

VNA OF TEXAS PATIENT RIGHTS AND RESPONSIBILITIES

In advance of furnishing care to the patient/client or during the initial evaluation visit before the initiation of treatment, the agency must provide each patient/client or their legal representative with a written notice of all policies governing patient/client conduct and responsibility and patient/client rights. VNA believes in the protection and promotion of client rights. The following is VNA policy regarding patient/client rights and responsibilities. The term "client" shall refer to both patient and client.

VNA OF TEXAS CLIENTS HAVE AND MAY EXERCISE THE FOLLOWING RIGHTS:

- (1) A client has the right to be informed in advance about the services to be furnished, the scope of services including specific limitations, the plan of care, expected outcomes, barriers to treatment, and any changes in the care to be furnished. The agency must ensure that written, informed consent that specifies the types of care and services that may be provided by the agency has been obtained for every client, either from the client or their legal representative. The client or the legal representative must sign or mark the consent form.
- (2) A client has the right to participate in the planning of the care or treatment and in planning changes in the care or treatment.
 - a. An agency must advise or consult with the client or legal representative in advance of any change in the plan of care.
 - b. A client has the right to refuse care and services.
 - c. A client has the right to be informed, before care is initiated, of the extent to which payment may be expected from the client, third-party payers, and any other source of funding known to the agency.
- (3) A client has the right to have assistance in understanding and exercising his rights. The agency must maintain documentation showing that it has complied with the requirements of this paragraph and that the client demonstrates understanding of his rights.
- (4) A client has the right to exercise his rights as a client of the agency.
- (5) A client has the right to have his person and property treated with consideration, respect, and full recognition of his individuality and personal needs.
- (6) A client has the right to confidential treatment of his personal and medical records.
- (7) In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on the client's behalf.
- (8) In the case of a client who has not been adjudged incompetent, any legal representative may exercise the client's rights to the extent permitted by law.
- (9) A client has the right to voice grievances regarding treatment of care that is or fails to be furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of VNA. VNA may not retaliate against a person for filing a complaint, presenting a grievance, or providing information relating to home health, hospice or personal assistance services provided by VNA.

- (10) A client may file a complaint against VNA may be directed to the Department of Aging and Disability Services, Consumer Rights and Services Division (DADS), P.O. Box 149030, Austin, Texas 78714-9030, toll free 1-800-458-9858. This toll free number handles complaints and questions about local home health agencies. A complaint against the agency may be directed to the administration of the agency.
- (11) A client has the right to receive effective pain management and symptom control.
- (12) A client has the right to be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of client property.

VNA encourages you to call the VNA office serving you and talk with the supervisor first before calling DADS, so that we may have the opportunity to work with you to address your concerns. VNA will complete the investigation and documentation of the complaint promptly, with a timeframe for resolution not to exceed 30 days, unless VNA documents reasonable cause for delay.

- (13) VNA must comply with the provisions of the Human Services Code, Chapter 102, concerning the rights of the elderly.

RIGHTS OF THE ELDERLY

- (1) An elderly individual has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The elderly individual has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.
- (2) An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the elderly individual:
 - a. has the right to make the individual's own choices regarding the individual's personal affairs, care, benefits, and services;
 - b. has the right to be free from abuse, neglect, and exploitation; and
 - c. if protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individual's affairs.
- (3) An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the elderly individual or others from injury. A physician's written authorization for the use of restraints must specify circumstances under which restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel.

- (4) A mentally retarded elderly individual with a court-appointed guardian of the person may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian.
- (5) An elderly individual may not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care, or services.
- (6) An elderly individual may complain about the individual's care or treatment. The complaint may be made anonymously or communicated by a person designated by the elderly individual. The person providing the service shall promptly respond to resolve the complaint. The person providing services may not discriminate or take other punitive action against an elderly individual who makes a complaint.
- (7) An elderly individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals unless providing privacy would infringe on the rights of other individuals. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. An elderly person may send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an elderly individual is married and the spouse is receiving similar services, the couple may share a room.
- (8) An elderly individual may participate in activities of social, religious, or community groups unless the participation interferes with the rights of other persons.
- (9) An elderly individual may manage the individual's personal financial affairs. The elderly individual may authorize in writing another person to manage the individual's money. The elderly individual may choose the manner in which the individual's money is managed, including a money management program, a representative payee program, a financial power of attorney, a trust, or a similar method, and the individual may choose the least restrictive of these methods. A person designated to manage an elderly individual's money shall do so in accordance with each applicable program policy, law, or rule. On request of the elderly individual or the individual's representative, the person designated to manage the elderly individual's money shall make available the related financial records and provide an accounting of the money. An elderly individual's designation of another person to manage the individual's money does not affect the individual's ability to exercise another right described by this chapter. If an elderly individual is unable to designate another person to manage the individual's affairs and a guardian is designated by a court, the guardian shall manage the individual's money in accordance with the Probate Code and other applicable laws.
- (10) An elderly individual is entitled access to the individual's personal and clinical records. These records are confidential and may not be released without the elderly individual's consent, except the records may be released:
 - a. to another person providing services at the time the elderly individual is transferred; or
 - b. if the release is required by another law.

