

## **Patient Rights and Responsibilities**

At Crossbridge Hospice, we believe every patient deserves care grounded in compassion, dignity, and respect. From the moment you begin hospice care, you and your family become true partners in shaping the experience that matters most to you. To support that partnership, we make sure you are fully informed of your rights and responsibilities, because understanding your choices empowers you to take an active role in your care. We are committed to protecting these rights and providing them to you or your representative both verbally and in writing, in a language and manner you can easily understand. By knowing what you can expect from us, and how you can participate, we create a compassionate, transparent, and collaborative environment where your voice guides every step of your care journey.

### **PATIENT RIGHTS**

Inspect, or receive for a reasonable fee, a copy of your medical record upon request in accordance with the Medical Records Access Act, 2004 PA 47, MCL 333.26261 to 333.26271. Except as otherwise permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that act, 45 CFR parts 160 and 164, a third party shall not be given a copy of your medical record without your prior authorization.

- Confidential treatment of personal and medical records, and you may refuse their release to a person outside the agency as required because of a transfer to another health care facility or as required because of a transfer to another health care facility or as required by law or third-party payment contract, or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that act, 45 CFR parts 160 and 164.
- Privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect and full recognition of your dignity and individuality.
- Receive adequate and appropriate care, and to receive, from the appropriate individual within the agency, information about your medical condition, proposed course or treatment, and prospects for recovery, in terms that you can understand, unless medically contraindicated as documented in your medical record by your attending physician, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse.
- Refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. If a refusal of treatment prevents the agency or its staff from providing appropriate care according to ethical and professional standards, the relationship with you may be terminated upon reasonable notice.

- Exercise your rights as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of yourself or others to the agency staff, to government officials, or to another person of your choice within or outside the agency, free from restraint, interference, coercion, discrimination or reprisal. You are entitled to information about the agency's policies and procedures for initiation review and resolution of your complaints.
- Information concerning an experimental procedure proposed as a part of your care, and you have the right to refuse to participate in the experimental procedure without jeopardizing your continuing care.
- Receive and examine an explanation of your bill regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the agency.
- Know who is responsible for and who is providing direct care, are entitled to receive information concerning your continuing health needs and alternatives for meeting those needs, and to be involved in your discharge planning, if appropriate.
- Associate and have private communications and consultations with your physician, a physician's assistant with whom the physician has a practice agreement, your advanced practice registered nurse, attorney or any other person of your choice and to send and receive personal mail unopened on the same day it is received at the health facility or agency, unless medically contraindicated as documented in the medical record by your attending physician, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse. Your civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the agency shall encourage and assist in the fullest possible exercise of these rights. You may meet with, and participate in, the activities of social religious and community groups at your discretion, unless medically contraindicated as documented in your medical record by your attending physician, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse.
- Be free from mental and physical abuse and from physical and chemical restraints, except those restrained authorized in writing by your attending physician, by a physician's assistant with whom the physician has a practice agreement, or by an advanced practice registered nurse, for a specified and limited time or as are necessitated by an emergency to protect you from injury to self or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of

restraints and who shall promptly report the action to your attending physician, physician's assistant, or advanced practice registered nurse who authorized the restraint. In case of a chemical restraint, a physician, a physician's assistant with whom the physician has a practice agreement, or an advanced practice registered nurse shall be consulted within 24 hours after the commencement of the chemical restraint.

- Be free from performing services for the agency that are not included for therapeutic purposes in the plan of care
- Information about the agency's rules and regulations affecting your care and conduct
- Adequate and appropriate pain and symptom management as a basic and essential element of your medical treatment.

Respect and Consideration, you have the right to:

- Have a relationship with our staff that is based on honest and ethical standards of conduct and to have ethical issues addressed. You have the right to be informed of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.
- Be free from mistreatment, neglect, verbal and sexual abuse, injuries of unknown source and misappropriation of your property. All mistreatment, abuse, neglect, injury and exploitation complaints by anyone furnishing service on behalf of hospice are reported immediately by our staff to the hospice administrator and to the proper authorities. All reports will be promptly investigated and immediate action taken to prevent potential violations during our investigation. Hospice will take appropriate corrective action in accordance with state law. All verified violations will be reported to the state survey/certification agency within (5) five working days of becoming aware of the violation, unless state regulations are more stringent. Any employee who suspects or has reasonable cause to believe that an adult has been abused, neglected or exploited shall immediately make, by phone or otherwise, an oral report to the county office of the Department of Health and Human Services in which the abuse, neglect or exploitation is suspected of having or believed to have occurred. After making the report, the reporting person may file a written report with the county department.
- Be free from physical and mental abuse, corporal punishment, restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation by staff while receiving hospice care.
- Have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against or denied appropriate care based on any individual's association with another individual,

based on actual or perceived race, color, religion, national origin (including people whose primary language is not English), gender, gender expression, gender identity, sex stereotypes, sexual orientation, sex characteristics (including intersex traits), health status (including HIV status), age, disability, marital status, pregnancy or related conditions, ancestry, genetic information, amnesty, veteran status, cost of treatment, participation in benefit plans or payment source. If you feel that you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so. Our staff is prohibited from accepting gifts or borrowing from you

- Have an environment that preserves dignity and contributes to a positive self-image.
- Receive information in plain language to ensure accurate communication, in a manner that is accessible, timely and free of charge to:
  - Persons with disabilities. This includes access to websites, auxiliary aids and services in accordance with state and federal law and regulations.
  - Persons with limited English proficiency. This includes access to interpreters and written translation.

