

# Johns Hopkins Care at Home

## Patient Rights and Responsibilities

To promote patient safety, we encourage you to speak openly with your health care team, be well-informed, and take part in care decisions and treatment choices. Join us as active members of your health care team by reviewing the rights and responsibilities listed below for patients and patient representatives.

### You or your designee have the right to:

#### Effective Communication and Participation in Your Care

- 1 Be given a copy of the patient rights and responsibilities and the following in writing at the initial assessment visit before care is provided:
  - Copy of our transfer and discharge policies
  - Contact information (name, business address and business phone number) for our home health care administrator
  - For Medicare or Medicaid patients only, Outcome and Assessment Information Set (OASIS) Privacy Statement will be provided
- 2 Receive verbal notice and discussion of Patient Rights and Responsibilities no later than the second visit.
- 3 Get timely and understandable information. The use of the following will be provided free of charge:
  - Sign language and foreign language interpreters
  - Written translation
  - Special communication aids for speech, hearing or vision
- 4 Be informed of the name and contact information of the responsible person supervising your home health care.
- 5 Contact the agency 24 hours a day, 7 days a week regarding care by calling 410-288-8000 or toll free at 1-800-288-2838.
- 6 Be informed about:
  - Completion of all health assessments
  - Plan of care and any change to the plan of care. This includes which health care professionals provide the care and how often services are provided
  - Expected outcomes of care that include the patient goals
  - Possible unplanned outcomes of care
  - Any factors that could impact treatment effectiveness
- 7 Be involved in, and have your family or designee involved, in decisions about care, treatment, or services.
- 8 Be informed about support services available and receive all services outlined in your plan of care.
- 9 Have your pain managed.
- 10 Receive or refuse care, treatment, or services, in accordance with law and regulation and know what may happen if you refuse.
- 11 Refuse or withdraw any portion of the planned treatment without giving up other portions, except if partial care is medically contraindicated.

#### Respectful and Safe Care

- 12 Be given considerate, respectful and compassionate care.
- 13 Have visits on a schedule that is convenient to you, during normal business hours. Be informed of the visit schedule and any changes to the schedule.
- 14 Have your property treated with respect both inside and outside of your home.
- 15 Have your culture and personal values, beliefs and wishes respected.
- 16 Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity, language or socioeconomic status.
- 17 Be protected from abuse and neglect (verbal, mental, physical or sexual) or exploitation (theft of property) while receiving care from us. All allegations will be evaluated and reported to the proper authorities, as required by law.
- 18 Be advised of the names and contact information for protective and advocacy services. These services help certain patients (e.g., children, elderly, disabled) exercise their rights and protect them from abuse and neglect.
- 19 Know the names and jobs of the people who care for you and who is responsible for your care.
- 20 Be given contact information for any home rental medical equipment you receive from us.

- 21 Upon request and in advance of treatment, be advised of the extent to which payment may be expected from Medicare, Medicaid or any other federally funded program.
- 22 Ask for:
  - A written statement of services offered including the frequency and charge per unit
  - An estimate of charges before care is provided that includes an estimate of how much you will owe after we receive payment from your insurance company
  - An itemized bill which includes the date care was provided and the charge per unit
- 23 Receive written notice:
  - Before home care services are started if we determine the service may be non-covered care
  - In advance of our reducing or terminating on-going care
- 24 Ask for a copy of the policy on uncompensated care.
- 25 Ask for a list of any home health care providers with which the agency has a contract.

#### Decision-Making and Informed Consent

- 26 Accept or reject any employee or contractor referred by the agency (within the limits of law, regulation and policy) without fear of retaliation.
- 27 Select someone to make health care decisions for you if at some point you are unable to make those decisions (and to have all patient rights apply to that person).
- 28 Create or change an advance directive (also known as a living will or durable power of attorney for health care).
- 29 Give permission (informed consent) before any non-emergency care is provided, including:
  - Risks and benefits of your treatment, cost, and the likelihood of achieving your goals
  - Alternatives to that treatment and estimated costs of the alternative treatments
  - Risks and benefits of those alternatives
- 30 Agree or refuse to allow any types of pictures, videos or voice recordings for any other reason than your personal care.
- 31 Be informed if treatment is for research purposes and agree or refuse to be part of a research study, including the following:
  - An explanation of the purpose of the research
  - The expected duration of the patient's participation
  - A clear description of the procedures to be followed
  - A statement of the potential benefits, risks, discomforts, and side effects
  - Alternative care, treatment, or services available to the patient that might prove advantageous to the patient
  - An explanation that refusing to participate or discontinuing participation at any time will not jeopardize your access to care

#### Privacy and Confidentiality

- 32 Have privacy and confidential treatment and communication about your care.
- 33 Be given a copy of the HIPAA Notice of Privacy Practices.

