**Bill of Rights**

**Your rights and responsibilities**

Vital Home Care Agency LLC (VHCA) pledges to honor and protect your rights as a client. Your rights and responsibilities as a VHCA client are listed below:

**YOUR RIGHTS**

* Jointly participate with VHCA in the initial planning of your care including the care to be provided and the schedule and any change to the care plan before the change is made
* Be notified in writing of the care to be provided, the type of caregivers who will provide the care, and the frequency and the duration of the visits
* Refuse the service or request a change of VHCA caregiver without fear of reprisal or discrimination
* Be informed of the consequences of refusing all or part of the planned care. If you do not follow the plan of care and if this threatens to compromise our commitment to quality care, VHCA may need to refer you to another source of care.
* Participate in the selection of VHCA caregivers to provide care
* Be informed of the right to formulate an advance directive (known as a living will) and the VHCA policy regarding such rights to have advanced directives respected to the extent provided by law and to receive service whether an advance directive has been executed
* Be informed about the outcomes of care including unanticipated outcomes
* Only participate in experimental treatments or research after voluntary and informed consent is obtained
* Have a healthcare representative appointed by you or designated in your medical power of attorney make health care decisions for you.
* Have you appointed guardian or family member exercise your rights in the event you have been judged incompetent
* Be informed of the procedure to register complaints about VHCA, the care provided, or any lack of respect for your property, including the availability, purpose, and appropriate use of compliance numbers. Included in the patient Problem Solving Procedure, complaints may be registered with: New Jersey Division of Consumer Affairs at 1-800-242-5846 or Division of Disability Services at 1-877-222-3737 or Division of Medical Assistance and Health Services 1-800-356-1561 or CAHC accrediting organization at 1-201-880-9135
* Know that appropriate action has been taken regarding your complaint
* Voice your concerns without fear of reprisal or discrimination for having done so
* Receive care of the highest quality without regard to race, creed, gender, age, disability, sexual orientation, veteran status, lifestyle, color, or national origin
* Be admitted to care only if VHCA has the capability to provide the care safely at the requested level of intensity and in a timely manner as determined by a professional assessment and VHCA policy
* Be told what to do in case of an emergency
* Have all nursing services provided in accordance to physician orders
* Be assured that all services are under the supervision of a qualified healthcare professionals
* Be informed of discharge procedures, including treatment options, transfers, changes in service, when and why care will be stopped, and instructions for continuing care
* Receive an assessment and appropriate management of pain
* Be referred to another provider if VHCA is unable to meet your needs or if you are dissatisfied with the care you are receiving
* Have your property treated with respect
* Be free of any mental, physical, sexual, and verbal abuse, including neglect and exploitation
* Expect confidentiality about information about your health, social, and financial circumstances and what takes place in your home
* Expect VHCA to only release information as required by law or yourself
* Access your clinical record and reports on the care provided
* Be informed orally and in writing of all personal liability for services and any changes in such within 15 days of when VHCA was made aware of the change
* Be informed of payment sources for VHCA services
* Be informed of VHCA liability insurance upon request
* Be informed of VHCA ownership and control upon admission and of any beneficial relationships that may bring profit to VHCA when making referrals to another organization

**YOUR RESPONSIBILITIES**

* Inform VHCA of any treatment changes prescribed by your physician
* Cooperate with VHCA staff when carrying out your plan of care
* Call the office if you will not be home when service is scheduled
* Provide accurate information regarding insurance information or payment sources
* Inform VHCA of any changes in insurance or payment sources
* Inform VHCA of any power of attorney involved in your care or financial matters
* Inform VHCA of any dissatisfaction of services received
* Provide the supplies needed for the delivery of care, as indicated in the plan of care
* Jointly supervise your VHCA caregiver with your office team