Policy: RI-001	**Effective Date:**	1/1/06
Topic: Patient and Family Rights and Responsibilities	**Date(s) Revised:**	08/2016
Applicable Service(s): Hospice	**Page:**	Page 1 of 22

Policy:

The Hospice recognizes, respects, and promotes the rights of each individual patient and family member in accordance with fundamental human, civil, constitutional, and statutory rights. The hospice staff will collaborate with the patient to determine and define "family member(s)." The patient and the family have the right to be informed on admission, orally and in writing, of their rights and responsibilities. For a minor patient needing assistance in understanding their rights, both the patient and the parent/legal guardian, or other responsible person will be informed of these rights. The agency staff will protect and promote these rights in a manner that respects their dignity and choices. If a patient has been adjudged to be incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf. If a state court has not adjudged incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.

<u>Operational Guidelines:</u>

The patient and the family have the right to:

- Exercise their rights to accept the Medicare Benefit voluntarily and to sever the relationship with the hospice at anytime without fear of retribution

- Be informed of one's responsibilities

- Be fully informed in advance about the scope of service/care to be provided, including the disciplines that furnish care and the frequency of visits as well as any limitations and/or modifications to the service/POC.

- Be informed of his or her rights under state law to formulate advance directives

- Be informed of anticipated outcomes of service/care and of any barriers in outcome achievement

- Exercise his or her rights as a patient of the hospice

- Be informed of any financial benefits when referred to an organization.

- To have his or her property and person treated with respect, consideration, and recognition of patient dignity and individuality

- Be able to identify visiting staff members through proper identification.

- To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice and have such grievances investigated.

- To voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal.

- To not be subjected to discrimination or reprisals for exercising his or her rights

- Be involved in the decision making of all aspects of their care, including the right to receive only the care and services of their choosing and whether or not to participate in research, investigational or experimental studies

- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown origin and misappropriation of property.

- Participate in the development and revision of the plan of care

- Receive effective pain and symptom management from the hospice for conditions related to the terminal illness.

- Choose their own private attending physician and other health care providers

- Exercise their religious beliefs and generally recognized customs of their choice, not in conflict with health and safety standards, during the course of their hospice treatment and exclude religion from their treatment if they so choose

- Informed consent and refusal of care, to the extent permitted by law, without severing the relationship with the agency, and being informed of the possible consequences of the decision

- Have communication needs met in a manner, which is understandable to the patient and family, or document the reasons why this cannot occur

- Receive care in a setting and manner that preserves the patient’s dignity, privacy, and safety to the maximum extent, and have their property treated with respect

- Receive care free from unnecessary use of restraints, and in a manner that is provided free from possible mental and physical abuse, neglect or exploitation

- Be advised of the confidentiality of his/her medical or personal information and of policies and procedures regarding appropriate release or review under Federal or State law

- Be advised, both orally and in writing, before care is initiated of the charges, including payment for services/care expected from Medicare and other sources, and any charges for which the patient will be responsible.

- Continue to receive appropriate care without regard for their ability to pay

- Be provided agency contact numbers that are accessible 24 hours/7 days a week

- Be advised in writing the State Hotline Number, for reporting grievances and complaints.

*Additional state specific patient rights may be found in the Admission Booklet for the corresponding state.
(State Specific Rights and Advance Directives are located in the Patient Information Booklet).

The patient and families have the responsibility to:

- Provide a safe environment for the hospice staff to provide the care
- Provide the hospice staff complete and accurate information
- Participate and adhere to the hospice care plan
- Inform the hospice agency staff as soon as possible when unable to keep a hospice visit
- Contact the hospice staff prior to contacting 911 or transporting patient to the hospital emergency room
- Elect care in only Hospice contracted facilities
- Request clarification or additional instructions when necessary
- Communicate health related concerns, changes in pain levels, and problems as soon as they are identified
- To insure continuity of care, patients who receive constant or 24 hour supervision must have their caregiver present in the home on the premises during visits by agency personnel. If the constant caregiver leaves the home or premises or is otherwise absent during the hospice visit(s), the agency reserves the right to discharge the patient from service and notify appropriate authorities

The hospice has the responsibility to:

Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on the behalf of the hospice, are reported immediately to hospice employees and contracted staff to the hospice administrator/DOO.

Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations will be conducted in accordance with the hospice's policies and procedures.

Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the state survey agency or local law enforcement agency.

Ensure that verified violations are reported to state and local bodies having jurisdiction (including to the state survey and certification agency) within 5 working days of becoming aware of the violation.

