

# HOME CARE BILL OF RIGHTS\*

## STATEMENT OF RIGHTS

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A person who receives home care services has these rights:

1. The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
2. The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services. *The provider must advise the recipient in advance of the right to participate in planning the care or treatment.*
3. The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
4. The right to be told in advance of any change in the plan of care and to take an active part in any change *and the planning before any change is made.*
5. The right to refuse services or treatment.
6. The right to know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services.
7. The right to know, *and to be advised, both orally and in writing*, in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, the charges for services that will not be covered by Medicare, and the charges that the individual may have to pay. *The provider must advise the recipient of home care services, both orally and in writing, of any changes in such coverage and the recipient's liability for charges as soon as possible, but no later than 30 calendar days after the provider becomes aware of a change.*
8. The right to know what the charges are for services, no matter who will be paying the bill.
9. The right to know that there may be other services available in the community, including other home care services and providers, and to know where to go for information about these services.
10. The right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, medical assistance, or other health programs.
11. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
12. The right to be allowed access to records and written information from records in accordance with section 144.355.
13. The right to be served by people who are properly trained and competent to perform their duties.
14. The right to be treated with courtesy and respect, and to have the client's property treated with respect.
15. The right to be free from physical and verbal abuse.
16. The right to a reasonable, advance notice of changes in services or charges, including at least 10 days advance notice of termination of a service by a provider, except in cases where: (i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services; or (ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider.
17. The right to a coordinated transfer when there will be a change in the provider of services.
18. The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the client or the client's property.
19. The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint. *The provider shall document in writing all complaints, as well as document, in writing, any resolution of the complaint against anyone furnishing services on behalf of the provider.*
20. The right to know the name and address of the state or county agency to contact for additional information or assistance.
21. The right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent, without retaliation.

**A HOME CARE PROVIDER MAY NOT REQUIRE A PERSON TO SURRENDER THESE RIGHTS AS A CONDITION OF RECEIVING SERVICES. A GUARDIAN OR CONSERVATOR OR, WHEN THERE IS NOT GUARDIAN OR CONSERVATOR, A DESIGNATED PERSON MAY SEEK TO ENFORCE THESE RIGHTS. A PROVIDER MUST PROTECT AND PROMOTE THESE RIGHTS.**

**AS YOUR HOME CARE PROVIDER, WE STRIVE TO PROVIDE QUALITY SERVICES. IF YOU NEED ASSISTANCE, HAVE QUESTIONS, OR A COMPLAINT, PLEASE CONTACT US AT:**

**Agency Name:** \_\_\_\_\_ Crystal Care Home Health Services, Inc. \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ Sally Knutson, RN, MA; Administrator \_\_\_\_\_  
**Address:** \_\_\_\_\_ 6461 Lyndale Avenue South, Richfield, MN 55423 \_\_\_\_\_  
**Phone:** \_\_\_\_\_ 612-861-4272 \_\_\_\_\_

**IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOUR HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR OLDER MINNESOTANS:**

**OFFICE OF HEALTH FACILITY COMPLAINTS**  
Minnesota Department of Health  
85 East 7th Place, Suite 300  
PO Box 64970  
St. Paul, Minnesota 55164-0970

Consumers may call:  
Monday - Friday, 8:00 AM - 4:30 PM  
**(651) 201-4201**  
or  
**(651) 281-9796 (FAX)**  
**MINNESOTA TOLL FREE HOME CARE**  
**HOT LINE 1-800-369-7994**

**HOME CARE OMBUDSMAN**  
Office of Ombudsman for Older Minnesotans  
PO Box 64971  
St. Paul, Minnesota 55164-0971

Consumers may call:  
**(651) 431-2555 OR**  
**TOLL FREE 1-800-657-3591**  
**(651) 431-7452 (FAX)**

**If you are a Medicare client, you may also contact the Medicare Professional Review Organization (PRO) with questions or complaints:**

**STRATIS HEALTH**  
2901 Metro Drive, Suite 400  
Bloomington, Minnesota 55425  
(952) 854-3306  
**TOLL FREE 1-800-444-3423**

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**I have been provided with a copy of the Home Care Bill of Rights. I have read the Bill of Rights or had it explained to me. I understand the Bill of Rights and have had a chance to have all of my questions answered.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship if not signed by client:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

If the client is unable to acknowledge receipt of the Home Care Bill of Rights, document or state reason:  
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