



### **Client Bill of Rights**

Lincolnland Home Care of Sarah Bush Lincoln exists primarily for the purpose of providing high quality care that meets or exceeds accepted standards for care. We believe that each client is worthy of respect and understanding and has certain rights and responsibilities related to the care he/she receives. In accordance with this philosophy, we wish to advise you of the following rights and responsibilities and to assist you in understanding and exercising of these rights:

As a client, you have the right to:

- Be treated with dignity, courtesy, and respect.
- Have your property treated with respect.
- Know the name and title of Lincolnland personnel who are providing services and supervision and to expect that they are properly qualified to provide you care.
- Receive competent, individualized quality services regardless of age, race, color, national origin, religion, sex, disability, cultural diversity or preferences, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.
- Make informed decisions about your care, to receive information to help you make such decisions and to participate in developing, planning and changing your care plan.
- Your reports of pain to be believed, information about pain and pain relief measures a concerned staff committed to pain prevention and management, health professionals who respond quickly to reports of pain, and effective pain management.
- Be informed of the nature, purpose and frequency of service and what discipline will be performing the care, prior to the initiation of care and before changes in the care you will receive.
- Refuse all or part of the care from Lincolnland personnel, to be told and consequences of that decision and to initiate a "living will" durable power of attorney and other advance directives about your care consistent with applicable law and regulations.

- Expect reasonable continuity of care, timely delivery of service, and to have your preferences considered in planning and delivering care.
- Receive prior notice and to make an informed decision before participating in experimental treatment or research.
- Receive information regarding community resources and to be informed regarding financial relationships between Lincolnland and other providers to which you are referred.
- Expect Lincolnland personnel to coordinate care through regular communication with your physician, caregivers and other providers.
- Receive timely notice of impending discharge or transfer to another organization or to a different level of intensity of care, and to be advised of the consequences and alternatives to such transfers.
- Expect confidentiality of all clinical and financial records and access to your records on request. Information will not be released to anyone other than your physician without your written consent or unless required by law.
- Notification verbally and in writing regarding your financial liability for Agency services including the extent of payment participated from all payor sources. Charges for services not covered by Medicare and charges which will be made to you for the services. You also have the right to notice of changes in sources of payment and your financial responsibility within 30 calendar days after Lincolnland becomes aware of the change. You have the right to appeal payment decisions.
- Exercise these rights or have family or guardian exercise these rights on your behalf if you are unable to do so yourself.
- Voice grievances about care which is or is not provided, recommend policy/service changes, have grievances investigated by Agency and make complaints without fear of reprisal or unreasonable interruption of care.

Complaints, recommendations, grievances should be reported to:

**Lincolnland Home Care Director**  
**1004 Health Center Drive, Suite 202**  
**Mattoon, IL 61938**  
**Telephone: 1-800-879-3212**

Whenever possible, complaints should be handled at the local level. If necessary, complaints may be directed to our Managers at the following locations and telephone numbers:

**Mattoon/Charleston Office**                      **1-800-879-3212**

## Paris Office

1-800-788-5586

- To have ethical issues related to the care you receive (or do not receive) referred to the Agency's Ethics Committee for review and response by contacting the Agency Director at the telephone number listed above.
- Report any complaints or grievance concerning Agency, the office's implementation of your advance directives (if any) and to request information about home care providers by contacting the **State Home Health HOTLINE** at telephone number **1-800-252-4343** and/or **The Joint Commission HOTLINE** at telephone number **1-800-944-6610** 24-hours / 7 days a week.

### Patient Responsibilities

I also understand I have a responsibility to:

- Provide accurate and complete health information concerning your present illness, past illnesses, hospitalizations, medications, allergies, and other pertinent items.
- Agree to accept caregivers regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law.
- Select a physician; remain under medical supervision and to notify Lincolnland of changes in my physician, medication, treatment or symptoms. (When medical supervision is required)
- Maintain an adequate and safe environment for home care.
- Protect my valuables by storing them carefully in an appropriate manner.
- Participate in planning, evaluating and revising my care plans to the degree that I am able to do so.
- Adhere to the plan of care which I participate in developing.
- Ask Lincolnland personnel what to expect regarding pain relief options with them, work with them to develop a pain management plan, ask for pain relief when pain begins, help Lincolnland personnel assess your pain, tell them if your pain is not relieved and tell them about any worries you have about taking pain medications.
- Arrange for supplies, equipment, medications and other services which Lincolnland cannot provide which are necessary for provision of care and my safety.

- Notify Lincolnland prior to the scheduled visit if I will not be available, do not want service or wish to discontinue services.
- Treat Lincolnland staff with respect, courtesy and consideration.
- Pay for services as agreed in my General Consents and Notices.
- Accept the consequences for any refusal of treatment or choice of noncompliance, including changes in reimbursement eligibility.