#### Medicare DMEPOS Supplier Standards

- 34 The products and/or services provided to you by Johns Hopkins Pharmaquip, Inc. are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>.

# Johns Hopkins Care at Home

## Patient Rights and Responsibilities

### Complaints and Grievances

- 35 Complain and have your complaint reviewed without negatively affecting or interrupting your care. Your complaint will be acknowledged and we will promptly follow-up. If you have a problem or complaint, please contact the following:

#### Johns Hopkins Care at Home:

- The Johns Hopkins Home Health Services, Inc., Johns Hopkins Pediatrics at Home, Inc., Johns Hopkins Pharmaquip, Inc.  
5901 Holabird Avenue, Suite A Baltimore, MD 21224  
(410) 288-8036
- Potomac Home Health Care  
6700A Rockledge Drive, Suite 200 Bethesda, MD 20817  
(301) 896-6999
- Potomac Home Health Care  
Sibley Memorial Hospital  
5255 Loughboro Road NW  
Bldg. B, Room G A 400  
Washington, DC 20016  
(202) 243-5177

- 36 Receive, upon request, a summary report regarding complaints that is available for public inspection.

- 37 Other external groups you may contact include:

#### • Accreditation Agency:

The Joint Commission Office of Quality and Patient Safety  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
[https://www.jointcommission.org/report\\_a\\_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx)

#### • To address discrimination concerns, you may also file a civil rights complaint with the U.S. Department of Health and Human Services:

Office for Civil Rights  
200 Independence Ave., SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>

#### • Quality Improvement Organization:

Livanta/BFCC-QIO  
6830 W. Oquendo Rd. Suite 202  
Las Vegas, NV 89118  
Fax: 844-420-6671

### You or your designee have the responsibility to:

- 1 Provide accurate and complete information about your health including allergies, all medications, address, telephone number, date of birth, insurance carrier and employer.
- 2 Report unexpected changes in your health (e.g., hospitalizations, changes in the plan of care, symptoms to be reported, pain, change in your homebound status or change of physician).
- 3 Inform us if you have an advance directive and give us a copy. Let us know if you made changes to your advance directive.
- 4 Notify us in advance if you need to change your scheduled delivery or visit for any reason (for example: medical appointment, family emergency or you are in the hospital).
- 5 Tell us if your Medicare, Medicaid or other insurance coverage changes or if you decide to enroll in a Medicare or Private HMO or hospice.
- 6 Ask questions if there is anything you do not understand.
- 7 Remain under a doctor's care while receiving skilled home care services.
- 8 Provide a safe and cooperative environment for care (such as keeping pets confined, putting away weapons, or not smoking during your care).
- 9 Treat all who provide home care services to you with courtesy and respect.
- 10 Use and maintain medical equipment using the safety guidelines reviewed with you. Notify us when you are no longer using the equipment.
- 11 Follow plan of care and instructions about your care, treatment or services.
- 12 Accept the consequences for the outcome(s) of refusing care or not following instructions.
- 13 Pay your bills or work with us to find funding to meet your financial obligations.
- 14 Refrain from taking pictures, videos or recordings without permission from our staff.

### Additional Resources

Be given the name, address, and telephone number for agencies that serve your area, as applicable, but not limited to:

#### • Maryland State Agency:

Maryland Department of Health & Mental Hygiene  
Office of Health Care Quality  
7120 Samuel Morse Drive  
Second Floor  
Columbia, Maryland 21046  
Toll Free: 1-877-402-8218

#### • Pennsylvania State Agency:

Department of State, Professional Compliance Office  
PO Box 69522  
2601 North Third Street  
Harrisburg, PA 17106  
Telephone: 1-800-254-5164 or  
(717) 783-4854

#### • Washington, DC Agency:

D.C. Health Regulation and Licensing Administration  
Washington D.C. Department of Health  
899 North Capitol Street, NE  
Washington DC 20002  
Telephone: 1-877-672-2174

#### • Virginia State Agency:

Virginia Department of Health Professions  
Enforcement Division  
Perimeter Center  
9960 Mayland Drive  
Suite 300  
Henrico, VA 23233  
Telephone: 1-800-533-1560 or  
(804) 367-4691  
Fax: (804) 527-4424

