



Patient's Bill of Rights

Hospice of Davidson County offers a specialized team that supports and empowers individuals to make educated choices about end of life care. We recognize the patient's/family's core values and honor the right to self-determination and autonomy.

As part of that mission, we offer care to individuals with a limited life expectancy and their families regardless of age, gender, nationality, race, creed, sexual orientation, disability, diagnosis, or ability to pay. We also honor the following rights of each patient:

I have the right to receive information about services covered under the Hospice Medicare Benefit.

I have the right to choose a health care provider, including choosing my attending physician.

I have the right to receive information about the scope of services that Hospice will provide and specific limitations on those services.

I have the right to be fully informed in advance about care / services to be provided, including the disciplines that furnish care and the frequency of visits.

I have the right to be informed in advance, both orally and in writing, of care being provided, including payment for care / service expected from third parties and any charges for which I will be responsible.

I have the right to participate in all decisions concerning my care and participating in the development, review and revision of my Plan of Care.

I have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of an unknown source and misappropriation of property.

I have the right to voice grievances / complaints regarding treatment of care that is (or fails to be) furnished and the right to not be subjected to interference, coercion, discrimination or reprisal for exercising these rights.

I have the right to confidentiality and privacy of all information contained in the patient record and Protected Health Information.

I have the right to refuse care or treatment after the consequences of refusing care or treatment are fully presented.

I have the right to be informed of my patient rights under state law and to be informed of and to complete Advance Directives.

I have the right to receive effective pain management and symptom control for conditions related to my terminal illness(s).

I have the right to have my person and property treated with respect, honesty, dignity, and consideration.

I have the right to have my individuality, culture, and spiritual values and beliefs respected.

I have the right to be able to identify visiting personnel members through proper identification.



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- I have the right** to recommend changes in policies and procedures, personnel, care/services and to not be subject to discrimination or reprisal for exercising those rights.
- I have the right** to receive appropriate care without discrimination in accordance with physician's orders.
- I have the right** to be informed of any financial benefits when referred to Hospice or any outside organization.
- I have the right** to be informed of my responsibilities as a Hospice patient.
- I have the right** to be informed of anticipated outcomes of care and of any barriers in outcome achievement.
- I have the right** to die in my own manner, be it alone or with others by my side.
- I have the right** to maintain a sense of hope and be cared for by those who maintain a sense of hope however changing it may be.
- I have the right** to be informed of HODC policies regarding controlled medications and means of disposal when no longer needed.
- I have the right** to be advised of HODC's procedures for discharge.
- I have the right** to be informed of HODC's on call services and what to do in an emergency including calling the Hospice nurse and implementing use of Emergency Management Services.
- I have the right** to be in denial about my illness.
- I have the right** to express my feelings and emotions about my approaching death.
- I have the right** to receive care of the highest quality from caring, sensitive, knowledgeable people who will attempt to understand my needs.
- I have the right** to a confidential medical record as outlined in HODC Notice of Privacy Practices and be informed of policies and procedures relating to disclosure of clinical records.
- I understand that I have the right** to pursue any grievances / complaints about service / care provided by Hospice of Davidson County. Concerns can be reported to the Compliance Officer or the Chief Executive Officer at 336.475.5444 or 1.800.768.4677. If you are not satisfied with the action taken, the patient/family can call the Division of Health Services Regulation line at 1.800.624.3004 and/or the Department of Health and Human Resources Care Line at 1.800.662.7030 or Accreditation Commission for Health Care at 919.785.1214.

Successful care requires active participation, cooperation and support of the patient and caregiver. As a patient of HODC, your responsibilities include:

- I will** give accurate and complete information concerning past illnesses, hospitalizations, allergies, and medications. I will take medication as prescribed and will inform HODC of any medication changes.
- I will** maintain a safe environment for the patient and Hospice staff, ensuring the staff is free from threat and injury.
- I will** request additional information from any Hospice staff member concerning anything I do not understand.
- I will** share concerns and problems I have with a Hospice representative or call the Compliance Officer at 336.475.5444.