State Specific Requirements

Alabama:
AL 420-5-17-.04 Patients' Rights
Policies and Procedures regarding the rights and responsibilities of patient to any sponsor, next-of-kin, sponsoring agency (or agencies), representative payees, and to the public. Patients and sponsors will be informed on patient rights and given the toll-free complaint telephone number for the Alabama Department of Public Health, both verbally and in writing, at the time of admission. This shall be documented in the patient's record. The staff shall be trained and involved in the implementation of these policies and procedures. Posters clearly stating patient rights will be visible in key locations in the hospice. These posters will also include the toll-free complaint telephone number. These patients' rights, policies, and procedures ensure that, at least, each patient admitted to the hospice:

(a) Has the right to be fully informed, as evidenced by the patient's written acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct and responsibilities.
(b) Be fully informed of services available and of related charges including any charges for services not covered by third party payers.
(c) Be fully informed by a physician of his or her medical condition unless medically contraindicated (as documented by a physician in the medical record); and, is afforded the opportunity to participate in the planning of his or her medical treatment and the right to refuse treatment or participation in experimental research.
(d) Is not to be transferred or discharged except when transfer or discharge is necessary for the patient's welfare and the patient's needs can no longer be met or when the patient presents a direct threat to the health or safety of others, for medical reasons, or for his or her welfare or that of other patients, or for nonpayment for his or her stay. The hospice shall discuss discharge plans with the patient or their legal representative, the hospice Medical Director and/or attending physician and the appropriate interdisciplinary team members prior to the discharge. The hospice shall identify post hospice care needs and provide adequate discharge planning. The hospice patient or their legal representative shall be provided written discharge instructions on medication management and procurement, durable medical equipment, availability of community resources and other identified needs at the time of discharge. The required discharge forms must be completed timely. Such actions shall be documented in the medical record.
(e) Is encouraged and assisted throughout the period of stay to exercise rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to hospice staff and/or to outside representative of his or her choice without being subjected to restraint, interference, coercion, discrimination, or reprisal.
(f) May manage his or her personal financial affairs. Should a patient delegate responsibility to the hospice for the management of his or her financial affairs, said delegation shall be in writing, and the hospice shall provide the patient with at least a quarterly accounting of financial transactions made on his or her behalf.
(g) Is free from mental and physical abuse; and free from chemical and (except in emergencies) physical restraints, except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to self or to others.
(h) Is assured confidential treatment of personal and medical records, and may approve or refuse their release to any individual outside the hospice except in case of transfer to another health care institution or as required by law or third-party payment contract.
(i) Is treated with consideration, respect, and with full recognition of his or her dignity in caring for personal needs.
(j) Is not required to perform services for the hospice that are not included for therapeutic purposes

in the plan of care. The following apply to inpatient hospices:

1. May associate and communicate privately with persons of his or her choice, and send and receive personal mail unopened.
2. May meet with and participate in the activities of social, religious, and community groups at his or her discretion.
3. May retain and use personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients.

(k) If married, is assured privacy for visits by his/her spouse. If both are inpatients in the hospice, they are permitted to share a room.

The following apply to all hospices:

(2) Responsible Party (Parties).

(a) In the case of a patient adjudged incompetent under the laws of a state by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under state law to act on the resident's behalf.

(b) In the case of a patient who has not been adjudged incompetent by the state court, any legal surrogate designated in accordance with state law may exercise the resident's rights to the extent provided by state law.

(3) Notification of Changes in Patient Status. The hospice shall have appropriate written policies and procedures relating to notification of the patient's attending physician and other responsible persons in the event of accident involving the patient, or other significant change in the patient's physical, mental or emotional status. Except in medical emergency, a patient shall not be transferred or discharged, nor treatment altered radically, without consultation with the patient or, if the patient is incompetent, without prior consultation with next-of-kin or sponsor.

420-5-17.04

(3) Notification of Changes in Patient Status. The hospice shall have appropriate written policies and procedures relating to notification of the patient's attending physician and other responsible persons in the event of accident involving the patient, or other significant change in the patient's physical, mental or emotional status. Except in medical emergency, a patient shall not be transferred or discharged, nor treatment altered radically, without consultation with the patient or, if the patient is incompetent, without prior consultation with next-of-kin or sponsor.

Alaska:

Before initiation of care or services, a hospice agency shall provide each client who is 18 years of age or older, or the client’s legal representative, with forms and information regarding:

1) the client's right to make health care decisions, including the right to accept or refuse medical or surgical treatment, and the right to execute an advance health care directive and durable health care power of attorney;
2) agency policies for implementing the client's right to make health care decisions;
3) living wills and do-not-resuscitate orders; and
4) persons who can provide additional information concerning advance health care directives and durable health care powers of attorney.

(b) The governing body of the hospice agency shall protect and promote the rights of each hospice client, by assuring that:

1) before services are provided, the client and the client’s family are informed orally and in writing, in a language the client and the client's family understand.

