

HEYMAN HOSPICECARE AT FLOYD
STATEMENT OF PATIENT/FAMILY RIGHTS AND RESPONSIBILITIES
NONDISCRIMINATION AND ACCESSIBILITY

DEFINITION:

Hospice is a coordinated program that delivers care at home or in a home-like setting to persons in the final phase of a terminal illness. It neither hastens nor postpones death, but affirms life, enhancing quality, not length. Hospice strives to empower patients to live with dignity, alert and as pain-free as possible, while involving families and loved ones in giving care. Our major goal is an environment where patients and families have satisfactory mental and spiritual preparation for death.

Your personal physician will consult with our hospice care team of nurses, social workers, home health aides, chaplains, counselors, volunteers, and Medical Director. Working closely together, team members treat and attend the patient and family as the "unit of care". Bereavement follow-up care is available, also.

As a patient of Heyman HospiceCare, you have the right to:

1. Be cared for by a team of professionals who will provide high quality comprehensive hospice services as needed and appropriate for you and your family (including extended and alternative family).
2. Choose your attending physician.
3. Know the caregiver's name and title, as well as the right to be provided additional information related to the caregiver's education, skills and training.
4. Receive care free from restraints and seclusion, unless necessary to provide medical surgical or behavioral health care.
5. Receive care that is free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of personal property.
6. Community protective services. If you have been identified as being a victim of neglect or abuse in your home, need someone to take care of you or your property, or need other support, the hospice will facilitate access or referral to guardians, conservators, self-help groups and advocacy services.
7. Give (or withhold) informed consent for care or observation by anyone other than Heyman HospiceCare staff, such as students.
8. Have a clear understanding of the availability of and access to hospice services and the hospice team 24 hours a day, seven days a week, and receive a timely response to request for service. This includes receiving information about the scope of services provided by hospice and specific limitations on those services.
9. Appropriate and compassionate care, regardless of diagnosis, race, nationality, age, gender, religion, disability, sexual orientation, place of residence, or the ability to pay. Heyman HospiceCare at Floyd complies with all applicable Federal Civil Rights Laws.

10. Be fully informed regarding your health status in order to participate in the planning of your hospice care. The hospice professional team will assist you and your family in identifying which services and treatments will help you attain your goals.
11. Be fully informed regarding the potential benefits and risks of all medical treatments or services suggested, and to accept or refuse those treatments and/or services as appropriate to your personal wishes. The hospice social worker will provide you with information pursuant to the Patient Self-Determination Act about ways to make your wishes known to those caring for you.
12. As a patient you can expect effective pain management and symptom control from Heyman HospiceCare for conditions related to your terminal illness. Your reports of pain and other symptoms will be believed and responded to quickly by a concerned staff of health professionals committed to pain prevention and management.
13. Be informed within a reasonable amount of time of anticipated discharge from Heyman HospiceCare and to have assistance from professional staff in planning and referral for appropriate follow-up care.
14. Be treated with respect and dignity for your person, family, caregivers, and property.
15. Have your family and/or caregivers trained in effective ways of caring for you when self-care is no longer possible.
16. Have your family unit, legal guardian, if any, and your patient representative present any time during an inpatient stay, unless the presence of the family unit, legal guardian, if any, or patient representative poses a risk to you or others.
17. Confidentiality with regard to information concerning your health status, as well as social and/or financial circumstances. Information will be shared with members of your care team. Patient information and/or records will not be released to anyone else without you or your agent's written consent or as required by the law.
18. Voice grievances concerning patient care, treatments, and/or respect for person or privacy without being subject to discrimination or reprisal, and have any such complaint investigated by Heyman HospiceCare.
19. Be informed of any fees or charges in advance of services for which you may be asked to pay. You have a right to access any insurance or entitlement program for which you may be eligible.
20. Have communication of information provided in a method that is effective for the patient. This includes interpretation and translation, free of charge, in the language you prefer for talking about your health care. If you need these services, you may contact any Hospice staff member.
21. To receive a copy of the Notice of Privacy Practices of Floyd Healthcare Management, Inc.
22. Review, upon request, copies of any inspection report completed within the last two years.

As a patient of Heyman HospiceCare, you have the responsibility to:

1. Provide Heyman HospiceCare staff with accurate and complete health information.
2. Participate in developing your plan of care, following through with its implementation, updating it as your condition or needs change and communicating to staff and other caregivers any concerns or issues related to your care.
3. Help your nurse assess your pain/symptoms to better develop your pain/symptom relief plan. Discuss, with your nurse, options for pain/symptom relief, worries you have about taking pain medications, and what you can expect regarding pain/symptom management. Ask for pain/symptom relief when pain/symptom first begins, and tell your nurse if your pain/symptom is not relieved.
4. Maintain a safe environment in which your care can be provided.
5. Provide Heyman HospiceCare staff with all requested insurance and financial information and sign the required consents and releases required for insurance billing.
6. Treat Heyman HospiceCare personnel with respect and consideration.
7. Abide by the policies of Heyman HospiceCare that restrict duties our staff may perform.
8. Report problems by calling Heyman HospiceCare or completing the Patient/Family Statement of Dissatisfaction.

For further information on private insurance billing and any amounts that you may be asked to pay, please see "Insurance Information" and/or call our billing clerk at 706.509.3200.

IF YOU HAVE A CONCERN/GRIEVANCE OR FEEL YOUR RIGHTS ARE VIOLATED

Heyman HospiceCare welcomes and encourages all patients to share their concerns with any hospice team member and/or hospice leadership. The patient or caregiver may share their concerns with **the Program Director** or the **Patient Care Coordinator at 706. 509.3200**. You may also contact **Floyd's Service Excellence Coordinator at 706.509.5195** or if you believe you have experienced discrimination, you may contact the Section 1557 Coordinator at at 706.509.3283, 706.509.5197 or 706.509.5600 (TTY).

You may also contact the Corporate Compliance Department:

Corporate Compliance Department
420 E. 2nd Avenue, Suite 103
Rome, GA 30161
Phone: 706.509.3283 or 706.509.5197
Fax: 706.509.3289
TTY: 706.509.5600

If the concerns cannot be resolved through the organization's established mechanisms you may contact any of the following agencies:

Georgia Hospice Hotline
Phone 1.404.657.5726 or 1.800.326.0291 (8 AM – 5 PM ~ Monday – Friday)

Joint Commission on Accreditation of Healthcare Organizations
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: 800.994.6610
E-mail: complaint@jointcommission.org

Peer Review Organization
Phone: 404.982.0411

Office of Civil Rights
U.S. Department of Health & Human Services
Phone: 404.562.7886

GA Department of Community Health
Healthcare Facility Regulation Division
2 Peachtree Street NW ~ 31st Floor
Atlanta, GA 30303-3142
Phone: 800.878.6442 Fax: 404.657.5731
Website: <http://dch.georgia.gov>

Copias en español a petición.

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