- (11) A person providing services shall fully inform an elderly individual, in language that the individual can understand, of the individual's total medical condition and shall notify the individual whenever there is a significant change in the person's medical condition.
- (12) An elderly individual may choose and retain a personal physician and is entitled to be fully informed in advance about treatment or care that may affect the individual's well-being.
- (13) An elderly individual may participate in an individual plan of care that describes the individual's medical, nursing and psychosocial needs and how the needs will be met.
- (14) An elderly individual may refuse medical treatment after the elderly individual:
 - a. is advised by the person providing the services of the possible consequences of refusing treatment; and
 - b. acknowledges that the individual clearly understands the consequences of refusing treatment.
- (15) An elderly individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals.
- (16) An elderly individual may refuse to perform services for the person providing services.
- (17) Not later than the 30th day after the date the elderly individual is admitted for service, a person providing services shall inform the individual:
 - a. whether the individual is entitled to benefits under Medicare or Medicaid; and
 - b. which items and services are covered by these benefits, including items or services for which the elderly individual may not be charged.
- (18) A person providing services may not transfer or discharge an elderly individual unless:
 - a. the transfer is for the elderly individual's welfare, and the individual's needs cannot be met by the person providing services;
 - b. the elderly individual's health is improved sufficiently so that services are no longer needed;
 - c. the elderly individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made;
 - d. the person providing services ceases to operate or to participate in the program that reimburses the person providing services for the elderly individual's treatment or care; or
 - e. the elderly individual fails, after reasonable and appropriate notices, to pay for services.
- (19) Except in an emergency, a person providing services may not transfer or discharge an elderly individual from a residential facility until the 30th day after the

date the person providing services provides written notice to the elderly individual, the individual's legal representative, or a member of the individual's family stating:

- a. that the person providing services intends to transfer or discharge the individual;
- b. the reason for the transfer or discharge listed in Subsection (r);
- c. the effective date of the transfer or discharge;
- d. if the individual is to be transferred, the location to which the individual will be transferred; and
- e. the individual's right to appeal the action and the person to whom the appeal should be directed.

(20) An elderly individual may:

- a. make a living will by executing a directive under the Natural Death Act (Chapter 672, Health and Safety Code);
- b. execute a durable power of attorney for health care under Chapter 135, Civil Practice and Remedies Code; or
- c. designate a guardian in advance of need to make decisions regarding the individual's health care should the individual become incapacitated.

Source: Human Resources Code, Chapter 102

IN ORDER FOR VNA TO PROVIDE SERVICES, A PATIENT OR CLIENT MUST ALSO MEET THEIR RESPONSIBILITIES:

1. Making an effort to understand the patient's health and treatment needs.
2. Being as open and direct as possible regarding their capabilities to provide direct patient care.
3. Asking for information concerning any health or treatment needs not understood.
4. Cooperating with the staff members, when appropriate.
5. Fulfilling their financial commitment when there is an ability to pay.
6. Providing accurate and complete information as requested by VNA personnel during the initial assessment and subsequent visits with the patient or caregiver.
7. Participating, to the best of their abilities, in decisions concerning admission to, care by, transfer within, or discharge from the VNA.
8. Participating, when appropriate, in the delivery of service and care to the patient.
9. Reporting patient changes to the VNA, including but not limited to, the patient's condition (physical, financial, emotional), change in physician, physician instructions, address, phone and caregiver and any change in payer for services (e.g.: join an HMO, change in insurance), or admission to a hospital.

10. Communicating patient or caregiver needs on an ongoing basis, including the need for information, medical care, financial assistance and caregiver relief.
11. Maintaining a clean and safe environment for provision of patient care within the home. Assuring that the patient has adequate provision of shelter, food, clothing, protection, medication(s), medical supplies, and equipment, as needed.
12. Treating staff with respect and courtesy.
13. Making every effort to assure the safety of VNA personnel as they render care and assistance to the patient or caregiver.
14. Keeping appointments with VNA personnel, physicians and other care providers as required for continued patient care and evaluation. Notify VNA personnel when appointments must be changed.
15. Reporting all circumstances that may affect the VNA's, patient's or caregiver's ability to deliver or receive services.
16. Notifying VNA immediately of any incidents, problems or concerns involving patient services provided by VNA staff or actions or activities of VNA personnel.