

Hospice Patient Rights

As a patient of our Hospice Agency you have the right to:

General Rights:

- Receive a written notice of your rights before the start of home care.
- Exercise your rights. If you are legally judged to be incompetent (not able to understand your rights) your rights may be exercised by an appropriate decision maker for you such as a person you have designated, a family member, or a legal guardian.
- Be treated with respect, courtesy, and dignity.
- Have your property treated with respect.
- Be assured that your privacy will be respected.
- Be assured of the confidentiality and security of your home health agency clinical record. Clinical records of your care will not be disclosed without your written permission except as authorized by state or federal law. For example: Since Kaiser home health agencies are accredited by The Joint Commission, licensed by California Department of Public Health, and certified by Centers for Medicare and Medicaid Services, these agencies from time to time may review home health clinical records to determine if the home health agencies are complying with their respective standards.
- Receive information and communicate in a language and/or manner that the patient can reasonably be expected to understand.
- Have your medical care needs addressed promptly and thoroughly by specially qualified professional staff.

Participation:

- Be fully informed by a physician of your medical condition and treatment unless it is medically contraindicated or you request not to be informed.
- Refuse care or treatment against medical advice and be informed of the medical consequences of such refusal.
- Choose whether or not to participate in research, investigational or experimental studies, or clinical trials.
- Be informed of the services available from the hospice agency prior to the start of care.
- Participate in the planning and the making of informed decisions about your care and any changes to your plan of care.
- Be informed in advance of the care plan; the different types of health care professionals that will provide your care; and the frequency of visits and any changes to the plan.
- Participate in the consideration of ethical issues and decisions about your care.
- Have any pain assessed and appropriately managed.

Payment Liability:

Be advised, verbally and in writing, before care is started about:

- The extent to which payment for services may be expected from Medicare, Medi-Cal, or any other source;
- Any charges for services that will not be covered by Medicare or Medi-Cal; and
- The extent to which you may be responsible for charges and payment for services. If this information changes, you have a right to be informed, verbally and in writing, of such changes within 30 calendar days from when the home health agency becomes aware of the change.

Advance Directives:

- Receive written information concerning “advance directives” prior to the start of home care.
- Be informed about and participate in decisions to withhold resuscitation or forgo any life sustaining treatments.

Complaints & Conflicts:

- Voice grievances or complaints about your treatment or care that is (or fails to be) given or about the lack of respect for your property by anyone who is providing services on behalf of the hospice agency.
- To have complaints heard, investigated, and if possible, resolved by the home health agency. The complaint and the resolution must be documented by the hospice agency.
- To complain without fear of reprisal or discrimination.
- Participate in resolving conflicts about care or service and resolving ethical issues that may arise during your care.
- Be advised of the availability of the state toll-free “hotline,” its telephone number, and hours of operation. The purpose of the hotline is to receive complaints or questions about home health agencies and to lodge complaints about the implementation of advance directives requirements.

Statement of Patient Privacy Rights

As a Hospice patient, you have the privacy rights listed below.

You have the right to know why we need to ask you questions.

We are required by law to collect health information to make sure:

- 1) You get quality health care, and
- 2) Payment of Medicare and Medi-Cal patients is correct.

You have the right to have your personal health care information kept confidential.

You may be asked to tell us information about yourself so that we will know which Hospice services will be best for you. We keep anything we learn about you confidential. This means that only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

You have the right to refuse to answer questions.

We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

You have the right to look at your personal health information.

We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which the Federal agency maintains in its HHA OASIS System of Records. If you want a more detailed description of your privacy rights, see the following page of this Notice: PRIVACY ACT STATEMENT—HEALTH CARE RECORDS

Privacy Act Statement—Health Care Records

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (THE PRIVACY ACT OF 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE

OR TO USE YOUR HEALTH CARE INFORMATION.

I. Authority for collection of your information, including your social security number, and whether or not you are required to provide information for this assessment. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medi-Cal participating Home Health Agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The Home Health Agency must use the “Outcome and Assessment Information Set” (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the Home Health Agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the Home Health Agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the “Home Health Agency Outcome and Information Set” (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. Principal Purposes for Which Your Information is Intended to be Used

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- Support litigation involving the Centers for Medicare & Medicaid Services;
- Support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- Study the effectiveness and quality of care provided by those home health agencies;
- Survey and certification of Medicare and Medi-Cal home health agencies;
- Provide for development, validation, and refinement of a Medicare prospective payment system;
- Enable regulators to provide Home Health Agencies with data for their internal quality improvement activities;
- Support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- Support constituent requests made to a Congressional representative.

This is a Medicare & Medicaid Approved Notice.



