Ideal
Home Health
187A High Street, Holyoke, MA 01040
Tel: 413-322-8614 | Fax: 413-875-6009
Office Hours: Mon–Fri, 9AM–4PM | 24-Hour On-Call: 413-322-8614

Patient Bill of Rights & Responsibilities

Per Medicare Conditions of Participation 42 CFR §484.50 and ACHC Home Health Standards

Patient Rights

The patient has the right to:

1. Be informed of their rights, in writing and verbally, in advance of receiving care or being discharged.
2. Have his or her property and person treated with respect.
3. Be free from verbal, mental, sexual, and physical abuse, neglect, and misappropriation of property.
4. Be free from physical restraints and chemical restraints used as a means of coercion, discipline, convenience, or retaliation.
5. Make complaints regarding treatment or care without discrimination, coercion, or reprisal.
6. Participate in, be informed about, and consent or refuse care — including the plan of care, disciplines, visit frequency, expected outcomes, and any changes.
7. Receive all services outlined in the plan of care.
8. Have a confidential clinical record; release requires written consent except as authorized by law.
9. Be advised orally and in writing of Medicare/Medicaid coverage, charges, and any changes.
10. Receive written notice before a service is reduced or terminated.
11. Be advised of the MA toll-free Home Health Hotline: 1-800-462-5540 (available 24 hours a day, 7 days a week).
12. Be free from discrimination regardless of race, color, national origin, disability, age, or sexual orientation.
13. Voice grievances without discrimination, coercion, or reprisal.
14. Have a family member or representative present during a home visit.
15. Be informed of the Agency's policies on advance directives and the right to make medical decisions.

Patient Responsibilities

The patient is responsible for:

16. Providing accurate and complete information about your medical history and current condition.
17. Following the treatment plan recommended by your physician.
18. Accepting responsibility for refusing treatment or not following physician orders.
19. Fulfilling financial obligations to the Agency promptly.
20. Respecting the rights of all Agency staff.
21. Notifying the Agency in advance of cancelled or rescheduled appointments.
22. Working toward independence using self, family, and community resources.
23. Paying for services not covered by third-party payers.
24. Complying with Agency rules and regulations.

Grievance Procedure

Submit complaints verbally or in writing to the Administrator or supervising nurse. The Administrator will respond within 30 days. External contacts:

MA Home Health Hotline (DPH)	1-800-462-5540 | Available 24/7
MA Div. of Health Care Facility Licensure & Certification	Complaint Intake Unit, 67 Forest Street, Marlborough, MA 01752 | (617) 753-8150
ACHC Complaint Line	855-937-2242 | complaints@achc.org

Acknowledgement of Receipt

I acknowledge receipt of the Patient Bill of Rights and Responsibilities and confirm it has been explained to me.

Patient / Representative Signature: _____

Relationship to Patient: _____

Agency Representative: _____

Per Medicare CoP 42 CFR §484.50 and ACHC HH2-2A