

## **HOME RECOVERY OF VIRGINIA, INC. PERSONAL CARE – RECIPIENT RIGHTS**

Personal Care clients have a right to be notified in writing of their rights and obligations before services have begun. The client's family or guardian may exercise the client's rights when the client has been judged incompetent. Home care providers have an obligation to protect and promote the rights of their clients, including the following rights.

### **CLIENTS AND PROVIDERS HAVE A RIGHT TO DIGNITY AND RESPECT**

Personal Care clients and their formal caregivers have a right to mutual respect and dignity. Caregivers are prohibited from accepting personal gifts, using the client's telephone for personal business, or borrowing from clients.

*Clients have the right:*

- To have relationships with home care providers that are based on honesty and ethical standards of conduct;
- To have his or her property treated with respect;
- To report any problems with the Personal Care services provided to you by Home Recovery of Virginia, who is paid by the Department of Medical Assistance Services (DMAS—Medicaid). Problems should be reported to Jan Chapman, RN, Director of Nursing, at 434-392-7336, Ext. 242 or 1-800-832-7144.
- To know about the disposition of complaints made to Home Recovery of Virginia;
- To voice their grievances without fear of discrimination or reprisal; and
- To contact DMAS in writing or by phone if Home Recovery of Virginia is unable or unwilling to help them resolve their problems (refer to the "To Lodge a Complaint" sheet located in this packet for contact information).

The agency will investigate complaints regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the agency and must document both the existence of the complaint and the resolution of the complaint.

The agency will check routinely with the client and/or family about his or her satisfaction with the services being rendered.

### **DECISION MAKING**

*Clients have the right:*

- To be notified in writing of the care that is to be furnished;
- To be advised of any change in the plan of care before the change is made;
- To participate in the planning of the care and in planning changes in the care, and to be advised that they have the right to do so; and
- To refuse service or request a change in caregiver without fear of reprisal or discrimination.

**PRIVACY**

*Clients have the right:*

To confidentiality with regard to information about their health, social and financial circumstances, and about what takes place in the home; and  
To expect the home care provider to release information only as required by law or authorized by the client.

**FINANCIAL**

*Clients have the right:*

To be informed of the extent to which payment may be expected from Medicaid;  
To be informed of the charges that will not be covered by Medicaid for which the client is liable, which is located on the Information and Consent Form;  
To receive bills on a timely basis. Patients who have patient pay amounts will be billed at the end of the month for the following month. Payment should be made within 30 days; if necessary, a payment plan may be arranged.

**QUALITY OF CARE**

*Clients have the right:*

To receive care of the highest quality;  
To be admitted by a personal care provider only if it has the resources needed to provide the care safely, and at the required level of intensity, as determined by a professional assessment;  
To be told what to do in the case of an emergency.

*The Personal Care provider shall assure that:*

All personal care is provided by an appropriately trained Personal Care Aide who is supervised by a Registered Nurse (RN);  
The agency will make a good faith effort to provide care according to the scheduled Plan of Care and to notify the client when unable to provide care.

**RECIPIENT'S RESPONSIBILITY**

*The Client must:*

Notify the Staffing Coordinator whenever the assigned Personal Care Aide fails to appear for work or whenever the client's schedule changes;  
Have some planned back-up for times when the provider is unable to secure coverage and to contact the Staffing Coordinator when their schedule changes;  
Treat employees of the agency with respect and communicate problems immediately to the appropriate agency staff.

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RN's Signature

\_\_\_\_\_  
Date