Arkansas:
Section 7. A hospice shall inform and document that each patient, or when appropriate the patient's representative, has been informed of the following before or during the initial evaluation:

1. The right to appropriate and professional quality services regardless of race, creed, color, religion, sex, national origin, sexual preference, disability or age, and to be free from physical abuse, mental abuse and/or neglect. The patient and property shall be treated with dignity and respect by all that provide services;
2. The right to receive an explanation of the informed consent and election statement that is signed by the patient or patient's representative for the provision of hospice care;
3. The right to participate in the decision-making process regarding where care is to be delivered and the options available;
4. The right to receive a timely response from the hospice agency regarding any request for services;
5. The right to privacy and confidentiality;
6. The right to be informed of the name of the hospice agency, services offered by the agency, services being provided to the patient, and how to contact that agency during all hours;
7. The right to be informed of the process of submitting and addressing complaints to the hospice agency and be informed of the address and phone number of the State Licensing Agency;
8. The right to be informed that a hospice may not discontinue or diminish care because of the lack of a payor source; and
9. The right to be informed orally and in writing, prior to service, of expected payment sources, i.e., Medicare, Medicaid, and various other payers.
10. Services the hospice does not cover.

B. The agency shall provide each patient and patient's representative with a list affirming the patient's and patient's representative's responsibility to:

1. Assist in developing and maintaining a safe environment, when possible;
2. Treat all agency staff with respect;
3. Participate in the development and update of the plan of care; and
4. Adhere to the plan of care as developed by the agency and assist in the care as necessary

Connecticut:
19-13-D78. Patient's bill of rights and responsibilities
An agency shall have a written bill of rights and responsibilities governing agency services which shall be made available and explained to each patient or representative at the time of admission. Such explanation shall be documented in the patient's clinical record. The bill of rights shall include but not be limited to:

(a) A description of available services, unit charges and billing mechanisms. Any changes in such must be given to the patient orally and in writing as soon as possible but no later than thirty (30) working days from the date the agency becomes aware of a change;
(b) Policy on uncompensated care;
(c) Criteria for admission to service and discharge from service;
(d) Information regarding the right to participate in the planning of the care to be furnished, the disciplines that will furnish care, the frequency of visits proposed and any changes in the care to be furnished, the person supervising the patients' care and the manner in which that person may be contacted;
(e) Patient responsibility for participation in the development and implementation of the home health care plan;
(f) Right of the patient or designated representative to be fully informed of patients' health condition, unless contraindicated by a physician in the clinical record

(g) Right of the patient to have his or her property treated with respect;
(h) Explanation of confidential treatment of all patient information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it;
(i) Policy regarding patient access to the clinical record;
(j) Explanation of grievance procedure and right to file grievance without discrimination or reprisal from agency regarding treatment or care to be provided or regarding the lack of respect for property by anyone providing agency services;
(k) Procedure for registering complaints with the commissioner and information regarding the availability of the Medicare toll-free hotline, including telephone number, hours of operation for receiving complaints or questions about local home health agencies;
(l) Agency's responsibility to investigate complaints made by a patient, patient's family or guardian regarding treatment or care provided or that fails to be provided and lack of respect for the patient's property by anyone providing agency services. Agency complaint log shall include date, nature and resolution of the complaint.
(Effective September 20, 1978; Amended December 28, 1992).

Colorado:
6 CCR 1011-1 Chap 21
5.1 Upon admission, each hospice patient/family shall receive a copy of the Hospice Patient's Bill of Rights and Responsibilities.
5.2 There shall be written documentation of receipt of the copy of the patient rights and responsibilities.
5.3 By written declaration the hospice shall affirm the following patient rights and responsibilities:
(A) The right to be informed of the hospice concept, admission criteria, services to be provided, options available, and any charges which may be incurred.
(B) The right to participate in developing the patient plan of care.
(C) The right to expect that all records be confidential.
(D) The right to refuse service or withdraw from the program at any time.
(E) The responsibility to provide accurate information which may be useful to the hospice in delivering appropriate care.
(F) The right to express a grievance without fear of reprisal.
5.4 Hospice responsibilities shall include but not be limited to:
(A) Providing quality care to individuals regardless of race, religion, sex, age, and/or physical or mental disabilities or ability to pay;
(B) Training all employees and volunteers adequately for the type of service they provide;
(C) Providing care that is ethical, is in the best interest of the patient, and is respectful of the patient/family life values, religious preference, dignity, individuality, privacy in treatment and personal needs; and
(D) Assuring special attention to patients who are infants, small children and adolescents in regard to their right to privacy, choice and dignity.

