Each patient and family has the right to:

1. A life of quality; to receive effective pain management and symptom control from High Peaks Hospice (HPH) staff for conditions related to your terminal illness.

2. Be treated with respect.

3. Hospice care without discrimination as to race, color, creed, religion, sex, national origin, age, lifestyle, sexual preference, source of payment, or disability.

4. Freedom from mistreatment, neglect or verbal, mental, sexual or physical abuse, including injuries of unknown source and misappropriation of patient property.

5. Be listened to and to participate in the development of the patient/family care plan and decisions regarding your course of care.

6. Be given information orally and written in a language or form you can reasonably understand and comprehend easily.

7. Choose an attending physician

8. Know the names and functions of those people responsible for coordinating, rendering, and supervising your hospice care, including the identity of other health care providers with which HPH has contractual relationships.

9. Be fully informed of your medical condition, including alternatives to care and risks involved and to have any and all questions answered honestly.

10. Be informed of your rights, your options, the services that HPH provides, the charges and fees for services which you will be responsible for and the name and function of anyone or any agency that provides services to you and your family.

11. Receive information about the scope of services that HPH will provide to you and specific limitations of those services.

12. Select alternative vendors for contracted services, other than those designated as HPH providers, with the understanding that you will be responsible for any and all financial charges associated with selecting a non-HPH designated vendor.

13. Formulate written or oral instructions (Advance Directives) regarding your own health care in the event that you become incapacitated and are unable to direct your own health care.

14. Refuse to participate in experimental research and to refuse medications and treatment after being fully informed of, and understanding the consequences of, such action.

15. Participate in the resolution of conflict in your hospice care decisions or ethical issues arising in your care. Notify your HPH nurse if you have an ethical question or concern.
Patient/Family Bill of Rights (Continued)

16. Be referred to other organizations, services, or individuals and be informed of any financial benefit to the referring organization.

17. Change your hospice provider, to be informed on continuing health care needs following transfer if requested, and to be involved in the discharge plan for the provision of such care.

18. Recommend changes in policies and services to HPH’s staff, the area office of the New York State Health Department, or to any other representative, free from restraint, interference, coercion, discrimination, or reprisal.

19. Voice complaints/concerns regarding treatment or care that is (or fails to be) furnished and the right not to be subjected to discrimination or reprisal for exercising your rights.
   a. You may call HPH and request to speak with the Head of Nursing (HoN). HPH strongly urges you to call with any and all questions, concerns or complaints about the hospice care and services you are receiving.
   b. You have the right to complain orally or in writing and have HPH respond in writing to your complaint within fifteen (15) days of receipt.
   c. If you are not satisfied with HPH’s written response you may appeal the response by requesting a review. A duly designated member of the Board of Directors will respond within thirty (30) days of receipt of the grievance.
   d. If you remain unsatisfied, you have the right to call the New York State Department of Health at 1-800-628-5972.

20. Privacy and confidentiality pertaining to your medical records and to approve or refuse their release to any individual outside HPH except in the case of transfer to another health care facility, or as required by law. You have the right to:
   b. Lodge any complaints about HPH’s privacy practices.
   c. Request restrictions on the uses and disclosures of your protected health information (PHI) and the right to an accounting of any such disclosure.
   d. Request to receive confidential communications or alternative methods of communications with HPH, such as electronic mail.
   e. Access your PHI for inspection and/or copying. Note: There is a fee for copies.
   f. Request an amendment to your health care information.

This Patient Family Bill of Rights was reviewed with the patient/family and a copy of this document given to the patient/family.

HPH Representative: ___________________________ Date: ______________

Patient: ___________________________ Date: ______________
or
Family Representative: ___________________________ Date: ______________