

PATIENT BILL OF RIGHTS

(Hospital, NH Outpatient Satellites)

Section I:

1. The patient shall be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and personal care, and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
2. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and/or in writing or posted before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When the patient lacks the capacity to make informed judgements the signing must be by the person legally responsible for the patient.
3. Upon request the patient shall be fully informed in writing in language that he/she can understand, before or at the time of admission and as necessary during his/her stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.
4. The patient shall be fully informed by a physician of his/her health care needs and medical condition, unless medically inadvisable and so documented in the medical record and shall be given the opportunity to participate in the planning of his/her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon written consent only.
5. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for his/her welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.
6. The patient shall be encouraged and assisted throughout his/her stay to exercise his/her rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal. Patients are entitled to information about the Hospital's mechanism for the initiation, review, and resolution of patient complaints. Patients can also contact the Office of Operations Support, Health Facilities Administration-Licensing, 129 Pleasant Street, Concord, NH 03301; phone 1-800-852-3345 X9499; fax 603-271-4968, and/or Joint Commission at 1-800-994-6610 or online at ww.jointcommission.org.
7. The patient shall be permitted to manage his/her personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under his/her subdivision and in conformance with state law and rules.
8. The patient shall be free from emotional, psychological, sexual, and physical abuse and from exploitation, neglect, corporal punishment, and involuntary seclusion.
9. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specified and limited time necessary to protect the patient or others from injury. In an emergency, the designated professional staff member may authorize restraints to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
10. The patient shall be ensured confidential treatment of all information contained in his/her personal and clinical record, including that stored in an automatic data bank, and his/her written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at the facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records, for a reasonable cost, upon his/her request.
11. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in this plan of care and treatment.
12. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
13. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
14. The patient shall be free to retain and use his/her personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
15. The patient shall be entitled to privacy for visits and, if married, to share a room with his/her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
16. The patient shall not be denied appropriate care based on race, religion, color, national origin, sex, age, disability, marital status, sexual orientation, or source of payment.
17. The patient shall be entitled to treatment by the physician of his/her choice subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
18. The patient shall be entitled to have his/her parents, if a minor, or his/her spouse, or next of kin, or his/her personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for his/her care.
19. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151.28.
20. The patient has the right to designate a parent, spouse, family member, or other caregiver who may visit the facility while the patient is receiving care.
21. Visitation may be limited or restricted for the following reasons:
 - a. The presence of a visitor would be medically or therapeutically contraindicated in the best clinical judgement of the healthcare professionals.
 - b. The presence of visitors would interfere with the care or rights of any patient.
 - c. Visitors are engaging in disruptive, threatening, hostile, or violent behavior toward any staff member, patient, or another visitor.
 - d. Visitors are noncompliant with written hospital policy.
22. Upon request, the patient or patient's representative (if the patient is incapacitated) shall be provided the reason for denial or revocation of visitation rights.
23. Patients of the age of 18 years and older, who have the capacity to make health care decisions, reserve the right under state law to choose to formulate an advance directive upon inpatient admission. Existing advance directives, i.e., Living Will or durable power of attorney for health care, are acknowledged in this facility. Such document bears evidence of a patient's decision about the management of his/her medical care including the right to refuse medical and surgical treatment. It is the policy of NRHN to honor patient advance directives, as specified by New Hampshire State Law, to guide the provision of care when the patient is incapacitated.
24. The patient has the right to have his/her property treated with respect.
25. The patient has the right to be informed in advance about the care to be furnished and the frequency of visits from each discipline. The patient also has the right to be informed of any changes in the plan of care before the change is made.
26. In situations of denial, reduction or termination of services, the patient may appeal the decision through the appropriate fiscal intermediary.
27. The patient shall not be denied admission to the facility based on Medicaid as a source of payment when there is available space in the facility.
28. The patient has the right to appropriate assessment and management of pain.
29. The patient has the right to have his /her chosen representative and physician notified of their hospital admission.
30. The patient shall not be denied admission, care, or services solely on the patient's vaccination status.

