



### **Patient's Rights:**

#### **You have the right to:**

1. Considerate, respectful, and competent care with full recognition of your individuality and right to privacy.
2. Medically appropriate care without discrimination based upon your race, religion, gender, age, disability, sexual preference, national origin, or source of payment.
3. Be informed and participate in the development and periodic review of a Plan of Care that is designed to address your individual needs.
4. Be free of mental and physical abuse, neglect, and exploitation.
5. Be advised of any change in the plan of care before the change is made.
6. Refuse treatment to the extent permitted by law and to be informed of medical consequences of your action.
7. Care and services that are in compliance with relevant federal and state laws, rules, and regulations.
8. Patient/caregiver has the right to choose a health-care provider, including choosing an attending physician, if applicable.
9. Expect that qualified persons supervise all providers of care. Supervisors can be contacted by calling the listed telephone numbers during regular working hours. 919-775-3306 or 1-877-223-3662.
10. Expect that all personnel who provide care in the home will provide proper identification.
11. Have all records pertaining to your medical care treated as confidential, and not be disclosed without appropriate written consent.
12. Have your property treated with respect.
13. You have the right, upon written request, unless prohibited by law, to have access to all information contained in your medical record.
14. An explanation of any rules and regulations of First Choice Home Care, Inc. pertaining to your care. This includes the right to be fully informed in advance about the care, treatment, items, and availability of services, and continuance of care to be provided by First Choice Home Care, Inc.
15. Be informed both orally and in writing before care is initiated regarding your liability for payment of services, and be informed of any financial benefits available to the patient.
16. Be advised of First Choice Home Care's procedures for discharge and assistance in planning for follow-up care at discharge.
17. Bring to First Choice Home Care, Inc. administration your concerns regarding the quality of care or to express grievances 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 First Choice Home Care, Inc. without discrimination or reprisal for so doing. Contact the Executive Director at 506 Carthage Street, Sanford, NC 27330, tel. # 919-775-3306.
18. Be informed of First Choice Home Care, Inc. availability to you 24 hours a day to answer questions and concerns at 919-775-3306. The office is open 7:30am – 4:30pm, Monday through Friday. After hours call 919-775-3306, listen to the recorded prompts, to either leave a message for the following day or to reach the on-call person immediately.
19. Know that First Choice Home Care, Inc. provides prompt, considerate response to all complaints from patients and families. All complaints from patients or the patient's family will be addressed within a 72-hour period of time. The patient/family will be contacted by telephone or a meeting will be scheduled, if necessary, to resolve the problem. If a problem remains unresolved at this level, it will be reviewed with the Executive Director for recommendations and resolution.
20. Be advised of the agency's policies regarding patient responsibilities.
21. Be informed that the Acute Care, Home Care and CLIA Branch with the Licensure and Certification Section at the Division of Health Service Regulation (DHSR) is responsible for enforcing state statutes for home care agencies. The phone number is 1-919-855-4620. The address is Acute Care, Home care and CLIA Branch, Licensure and certification Section, Division of Health service. Be informed that The Complaint Unit with the DHSR receives complaints for all agencies licensed by DHSR, including home care agencies. The telephone number of The Complaint Intake Unit is 1-800-624-3004 or 919-855-4500. The mailing address is Complaint Intake Unit, Division of Health Service Regulation, 2711 Mail Service Center Raleigh, NC 27699.
22. First Choice Home Care is an Accredited Agency. Accredited by Accreditation Commission for HealthCare. They can be contacted at 1-855-937-224, for any complaints/grievances.
23. Be notified within 10 days when the agency's license has been revoked, suspended, canceled, annulled, withdrawn, recalled or amended.

### **Patient's Responsibilities:**

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

1. Treat all staff members of First Choice Home Care with dignity and respect.
2. Provide a safe environment for First Choice Home Care employees in which to work.
3. Keep appointments or telephone First Choice Home Care, Inc. when you will not be home to receive scheduled care.
4. You have the responsibility to notify the agency of changes in your address, health status, medications, physician, insurance, or admission to a health care facility.
5. Inform Agency personnel if you do not understand any instructions and express concerns pertaining to your health care.
6. Sign a release when refusing medications, treatments, the recommended plan of care, or when refusing home care services.
7. Inform the agency's nurse of any Advance Directives that you have prepared and provide the Agency with a copy.