Florida:

Florida Statute 381.026 Patient Bill of Rights
RIGHTS OF PATIENTS.--Each health care facility or provider shall observe the following standards:
(a) *Individual dignity.*--
1. The individual dignity of a patient must be respected at all times and upon all occasions.
2. Every patient who is provided health care services retains certain rights to privacy, which must be respected without regard to the patient's economic status or source of payment for

his or her care. The patient's rights to privacy must be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility or provider's office. However, this subparagraph does not preclude necessary and discreet discussion of a patient's case or examination by appropriate medical personnel.

3. A patient has the right to a prompt and reasonable response to a question or request. A health care facility shall respond in a reasonable manner to the request of a patient's health care provider for medical services to the patient. The health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility to the extent such services do not require the approval of the patient's health care provider or are not inconsistent with the patient's treatment.
4. A patient in a health care facility has the right to retain and use personal clothing or possessions as space permits, unless for him or her to do so would infringe upon the right of another patient or is medically or programmatically contraindicated for documented medical, safety, or programmatic reasons.

(b) *Information.*--

1. A patient has the right to know the name, function, and qualifications of each health care provider who is providing medical services to the patient. A patient may request such information from his or her responsible provider or the health care facility in which he or she is receiving medical services.
2. A patient in a health care facility has the right to know what patient support services are available in the facility.
3. A patient has the right to be given by his or her health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis, unless it is medically inadvisable or impossible to give this information to the patient, in which case the information must be given to the patient's guardian or a person designated as the patient's representative. A patient has the right to refuse this information.
4. A patient has the right to refuse any treatment based on information required by this paragraph, except as otherwise provided by law. The responsible provider shall document any such refusal.
5. A patient in a health care facility has the right to know what facility rules and regulations apply to patient conduct.
6. A patient has the right to express grievances to a health care provider, a health care facility, or the appropriate state licensing agency regarding alleged violations of patients' rights. A patient has the right to know the health care provider's or health care facility's procedures for expressing a grievance.
7. A patient in a health care facility who does not speak English has the right to be provided an interpreter when receiving medical services if the facility has a person readily available who can interpret on behalf of the patient.

(c) *Financial information and disclosure.*--

1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a representative of the health care facility full information and necessary counseling on the availability of known financial resources for the patient's health care.
2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, in advance of treatment, whether the health care provider or the health care facility in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider's office or health care facility.
3. A health care provider or a health care facility shall, upon request, furnish a patient, prior to provision of medical services, a reasonable estimate of charges for such services. Such

reasonable estimate shall not preclude the health care provider or health care facility from exceeding the estimate or making additional charges based on changes in the patient's condition or treatment needs.

4. A patient has the right to receive a copy of an itemized bill upon request. A patient has a right to be given an explanation of charges upon request.

(d) *Access to health care.*--

1. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
2. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide such treatment.
3. A patient has the right to access any mode of treatment that is, in his or her own judgment and the judgment of his or her health care practitioner, in the best interests of the patient, including complementary or alternative health care treatments, in accordance with the provisions of s. 456.41.

(e) *Experimental research.*--In addition to the provisions of s. 766.103, a patient has the right to know if medical treatment is for purposes of experimental research and to consent prior to participation in such experimental research. For any patient, regardless of ability to pay or source of payment for his or her care, participation must be a voluntary matter; and a patient has the right to refuse to participate. The patient's consent or refusal must be documented in the patient's care record.

(f) *Patient's knowledge of rights and responsibilities.*--In receiving health care, patients have the right to know what their rights and responsibilities are.

(5) RESPONSIBILITIES OF PATIENTS.--Each patient of a health care provider or health care facility shall respect the health care provider's and health care facility's right to expect behavior on the part of patients which, considering the nature of their illness, is reasonable and responsible. Each patient shall observe the responsibilities described in the following summary.

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
A patient is responsible for following the treatment plan recommended by the health care provider.
A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Georgia:
111-8-37-10 Patient and Family Rights

(1) The hospice must ensure that patients and their families receive hospice care and palliative care for persons with advanced and progressive diseases, when offered, in a manner that respects and protects their dignity and ensures all patients' rights to:

(a) Participate in the hospice voluntarily and sever the relationship with the hospice at any time;
(b) Receive only the care and services to which the patient and/or the patient's family have consented;
(c) Receive care in a setting and manner that preserves the patient's dignity, privacy, and safety to the maximum extent possible;
(d) Receive hospice care in a manner that neither physically nor emotionally abuses the patient, nor neglects the patient's needs;
(e) Receive care free from unnecessary use of restraints;
(f) Have addressed and resolved promptly any grievances, concerns, or complaints and receive education in the availability and use of the hospice's grievance process for all patients;
(g) Refuse any specific treatment from the hospice without severing the relationship with the hospice;
(h) Choose their own private attending physician, so long as the physician agrees to abide by the policies and procedures of the hospice;
(i) Exercise the religious beliefs and generally recognized customs of their choice, not in conflict with health and safety standards, during the course of their hospice treatment and exclude religion from their treatment if they so choose;