Section II: Patient Responsibilities

1. A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implementing the responsible practitioner's orders, and enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and notifying NRHN when any appointments must be cancelled.
2. The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
3. The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
4. The patient is responsible for following hospital rules and regulations affecting patient care and conduct.

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5. The patient is responsible for giving accurate and complete health information.
6. The patient is responsible for informing the provider of the existence of and any changes made to an advance directive.
7. The patient is responsible for asking questions or acknowledging when he or she does not understand the treatment course or care decisions.
8. The patient is responsible for acting in a respectful manner toward NRH employees, visitors, other patients, and family members. Using discriminatory or culturally insensitive language, yelling, verbal threats, or physical harm is not acceptable.
9. The patient respects hospital property and grounds and adheres to the nonsmoking policy.
10. The patient is responsible for respecting the rights of other patients and hospital personnel by assisting in the control of noise and the number of visitors and allowing your roommate and other patients privacy and quiet.

GENERAL LAWS OF MASSACHUSETTS (Massachusetts Outpatient Satellites) Chapter 111: Section 70E. Patients' Bill of Rights

Section I: Every patient shall have the right:

1. Upon request, to obtain from the facility in charge of his care the name and specialty, if any, of the physician or other person responsible for his care or the coordination of her/his care;
2. to confidentiality of all records and communications to the extent provided by law;
3. to have all reasonable requests responded to promptly and adequately within the capacity of the facility;
4. upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution as far as said relationship relates to his care or treatment;
5. to obtain for a person designated by the facility a copy of any rules or regulations of the facility which apply to his conduct as a patient or resident;
6. upon request, to receive from a person designated by the facility any information which the facility has available relative to financial assistance and free health care;
7. upon request, to inspect his medical records and to receive a copy thereof in accordance with section seventy, and the fee for said copy shall be determined by the rate of copying expenses, except that no fee shall be charged to any applicant, beneficiary or individual representing said applicant or beneficiary for furnishing a medical record if the record is requested for the purpose of supporting a claim or appeal under any provision of the Social Security Act or federal or state financial needs-based benefit program, and the facility shall furnish a medical record requested pursuant to a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based benefit program within thirty days of the request; provided, however, that any person for whom no fee shall be charged shall present reasonable documentation at the time of such records request that the purpose of said request is to support a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based benefit program;
8. to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological, or other medical care and attention;
9. to refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
10. to privacy during medical treatment or other rendering of care within the capacity of the facility;
11. to prompt life-saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without material risk to his health, and this right shall also extend to those persons not already patients or residents of a facility if said facility has a certified emergency care unit;
12. to informed consent to the extent provided by law;
13. upon request to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for care of the patient or resident and to have a copy of said itemized bill or statement sent to the attending physician of the patient or resident; and
14. if refused treatment because of economic status or the lack of a source of payment, prompt and safe transfer to a facility which agrees to receive and treat such patient. Said facility refusing to treat such patient shall be responsible for: ascertaining that the patient may be safely transferred; contacting a facility willing to treat such patient; arranging the transportation; accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort of the transfer, assure that the receiving facility assumes the necessary care promptly, and provide pertinent medical information about the patient's condition; and maintaining records of the foregoing.
15. to appropriate assessment and management of pain;
16. upon request, to obtain an explanation as to the relationship, if any, of the physician to any other health care facility or educational institutions in so far as said relationship relates to his care or treatment, and such explanation shall include said physician's ownership or financial interest, if any, in the facility or other health care facilities in so far as said ownership relates to the care or treatment of said patient or resident;
17. upon request to receive an itemized bill including third party reimbursements paid toward said bill, regardless of the sources of payment;
18. A facility shall require all persons, including students, who examine, observe, or treat a patient or resident of such facility to wear an identification badge which readily discloses the first name, licensure status, if any, and staff position of the person so examining, observing, or treating a patient or resident.
19. Any person whose rights under this section are violated may bring, in addition to any other action allowed by law or regulation, a civil action under sections sixty B to sixty E, inclusive, of chapter two hundred and thirty-one. Any person may file a complaint with the Massachusetts Department of Health Care Quality, 617-753-8000 or 800-462-5542, or Joint Commission at 1-800-994-6610 or online at www.jointcommission.org.
20. No provision of this section relating to confidentiality of records shall be construed to prevent any third party reimbursor from inspecting and copying, in the ordinary course of determining eligibility for or entitlement to benefits, any and all records relating to diagnosis, treatment, or other services provided to any person, including a minor or incompetent, for which coverage, benefit or reimbursement is claimed, so long as the policy or certificate under which the claim is made provides that such access to such records is permitted. No provision of this section relating to confidentiality of records shall be construed to prevent access to any such records in connection with any peer review or utilization review procedures applied and implemented in good faith.
21. No provision herein shall apply to any institution operated by and for persons who rely exclusively upon treatment by spiritual means through prayer for healing, in accordance with the creed or tenets of a church or religious denomination, or patients whose religious beliefs limit the forms and qualities of treatment to which they may submit.
22. No provision herein shall be construed as limiting any other right or remedies previously existing in the law.

