

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Colorado Palliative & Hospice Care-Denver

Colorado Palliative & Hospice Care informs their patients and patient's family members of their rights and protects and promotes the exercise of these rights.

During the initial assessment visit in advance of providing any care, the patient/family is informed verbally and in writing of their Patient Rights and Responsibilities pertaining to hospice care.

The patient has the right to:

- Exercise his or her rights as a patient of the Hospice.
- To be informed of the Hospice concept, admission criteria, services to be provided, options available, and any charges which may be incurred.
- To be fully informed of their medical condition, including diagnosis, prognosis, treatment plan, frequency of visits, treatment alternatives and to receive care coordinated with family and/or facilities; to have Hospice make and receive referrals in the best interest of each hospice patient.
- To receive care in a setting and manner that preserves the patient's safety to the maximum extent possible.
- To have the patient's family unit, legal guardian, if any, and their patient representative present any time during an inpatient stay, unless the presence of the family unit, legal guardian or patient representative poses a risk to the patient or others.
- To refuse service or withdraw from the program at any time.
- The right to be provided accurate information which may be useful to the Hospice in delivering appropriate care.
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be able to identify visiting personnel members through proper identification, such as an agency generated photo identification.
- To not be subjected to discrimination or reprisal for exercising his or her rights.
- Recommend changes in policies and procedures, personnel, or care/service.
- Choose a health care provider, including choosing an attending physician.
- Receive appropriate care without discrimination in accordance with physician orders.
- Be informed of any financial benefits when referred to a Hospice.
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement.
- Be fully informed of one's responsibilities.
- Receive information about the services covered under the Medicare Hospice benefit.
- To be admitted to hospice service only if the patient meets hospice admission criteria, has been certified terminally ill by a licensed physician and admitted only if the Hospice has the ability to provide safe, professional care of the level of intensity needed.
- Receive information about the scope of services that the Hospice will provide and specific limitations on those services.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.

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- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.
- To be consulted about changes in treatment settings and information that facilitates the transfer of patient from one care setting to another and receives written explanation regarding the denial of services.
- Participate in the development and periodic revision of the plan of care.
- To privacy in treatment and personal care.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- To be free from mental, physical, or chemical restraints unless authorized by a physician to protect the patient from injury.
- To express a grievance without fear of reprisal.
- To voice grievances/complaints regarding treatment or care that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the Hospice.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished or lack of respect of property investigated. To be provided contact information, including the phone number and web site address of the Colorado Palliative & Hospice Care Office, The State Hospice Hotline, and the Accreditation Commission for Health Care Organization, for reporting complaints about hospice care.
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
- To approve or refuse, in writing, the release of protected health information PHI to any outside agency, except as required for a transfer to another agency or facility, or as required by law or third-party payment contracts, and to expect all HIPAA regulations to be followed at all times.
- To request and receive an exact copy of patient's healthcare record.
- To be informed that the Hospice shall enter no further into family life and affairs than is required to meet the goals of the hospice plan of care.
- To be advised on the Agency's policies and procedures regarding the disclosure of clinical records.
- To self-determination. This encompasses the right to make choices regarding life sustaining treatment, including resuscitative services.
- To refuse care, treatment, or medications after the consequences of refusing care or treatment are fully presented.
- To revoke the hospice benefit without coercion from the Hospice and not be discharged from the Hospice during periods of coordinated or approved hospital admissions.
- To be informed of patient rights under State law to formulate Advance Directives and the right to revoke and the procedure on how to revoke Advance Directives.
- To receive competent and compassionate pain management and symptom control interventions for conditions related to terminal illness(s) to fully alleviate distress and discomfort safely possible.



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- To receive quality care regardless of race, religion, color, national origin, gender, age, disability (physical or mental), marital status, sexual preference or communicable disease by professional, nonjudgmental, and qualified personnel; to respect and be sensitive to ethnic, cultural, socioeconomic, religious, and lifestyle diversity of patients and families and or the ability to pay; (CO Code 6 CCR 1011-1 Section 5.4).
- To ascertain and honor wishes, concerns, priorities, and values of patient/patient's family consistent with the values of the Hospice; (CO Code 6 CCR 1011-1 Section 5.4).
- To be assured of all Hospice caregiver's qualifications and that training of all employees and volunteers is adequate for the type of service they provide; (CO Code 6 CCR 1011-1 Section 5.4).
- To be provided care that ethical, is in the best interest of the patient, and is respectful of the patient/family life values, religious preference, dignity, individuality, privacy in treatment and personal needs; and (CO Code 6 CCR 1011-1 Section 5.4).
- To review, upon request, copies of any inspection report completed within two years of such request.

Important Contact Numbers:

To file a complaint regarding Hospice care and services:

Executive Director
Colorado Palliative & Hospice Care
6551 S Revere Parkway, Suite 130
Centennial, CO 80111
(303) 727-5709
(303) 727-5710 Fax

Accreditation Commission for Health Care (ACHC)

Contact via email only: www.achc.org (Contact—Complaint Against an Accredited Organization—Home Health, Hospice, Private Duty Intake Form)

Colorado Department of Public Health and Environment (available 24 hrs/day 7 days a week).

By Email: www.cdphe.hfdintake@state.co.us
Subject line: (Hospice/Home Care), Complaint Intake

By Fax: (303) 753-6214
To: (Hospice/Home Care), Complaint Intake

By Phone: (303) 692-2910
(800) 842-8826

By Mail: CDPHE, HFEMSD-C1
Attention Hospice Complaint Intake
4300 Cherry Creek Drive
South Denver, CO 80246-1530



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Adult Abuse/Adult Protective Services Abuse Reporting:
Contact the county in which the patient resides.

Adams: (303) 227-2049

Arapahoe: (303) 636-1750

Denver: (720) 944-2994

Douglas: (303) 663-6270

Elbert: (303) 621-3210

El Paso: (719) 444-5755

Jefferson: (303) 271-4673

Lincoln: (719) 743-2404

Washington: 970-345-2238

Crowley: (719) 267-3549

Fremont: (719) 275-2318

Pueblo: (719) 583-6853

Teller: (719) 686-5550

Gilpin: (844) 264-5437

(Complete Signature Page 4 of 4)

The Patient's Bill of Rights has been discussed with me, and I have read and understand it.

Patient's Printed Name

Patient's Signature
418.52(a)(3)

Date

Legal Representative's Printed Name

Legal Representative's Signature
418.52(a)(3)

Date

Witness' Signature

Date