(j) Have their family unit, legal guardian, if any, and their patient representative present any time during an inpatient stay, unless the presence of the family unit, legal guardian, if any, or patient representative poses a risk to the patient or others;
(k) Participate in the development of the patient's plan of care and any changes to that plan;
(l) Have maintained as confidential any medical or personal information about the patient;
(m) Continue hospice care and not be discharged from the hospice during periods of coordinated or approved appropriate hospital admissions;
(n) Be provided with a description of the hospice care provided and levels of care to which the patient is entitled depending upon whether the patient is terminally ill or suffering from an advanced and progressive disease, and any charges associated with such services;
(o) Review, upon request, copies of any inspection report completed by the Department within the two years preceding the request;
(p) Make self-determinations concerning medical care, which encompass the right to make choices regarding life-sustaining treatment, including resuscitative services;
(q) Continue to receive appropriate hospice care when terminally ill without regard for the ability to pay for such care; and
(r) Have communication of information provided in a method that is effective for the patient. If the hospice cannot provide communications in a method that is effective for the patient, attempts to provide such shall be documented in the patient's medical record.

(2) The hospice must provide to the patient, the patient's representative, and/or the patient's legal guardian oral and written explanations of the rights of the patient and the patient's family unit while receiving hospice care for the terminally ill and palliative care for persons with advanced and progressive diseases. The explanation of rights must be provided at the time of admission into the hospice.

(3) The hospice must provide to the patient, the patient's representative, and the patient's legal guardian the contact information, including the website address of the Department, for reporting complaints about hospice care to the Department.

Authority O.C.G.A. §§ 31-7-170 et seq. **History.** Original Rule entitled "Patient and Family Rights" adopted. F. July 27, 2005; eff. Aug. 16, 2005.

Illinois:
77 Ill. Adm.Code 280.2050 (a)(2) the patient has the right to information regarding diagnosis and prognosis and any change in either.
(a)(3) the right to review and participate in his or her plan of care.

Louisiana:
§8231. Patient Rights and Responsibilities
A. The hospice shall insure that the patient has the right to:
1. be cared for by a team of professionals who provide high quality comprehensive hospice services as needed and detail in the patient's clinical record; and appropriate for patient/family;

2. have a clear understanding of the availability of hospice services and the hospice team 24 hours a day, seven days a week;
3. receive appropriate and compassionate care, regardless of diagnosis, race, age, gender, creed, disability, sexual orientation, place of residence, or the ability to pay for the services rendered;
4. be fully informed regarding patient status in order to participate in the POC. The hospice professional team will assist patient/family in identifying which services and treatments will help attain these goals;
5. be fully informed regarding the potential benefits and risks of all medical treatments or services suggested, and to accept or refuse those treatments and/or services as appropriate to patient/family personal wishes;
6. be treated with respect and dignity;
7. have patient/family trained in effective ways of caring for patient;
8. confidentiality with regard to provision of services and all client records, including information concerning patient/family health status, as well as social, and/or financial circumstances. The patient information and/or records may be released only with patient/family's written consent, and/or as required by law;
9. voice grievances concerning patient care, treatment, and/or respect for person or privacy without being subject to discrimination or reprisal, and have any such complaints investigated by the hospice; and
10. be informed of any fees or charges in advance of services for which patient/family may be liable. Patient/family has the right to access any insurance or entitlement program for which patient may be eligible.

B. Informed Consent. An informed consent form that specifies the type of care and services that may be provided as hospice care during the course of the illness shall be obtained, either from the individual or representative.

C. The patient has the responsibility to:

1. participate in developing the POC and update as his or her condition/needs change;
2. provide hospice with accurate and complete health information;
3. remain under a doctor's care while receiving hospice services; and
4. assist hospice staff in developing and maintaining a safe environment in which patient care can be provided.

D. The agency shall have written policies and procedures to address these concerns identified under §8231.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2269 (December 1998).

Massachusetts:

105 CMR 141.205:

Patient Rights and Responsibilities

(A) Each hospice shall have written policies and procedures that protect the rights of all patients/families. Rights shall include but need not be limited to:

(1) the right to be informed of the hospice philosophy and concept, admission criteria, services to be provided, any third party coverage and personal charges, and any sliding fee scale associated with services provided
(2) the right to confidentiality of all records and communications
(3) the right to informed consent
(4) the right to participate in developing the patient care plan
(5) the right to refuse service or withdraw from the program at anytime.