Section II:

1. A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implementing the responsible practitioner's orders, and enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and notifying NRHN when any appointments must be cancelled.

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2. The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
3. The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
4. The patient is responsible for following hospital rules and regulations affecting patient care and conduct.
5. The patient is responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.
6. The patient is responsible for giving accurate and complete health information.
7. The patient is responsible for informing the provider of the existence of and any changes made to an advance directive.
8. The patient is responsible for asking questions or acknowledging when he or she does not understand the treatment course or care decisions.

Patient's Rights & Responsibilities- Home Care

Patients (Patient's Representative* when applicable) have the right:

- To have these rights and responsibilities **verbally** explained and reviewed during the start of care/evaluation visit, prior to assessment and treatment from a home care clinician.
- To receive **written** notice of these rights and responsibilities at the completion of the initial evaluation/start of care visit. Written information is required to be understandable by persons with limited English Proficiency and must be provided in alternate formats free of charge for persons with disabilities, when necessary, to ensure effective communication.
- To participate in, be informed about, and consent to or refuse treatment within the confines of the law, and to be informed of the consequences of such action.
- To be communicated with in a manner and a language understood by patient and patient's representative; information provided should be accessible and timely. Information regarding the availability of additional services and instructions on how to access these services, including auxiliary aids and language services, will be provided.
- To be treated with consideration, and respect, including privacy in treatment and personal care; To be free from verbal, mental, sexual, and physical abuse including injuries of unknown source, neglect, and misappropriation of property.
- To be free from chemical and physical restraints except as authorized in writing by a physician.
- To be informed of the name, licensure status, staff position and employer of all persons with whom the patient/resident has contact.
- To receive appropriate and professional care without discrimination based on race, color, national origin, religion, sex, disability, age, or sexual orientation.
- To choose a patient representative that can exercise the rights of the patient in accordance with the patient's preferences. (*Patient representative is defined as the patient's legal guardian or other person who participates in making decisions related to the patient's care or well-being, including but not limited to, a person chosen by the patient, a family member, or an advocate for the patient. The patient determines the role of the representative, to the extent possible*)
- To be informed that care is evaluated through NRHN Home Care's Quality Assessment and Performance Improvement Program (QAPI).
- To be ensured of confidential treatment of all information contained in the patient's clinical record, including the requirement of the patient's written consent to release such information to anyone not otherwise authorized by law to receive it.
- To be ensured that medical information contained in the patient's record shall be deemed to be the patient's property and that the patient has the right to a copy of such records upon request at no cost to patient.
- To be fully informed in writing in advance, of specific services being furnished, as well as any associated costs to services.
- To be ensured that in accordance with the Medicare provider agreement, NRHN Home Care will not discriminate against Medicare beneficiaries; NRHN Home Care accepts Medicare beneficiaries (patients) at similar levels of acuity as non-Medicare patients.
- To be advised that the Center for Medicare and Medicaid Services (CMS) requires home care programs to file information, such as the Outcome Assessment Information Set (OASIS), regarding each patient's functional status at time of admission, upon follow-up every sixty (60) days and upon discharge from services. Information is also collected if the patient is transferred to the acute care hospital.
- To participate in and be informed about the patient-specific comprehensive assessment, including an assessment of the patient's goals and care preferences that accurately reflects the patient's status.
- To be informed, in advance, and participate in the care you will receive, identified during the comprehensive assessment; establishing and revising that plan, the disciplines that will furnish care, frequency of visits, identifying specific outcomes of care and any factors that could impact treatment effectiveness.
- To receive a written copy of the patient's individualized plan of care including all updates; to be informed of any changes in the individualized plan of care in advance of any changes being made to the plan of care, and to receive all the services outlined in the plan of care.
- To receive a prompt response to all reasonable inquiries, including inquiries concerning anything in the patient's medical record, inquiries concerning any aspect of the plan of treatment, and inquiries concerning consequences if the patient refuses to accept medication or treatment.
- To be informed in advance of reduction or termination of on-going care.
- To be informed of the NRHN Home Care policy regarding Transfer, Discharge and Termination in advance of receiving care; and to be ensured that the patient receives a safe and appropriate transfer to another care entity if the patient's care needs exceed NRHN Home Care's ability to provide services.
- To be ensured that every patient has the right to voice complaints or grievances regarding care that was provided, or failed to be provided, or was provided inconsistently or inappropriately, and to have those complaints or grievances investigated without fear of reprisal or discrimination.
- To discuss issues concerning care, services, and treatment with the administrator of NRHN Home Care:

