jeannette Savage
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#### **PURPOSE**

- 1. To ensure clients are aware of their rights;
- 2. To ensure compliance with applicable laws; and,
- 3. To ensure that staff are educated about and respectful of client's rights when delivering services.

#### **POLICY**

**A Better Choice Home Care** requires that every client be advised of their client rights. Client shall be given a copy of the Agency's *Rights & Responsibilities* form prior to the commencement of service. Clients, who live in states, which have a Client's Bill of Rights, shall also be given a copy of it, in accordance with established law.

## **PROCEDURES**

- 1. Client rights shall be reviewed with the client/client's representative during the first visit, before the implementation of service.
- 2. Supervisor/Alternate and client/client's representative shall distribute a copy of the *Rights & Responsibilities* form during the initial assessment.
- 3. A copy of the signed *Rights & Responsibilities* form shall be given to the client to be kept where it is easily accessible and the original shall be placed in the client's file.
- 4. Supervisor shall make a notation in the client's record that:
  - a. the *Rights & Responsibilities* form was reviewed with the client/client's representative;
  - b. required signatures were obtained; and,
  - c. a copy of the Rights & Responsibilities form was left in the client's home.
- 5. Should the client not understand his/her "*Rights*" the Supervisor/alternate shall document such in the client's record and give the reason why it was not understood. If the client's representative or someone else is in the home is able to comprehend the details, the Supervisor/Alternate shall document this information.

## Client Rights

The Rights and Responsibilities form shall include, but not be limited to, the client's right to:

- 1. consent to or refuse service.
- 2. be cared for by qualified, competent and trained personnel;
- 3. receive complete information about his/her health and recommended treatments, as developed jointly with this |Agency;
- 4. to have full access to the care record maintained by this Agency;
- 5. be treated with courtesy, dignity and respect;



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- 6. be spoken to or communicated with in a manner or language they can understand;
- 7. receive privacy and confidentiality with regard to their health, social, and financial circumstances and what takes place in their homes, in accordance with laws and Agency policies;
- 8. speak freely without fear;
- 9. be free from involuntary confinement, and from physical or chemical restraints;
- 10. be free from any actions that would be interpreted as being abusive. e.g. intimidation, physical/sexual/verbal/mental/emotional/material or financial abuse, etc.;
- 11. report all instances of potential abuse, neglect, exploitation, involving any employee of the Agency, to the *Elder Abuse Hotline*;
- 12. be dealt with in a manner that recognizes their individuality and is sensitive to and responds to their needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors;
- 13. receive service and be dealt with without regard to race, color, age, sex, sexual orientation, creed, religion, disability and familial/cultural factors;
- 14. express complaints verbally or in writing about services or care that is or is not furnished, or about the lack of respect for your person or property by anyone who is furnishing services on behalf of the Agency;
- 15. be informed of procedures for initiating complaints about the delivery of service or resolving conflict, without fear of reprisal or retaliation;
- 16. be informed of the cost of services and procedures for notifying them of any increase in the cost of services;
- 17. be informed of the laws, regulations and policies of the Agency including:
  - a. Code of Ethics;
  - b. Unstable Health Conditions;
  - c. Withdrawal/Termination of Services; AND,
  - d. others, as required/requested.
- 18. be provided with the name, certification and staff position of all persons supplying, staffing or supervising the care and services you receive;
- 19. be informed of where ownership lies for any equipment/supplies provided in the provision of services;
- 20. have their property treated with respect;
- 21. participate in the development of a plan for their care & receive an explanation of any services proposed, changes in service, and alternative services that may be available;
- 22. receive written information on the care plan, including the names of Care Aide(s), & Supervisor assigned and the Agency's phone number;
- 23. provide input on which Care Aide they want and request a change of Care Aide, if desired;



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- 24. be briefed on any procedure/treatment before it is carried out in order that they can give informed consent;
- 25. receive regular nursing supervision of the |Care Aide, if medically-related personal care is needed;
- 26. expect that the Agency will only release information about them if they have given authorization and/or if it is a requirement of law;
- 27. be given written documentation on the Agency's Advance Directives Policy;
- 28. to die with dignity;
- 29. receive notice of any changes in their service, within an agreed upon amount of time, prior to the changes place;
- 30. be informed, within a reasonable amount of time, of the Agency's plans to terminate the care or service and/or their intention to transfer their care to another agency.

## **CROSS-POLICY REFERENCES**

- 1. Client & Agency Responsibilities
- 2. Advance Directives
- 3. Standards of Conduct & Work Ethics
- 4. Complaints/Compliments
- 5. Unstable Health Conditions
- 6. Withdrawal/Termination of Services
- 7. Service Plan
- 8. Service Agreement
- 9. Privacy & Confidentiality



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# **FORMS**

1. Rights & Responsibilities

Employee Signature(Digital accepted)		
	Date	
Cleannette Savige Signature of Employer		