(B) A copy of patient/family rights and a statement of patient/family financial responsibilities shall be provided to the patient/family and shall be signed by the patient and family upon admission. If the patient has no family the copy of patient/family rights shall be signed by the patient and the primary care giver, if the hospice's admission criteria require a primary care

giver.
(C) If the hospice provides any services under contract agreements, each patient/family shall be provided upon request with written information that clearly defines the services provided under contract and identifies the contracted individual(s) or organization(s).
(D) Each patient/family seeking services shall receive a written explanation of the third party benefits available to the patient/family through the hospice, including any restrictions.

Mississippi:
114.09 Rights and Responsibilities
The hospice shall insure that the patient has the right to:

a. Be cared for by a team of professionals who provide health quality comprehensive hospice services as needed and appropriate for patient/family;

b. Have a clear understanding of the availability of hospice services and the hospice team 24 hours a day, seven days a week;

c. Receive appropriate and compassionate care, regardless of diagnosis, race, age, gender, creed, disability, sexual orientation, place of residence, or the ability to pay for the services rendered;

d. Be fully informed regarding patient's status in order to participate in the POC. The hospice professional team will assist patient/family in identifying which services and treatments will help attain these goals;

e. Be fully informed regarding the potential benefits and risks of all medical treatments or services suggested, and to accept or refuse those treatments and/or services as appropriate to patient/family personal wishes;

f. Refuse any treatment without severing his/her relationship with the hospice;

g. Choose his/her private physician as long as the attending physician agrees to abide by the policies of the hospice program;

h. Be treated with respect and dignity;

i. Confidentiality with regard to provision of services and all client records, including information concerning patient/family health status, as well as social, and/or financial circumstances. The patient information and/or records may be released only with patient/family's written consent, and/or as required by law;

j. Voice grievances concerning patient care, treatment and/or respect for person or privacy without being subject to discrimination or reprisal, and have any such complaints investigated by the hospice; and

k. Be informed of any fees or charges in advance of services for which patient/family may be liable. Patient/family has the right to access any insurance or entitlement program for which patient may be eligible.

2. The patient has the responsibility to:

a. Participate in developing the POC and update as his or her condition/needs change;

b. Provide hospice with his/her accurate and complete health information;

c. Remain under a physician's care while receiving hospice services; and

d. Assist hospice staff in developing and maintaining a safe environment in which patient care can be provided.

New Hampshire:

State of New Hampshire RSA 151:21-b requires that patients receive a copy of the following patient's rights and responsibilities.

The client has a right to:

Be treated with consideration, respect, and full recognition of the client's dignity and individuality, including privacy in treatment and personal care and respect for personal property and including being informed of the name, licensure status, and staff position and employer of all persons with whom the client/resident has contact.

Receive appropriate and professional care without discrimination based on race, color, national origin, religion, sex, disability, or age, nor shall any such care be denied on account of the patient's sexual orientation.

Participate in the development and periodic revision of the plan of care, and to be informed in advance of any changes to the plan.

Be informed that care is evaluated through the provider's quality assurance program.

Refuse treatment within the confines of the law and to be informed of the consequences of such action, and to be involved in experimental research only upon the client's voluntary written consent.

Voice grievances and suggest changes in service or staff without fear of restraint, discrimination, or reprisal.

Be free from emotional, psychological, sexual, and physical abuse and from exploitation by the home health care provider.

Be free from chemical and physical restraints except as authorized in writing by a physician.

Be ensured of confidential treatment of all information contained in the client's personal and clinical record, including the requirement of the client's written consent to release such information to anyone not otherwise authorized by law to receive it. Medical information contained in the client's record shall be deemed to be the client's property and the client has the right to a copy of such records upon request and at a reasonable cost.

Be informed in advance of the charges for services, including payment for care expected from third parties and any charges the client will be expected to pay.

The provider has the right to expect the client will:

Give accurate and complete health information.

Assist in creating and maintaining a safe home environment in which care will be delivered.

Participate in developing and following the plan of care.

Request information about anything not understood, and express concerns regarding services provided.

Inform the provider when unable to keep an appointment for a home care visit.

Inform the provider of the existence of, and any changes made to, advance directives

The Hospice patient (patient residing in a facility.):
Has the right to unlimited contact with visitors and others.

Has the right to keep personal clothing.

Has the right to a supportive environment.