John F. Prochilo, FACHE, CEO
CEO/Administrator Northeast Rehabilitation Hospital Network
Phone: 603-893-2900 ext. 3131 (On-site Designee, Director of Patient Relations)
Toll Free: 800-825-7292

- To lodge a complaint (if patient feels the issues cannot be addressed with the primary clinician or the administrator and patient does not feel satisfied with this response) by calling one of the following numbers:

New Hampshire Residents:

- NH residents may access NH Home Health Hot Line, regardless of payer source, Monday through Friday, 8:30 AM – 4:00 PM
1-800-621-6232
- Dept. of Health and Human Services of NH
Toll Free: 800-852-3345 Local: 603-271-9499
- Joint Commission at 1-800-994-6610 or online at www.jointcommission.org.

Massachusetts Residents:

- Massachusetts Department of Public Health
Toll Free: 800-462-5540 Local: 617-753-8000
- Joint Commission at 1-800-994-6610 or online at www.jointcommission.org.

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The patient, representative, and/or family have a responsibility:

- To give accurate and complete health information and inform your physician or clinician of changes in your health or reactions to medications and treatment.
- To give the NRHN Home Care complete information about the medical services you are receiving and physicians and facilities who are providing your care.
- To inform your clinician or physician about previous medical advice and all medications or treatment you are following.
- To participate in developing and following the agreed upon plan of care.
- To request information about anything that is not understood, including treatment course or care decisions, and express concerns regarding services provided.
- To recognize your responsibilities in the reimbursement of the agency for services provided when third party insurers are unavailable.
- To create and maintain an environment that is safe and free from all forms of harassment by the patient or others in the home, including behavior that is so disruptive, abusive, or uncooperative that the delivery of care to the patient or the ability of the NRHN Home Care to operate effectively and safely is seriously impaired. An environment is also considered unsafe if conditions in and around the home imminently threaten the safety of the home health care provider.
- To inform clinician when unable to keep an appointment for a home care visit.
- To inform clinician when you are no longer homebound.
- To inform the clinician of the existence of and any changes made to Advance Directives.