**Decision Making, you have the right to:**

- Choose your attending physician and other health care providers and communicate with those providers.
- Be fully informed in advance about the services/care covered under the Medicare or other hospice benefit, the scope of services hospice will provide, service limitations, the planned frequency of visits proposed to be furnished, expected and unexpected outcomes potential risks or problems and barriers to treatment.
- Be fully informed of your responsibilities.
- Be involved in developing your hospice plan of care; and to participate in changing the plan whenever possible and to the extent that you are competent to do so.
- Be advised of any change in your services or plan of care before the change is made.
- Have family involved in decision making as appropriate concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law.
- Formulate advanced directives and receive written information about the agency's policies and procedures on advanced directives, including a description of applicable state law before care is provided. You will be informed if we cannot implement an advance directive on the basis of conscience.

- Have your wishes concerning end-of-life decisions addressed and to have health care providers comply with your advanced directives in accordance with state laws. You have the right to receive care without conditions or discrimination based on the execution of advanced directives.
- Accept or discontinue care, treatment and services without fear of reprisal or discrimination and to be informed of the consequences for doing so.

**Privacy and Security, you have the right to:**

- Personal privacy and security during home care visits and to have your property and person treated with respect. Our visiting staff will wear proper identification so you can identify them.
- Restrict visitors or have unlimited contact with visitors and others and to communicate privately with these persons if you are residing in an inpatient hospice facility.
- Confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances or about what takes place in your home.
- Refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment.
- Access request changes to and receive an accounting of disclosures regarding your own protected health information as permitted by law.
- Request us to release information written about you only as required by law or with your written authorization and to be advised of our policies and procedures regarding assessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail.

**Financial Information, you have the right to:**

- Be advised orally and in writing before care is initiated of our billing policies and payment procedures and the extent to which payment may be expected from Medicare, Medicaid, any other federally funded or aided program or any other third- party sources known to us :charges for services that will not be covered by Medicare; and the charges that you may have to pay.
- Be advised orally and in writing of any changes in payment, charges and patient payment liability as soon as possible when they occur but no later than 30 calendar days from the date that we become aware of it change.
- Receive a Patient Notification of Hospice Non-covered Items, Services and Drugs if there are conditions, items, services and drugs that the hospice

determines to be unrelated to your terminal illness and related conditions and would not be covered by the Medicare hospice benefit.

- Receive information for your cost-sharing responsibilities for hospice services, if any.

#### **Quality of Care, you have the right to:**

- Receive information about organization ownership and control.
- Receive high quality, appropriate care without discrimination, in accordance with physician orders.
- Receive effective pain management and symptom control from the hospice for conditions related to your terminal illness(es). You also have the right to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments.
- Receive pastoral and other spiritual services.
- Receive the name and contact information for the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO).
- Immediate advocacy from the BFCC-QIO if you disagree with any of the hospice's determinations of non-covered items, services, or drugs.
- Be admitted only if we can provide the care you need. A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our care/service limitations and the lack of a suitable alternative.
- Receive emergency instructions and be told what to do in case of an emergency.

#### **YOUR RESPONSIBILITIES**

##### **You have the responsibility to:**

- Provide a complete and accurate medical history to the best of your knowledge about your present complaints and past illness(es), hospitalizations, medications, allergies and other matters related to health.
- Remain under a doctor's care while receiving Hospice services.
- Follow the health facility rules and regulations affecting your care and conduct.
- Make it known whether you clearly comprehend a contemplated course of action and the things you are expected to do.
- Follow the recommendations and advice prescribed in a course of treatment by the physician and accept responsibility for the outcomes if you do not follow the care, treatment or service plan.

- Provide information about unexpected complications that arise in an expected course of treatment (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, or change of physician).
- Ask questions when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or connect comply with the plan, let us know.
- Report and discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Tell us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc.
- Tell us if your insurance coverage changes or you enroll in a Medicare Advantage Plan.
- Provide the health facility with accurate and timely information concerning your sources of payment and ability to meet financial obligations.
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Follow the organization's rules and regulations.
- Tell us if you have an advanced directive or if you change your advance directive.
- Tell us of any problems or dissatisfaction with the services provided.
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, putting away weapons, or not smoking during your care).
- Be considerate of the rights of other patients or residents and health facility personnel and property.
- Carry out mutually agreed responsibilities.