

CLIENT/CONSUMER RIGHTS

Client Name: _____

Client Address: _____

Client's Telephone Number: _____ Email: _____

If applicable,

Client's Representative _____

Relationship to Client: _____

Address of Client's Representative: _____

Client Representative's Telephone Number: _____ Email: _____

As a client of Nurse Jackie Homecare the above-named client has rights including, but not limited to, those outlined below:

The client has the right to:

1. be fully informed of their rights and the Agency's requirements governing client responsibilities;
2. be fully informed of services available from the Agency;
3. be treated with courtesy, consideration, respect, and full recognition of their human dignity and individuality, including privacy during treatment and care for personal needs;
4. receive service and be dealt with without regard to race, color, age, sex, sexual orientation, creed, religion, disability and familial/cultural factors
5. receive complete information about his/her health and recommended treatments, as developed jointly with this Agency;
6. receive treatment, care and services that are adequate, appropriate and in compliance with state, federal and local regulations;
7. participate in the development of their own care plan and decisions on services to be implemented or treatment to be given;
8. provided with information on alternative services that may be available;
9. participate in a referral to another service provider or a health care institution;
10. refuse to participate in experimental research;
11. receive reasonable notice of any changes in their service, within an agreed upon amount of time, prior to the changes place
12. be informed of the cost of services and procedures and to be informed of all changes in services, procedures and fees, as they occur;
13. refuse services or treatment and be informed of the consequences of that refusal;
14. be free from mental, verbal, sexual and physical abuse, neglect, involuntary seclusion and exploitation;

15. receive privacy and confidentiality regarding their health, social, and financial circumstances and what takes place in their homes, in accordance with laws and Agency policies;
16. receive confidential treatment of their personal and medical records;
17. approve or refuse the release of their personal or medical records to any individual/entity other than the Agency except when client records are transferred to another service provider or a health facility or as otherwise authorized by law;
18. make suggestions or complaints or present grievances to the Agency, government agencies or other entities or individuals without fear of the threat of retaliation.
19. receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions or grievances they may have;
20. access procedures for making complaints to the:
 - a. authority responsible for health quality;
 - b. Adult Protective Services Program of the local Department of Social Services, if the client is an adult;
 - c. The Child Protective Services Program of the local Department of Social Services, if the client is a child.
21. cared for by qualified, competent and trained personnel;
22. be taught the procedures used to provide care required, to enhance the client's ability to provide as much self-care as possible;
23. designate an individual of the client's choice, to receive instruction on care procedures, which are provided to the client, in order that the designated individual can assist the client as much as possible;
24. have full access to the information regarding their health condition and their care records maintained by this Agency, to the extent required by law;
25. be spoken to or communicated with in a manner or language they can understand;
26. speak freely without fear;
27. have their homes and property treated with respect;
28. be free from involuntary confinement, and from physical or chemical restraints;
29. 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.;
30. report all instances of potential abuse, neglect, exploitation, involving any employee of the Agency, to the *Elder Abuse Hotline*;
31. 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;
32. be informed of procedures for initiating complaints about the delivery of service or resolving conflict, without fear of reprisal or retaliation;
33. 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.
34. be provided with the name, certification and staff position of all persons supplying, staffing or supervising the care and services you receive;
35. be informed of where ownership lies for any equipment/supplies provided in the provision of services;
36. receive written information on the care plan, including the names of Care Aide(s), & Supervisor assigned and the Agency's phone number;

37. provide input on which Care Aide they want and request a change of Care Aide, if desired;
38. be briefed on any procedure/treatment before it is carried out in order that they can give informed consent;
39. receive regular nursing supervision of the Care Aide, if medically-related personal care is needed;
40. be given written documentation on the Agency's Advance Directives Policy;
41. 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;
42. have their family or legal representative exercise the client's rights when the legal representative is legally authorized to do so; and,
43. to die with dignity.

This Client/Consumer Rights has been reviewed with, and a copy given to, the named client/client's representative.

Signature of Client/Client Representative

Signature of Agency Representative

Position of Agency Representative

Date