New Jersey: § 8:42C-5.1 Policies and procedures

§ 8:42C-5.1 Policies and procedures
(a) The hospice shall establish and implement written policies and procedures regarding the rights of patients and the implementation of these rights as set forth in (b) below. A complete statement of these rights, including the right to file a complaint with the Department, shall be conspicuously posted in the facility and shall be distributed to all staff and contracted personnel. These patient rights shall be made available in any language which is spoken as the primary language by more than 10 percent of the population in the hospice program's service area.
(b) Each patient shall be entitled to the following rights, none of which shall be abridged or violated by the hospice or any of its staff:

1. To treatment and services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment;
2. To be given a verbal and written notice in a language and manner that the patient understands, prior to the initiation of care, of these patient rights and any additional policies and procedures established by the agency involving patient rights and responsibilities. If the patient is unable to respond, the notice shall be given to a family member or an individual who is a legal representative of the patient.
i. The hospice shall obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.
ii. If a patient has been adjudged incompetent under State law by a court with jurisdiction, the rights of the patient are exercised by the person appointed pursuant to State law to act on the patient's behalf.
iii. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law;
3. To receive information about the services covered under the hospice benefit and to receive information about the scope of services that the hospice will provide and specific limitations on those services;
4. To be informed in writing of the following:
i. The services available from the hospice;
ii. The names and professional status of personnel providing and/or responsible for care;
iii. The frequency of home visits to be provided;
iv. The hospice's daytime and emergency telephone numbers; and
v. Notification regarding the filing of complaints with the New Jersey Department of Health and Senior Services' 24-hour Complaint Hotline at 1-800-792-9770, or in writing to:
New Jersey State Department of Health and Senior Services
Office of Health Facilities Assessment and Survey

PO Box 367
Trenton, New Jersey 08625-0367

5. To receive, in terms that the patient understands, an explanation of his or her plan of care, expected results, and reasonable alternatives. if this information would be detrimental to the patient's health, or if the patient is not able to understand the information, the explanation shall be provided to a family member or an individual who is a legal representative of the patient and documented in the patient's medical record;
6. To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and health care personnel.
i. Hospices shall make efforts to secure a professional, objective interpreter for hospice-patient communications, including those involving the notice of patient rights;
7. To receive the care and health services that have been ordered;
8. To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness, in accordance with N.J.A.C. 8:43E-6;
9. To choose his or her attending physician or APN;
10. To be involved in the planning of his or her hospice care and treatment;
11. To refuse services, including medication and treatment, provided by the facility and to be informed of available hospice treatment options, including the option of no treatment, and of the possible benefits and risks of each option;
12. To refuse to participate in experimental research. If he or she chooses to participate, his or her written informed consent shall be obtained;
13. To receive full information about financial arrangements, including, but not limited to:
i. Fees and charges, including any fees and charges for services not covered by sources of third party payment;
ii. Copies of written records of financial arrangements;
iii. Notification of any additional charges, expenses, or other financial liabilities in excess of the predetermined fee; and
iv. Description of agreements with third-party payors and/or other payors and referral systems for patients' financial assistance;
14. To express grievances regarding care and services by anyone who is furnishing services on behalf of the hospice to the hospice's staff and governing authority without fear of reprisal, and to receive an answer to those grievances within a reasonable period of time;
15. To be free from mistreatment, neglect and mental, verbal, sexual and physical abuse and from exploitation, including corporal punishment, injuries of unknown source and misappropriation of patient property;
16. To be free from restraints, unless they are authorized by a physician for a limited period of time to protect the patient or others from injury;
17. To be free from seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff;
18. To be assured of confidential treatment of his or her medical health record, and to approve or refuse in writing its release to any individual outside the hospice, except as required by law or third party payment contract;
19. To be treated with courtesy, consideration, respect, and recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy and confidentiality concerning patient treatment and disclosures;
20. To be assured of respect for the patient's personal property;
21. To retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which the patient is entitled by law, including religious liberties, the right to independent personal decisions, and the right to provide instructions and directions for health care in the event of future decision making incapacity in accordance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., and any rules which may be promulgated pursuant thereto;

22. To be informed by the hospice of and receive written information concerning the hospice's policies on advance directives, including a description of applicable State law;
23. To be transferred to another hospice provider only for one of the reasons delineated in the Standards for Licensure of Residential Health Care Facilities, N.J.A.C. 8:43-4.16(g); and
24. To discharge himself or herself from treatment by the hospice.
(c) The hospice shall ensure that all verified violations involving anyone furnishing services on behalf of the hospice are reported to State and local authorities having jurisdiction within five working days of becoming aware of the violation.

North Carolina:

10A NCAC 13k.0604 Patients' Rights and Responsibilities-(a) A hospice agency shall provide each patient with a written notice of the patient's rights and responsibilities in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of services. The agency must maintain documentation showing that each patient has received a copy of his rights and responsibilities.

(b) The notice shall include at a minimum the patient's right to:
1) be informed and participate in the patient's plan of care;
2) voice grievances about the patient's care and not be subjected to discrimination or reprisal for doing so;
3) confidentiality of the patient's records;
4) be informed of the patient's liability for payment for services;
5) be informed of the process for acceptance and continuance of service and eligibility determination;
6) accept or refuse services;
7) be informed of the agency's on-call service;
8) be advised of the agency's procedures for discharge; and
9) be informed of supervisory accessibility and availability.