III. Routine Uses

These “routine uses” specify the circumstances when the CMS may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. The federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. Contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. An agency of a state government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the state; for developing and operating Medi-Cal reimbursement systems; or for the administration of federal/state Home Health Agency programs within the state;
4. Another federal or state agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services’ health insurance operations (payment, treatment, and coverage) and/or to support state agencies in the evaluations and monitoring of care provided by the HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving Home Health Agency quality of care;
6. An individual or organization for a research, evaluation, or epidemiological project to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;

7. A congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. Effect On You, If You Do Not Provide Information

The Home Health Agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the Home Health Agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new Home Health Agency admissions. Home Health Agencies may **request** you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.

TTY number for the hearing and speech impaired is (toll free) 1-877-486-2048.

Notice About Privacy

FOR PATIENTS WHO DO NOT HAVE MEDICARE OR MEDICAID COVERAGE

As a hospice patient, there are a few things that you need to know about our collection of your personal health care information.

- Federal and state governments oversee hospice care to be sure that we furnish quality hospice care services, and that you, in particular, get quality hospice care services.
- We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
- We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency, cannot know that the information is about you.

We keep anything we learn about you confidential.

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Patient Responsibilities

You or your representative and your designated caregivers have the following responsibilities while receiving hospice services provided by the Kaiser Hospice Agency directly or by another hospice agency under contract with Kaiser. Please discuss any of these responsibilities with your hospice providers if you have any questions or concerns.

- Sign the consents and releases that are needed to receive hospice services.
- Provide the Hospice Agency and staff a complete and accurate health history. Provide, to the best of your knowledge, accurate and complete information about present problems and concerns, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Report changes in your health status and condition to the Hospice Agency.
- Remain under a physician's care while receiving hospice services.
- Participate in developing your hospice plan of care and updating it as your condition changes.
- Follow your plan of care developed with you by your hospice providers and physician.
- Inform your hospice providers if you wish to refuse any treatment or are not complying with your treatment regimen or plan of care.
- Accept the consequences of refusing treatment or non-compliance with your plan of care.
- Follow the instructions given to you by your hospice providers.
- Tell your hospice providers when you do not understand instructions or directions.
- Notify and review any problems, concerns, or questions with your physician(s), hospice agency staff, and durable medical equipment ("DME") provider as indicated.
- Provide a safe and effective home environment for care to be given and for your needs to be met.
- Correct any problems in the home environment that could adversely affect the safe delivery of hospice services as identified by your physician, the hospice agency providers, a DME provider, or a hospice agency with which Kaiser has contracted to provide hospice services.
- Cooperate with your physician, Hospice Agency staff, and other health care providers.
- Treat the Hospice Agency staff and other providers with respect and consideration.
- Safely use, store, and maintain equipment and medical supplies that are in your home.
- Maintain the confidentiality of information and records related to your care to the extent possible.
- Return rented DME when it is no longer needed, used, or covered.
- Be prepared for a disruption of routine service due to an emergency or natural disaster. Learn the daily self-care activities needed in order to survive 2–3 days or more without agency services; make arrangements to provide any needed care and basic needs that do not require urgent or emergency care.
- Provide the agency all requested insurance and financial information.
- Ensure that any financial obligations of your health care are fulfilled as soon as possible.

Compliments and Complaints

As our patient and member we want you to be satisfied with the care you receive from our Hospice Agency and staff. We welcome your comments about our services. Your comments can help us improve our services. All comments or complaints shared will be received without coercion, discrimination, reprisal, or unreasonable interruption of service.

Please let us know what we do well and what we could do better.

If you experience problems with our service or we have not met your expectations in some way, please use the following steps so that we can respond to your complaint:

Step 1.

Speak directly with the person involved if you are comfortable doing so. He or she will listen to you, ask for any additional information they need, and develop a plan with you for addressing your concern.

Step 2.

If you do not feel satisfied after Step 1 or you do not feel you can discuss your problem or concern with the person involved, please contact a Hospice supervisor. He/she will ask for details of the problem and help resolve it.

Step 3.

Call Kaiser Permanente Member Services Call Center, 1-800-464-4000 (TTY 1-877-777-1370 toll free), during regular days and hours of operation. Staff is available to hear comments or concerns about any Hospice Agency staff and help resolve them.

Conflict of Interest

We have developed the following rules to protect you and our relationship with you when Kaiser Hospice agency staff are providing services to you in your home. Please help our staff and all Hospice providers follow these rules and let a supervisor know immediately if you have any concerns:

Accepting Gifts:

Kaiser Hospice agency staff and providers must not accept gifts, loans, or gratuities from you or your family or caregivers that could create an obligation or might appear to influence decisions made by our staff or providers.

Employment By Patients and/or their Family Members: Hospice agency staff or providers not permitted to work privately for you or your family or caregivers.

Soliciting Business:

Home health agency staff or providers not permitted to solicit personal business or services from you or your family or caregivers.