(c) A hospice agency shall provide all patients with a business hours telephone number for information, questions or complaints about services provided by the agency. The agency shall also provide the Division of Health Service Regulation's complaints number and the Department of Health and Human Services Careline number. The Division of Health Service Regulation shall investigate all allegations of non- compliance with the rules.

(d) A hospice agency shall initiate an investigation within 72 hours of complaints made by a patient or their family. Documentation of both the existence of the complaint and the resolution of the complaint shall be maintained by the agency

Rhode Island:

Section 20.0 ***Rights of Patients***
20.1 Each hospice program shall adopt applicable "rights of patients" pursuant to the provisions of section 23-17-19.1 of reference 1 and shall make such available to patients/families.
20.2 Such rights shall include no less than the following:
a) The patient shall be afforded considerate and respectful care.
b) Upon request, the patient shall be furnished with the name of the physician and/or certified registered nurse practitioner member responsible for coordinating his/ her care.
c) Upon request, the patient shall be furnished with the name of the physician or other person responsible for conducting any specific test or other medical procedure performed by the health care facility in connection with the patient's treatment.
d) The patient shall have the right to refuse any treatment by the health care facility to the extent permitted by law.

e) The patient's right to privacy shall be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility. Nothing in this section shall be construed to preclude discreet discussion of a patient's case or examination of appropriate medical personnel.
f) The patient's right to privacy and confidentiality shall extend to all records pertaining to the patient's treatment except as otherwise provided by law.
g) The health care facility shall respond in a reasonable manner to the request of a patient's physician, certified nurse practitioner and/or a physician's assistant for medical services to the patient. The health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility to the extent the services do not require the approval of the patient's physician, certified nurse practitioner and/or a physician's assistant or are not inconsistent with the patient's treatment.
h) Before transferring a patient to another facility, the health care facility must first inform the patient of the need for and alternatives to a transfer.
i) Upon request, the patient shall be furnished with the identities of all other health care and educational institutions that the health care facility has authorized to participate in the patient's treatment and the nature of the relationship between the institutions and the health care facility.
j) If the health care facility proposes to use the patient in any human experimentation project, it shall first thoroughly inform the patient of the proposal and offer the patient the right to refuse to participate in the project.
k) Upon request, the patient shall be allowed to examine and shall be given an explanation of the bill rendered by the health care facility irrespective of the source of payment of the bill.
l) Upon request, the patient shall be permitted to examine any pertinent health care facility rules and regulations that specifically govern the patient's treatment.
m) The patient shall be offered treatment without discrimination as to race, color, creed, national origin, gender, religion, source of payment, sexual orientation, age, gender identity or expression, handicapping condition or degree of handicap,
n) Patients shall be provided with a summarized medical bill within thirty (30) days of discharge from a health care facility. Upon request, the patient shall be furnished with an itemized copy of his or her bill. When patients are patients of state-operated institutions and facilities, the provisions of this subsection shall not apply.
o) Upon request, the patient shall be allowed the use of a personal television set provided that the television complies with underwriters' laboratory standards and O.S.H.A. standards, and so long as the television set is classified as a portable television.
p) No charge shall be made for furnishing a health record or part of a health record to a patient, his or her attorney or authorized representative if the record or part of the record is necessary for the purpose of supporting an appeal under any provision of the Social Security Act, 42 U.S.C. § 301 et seq., and the request is accompanied by documentation of the appeal or a claim under the provisions of the Workers' Compensation Act, Chapters 29 – 38 of Title 28. Additionally, charges shall not be made if the record is requested for immunization records required for school admission or by the applicant or beneficiary or individual representing an applicant or beneficiary for the purposes of supporting a claim or appeal under the provision of the Social Security Act or any federal or state needs-based benefit program such as Medical Assistance, RIte Care, Temporary Disability Insurance (TDI) or unemployment compensation. A provider shall furnish a health record requested pursuant to this section within thirty (30) days of the request.
q) The patient shall have the right to have his or her pain assessed on a regular basis.
r) Notwithstanding any other provisions of this section, upon request, patients receiving care through hospitals, nursing homes, assisted living residences and home health care providers, shall have the

right to receive information concerning hospice care, including the benefits of hospice care, the cost, and how to enroll in hospice care.
s) The hospice program shall provide the patient/family with written information concerning its policies on advance directives, including a description of any applicable state law.

South Carolina:
1001 A. The hospice shall comply with all relevant federal, state, and local laws and regulations related to patient care and protections, *e.g.*, Title VI, Section 601 of the Civil Rights Act of 1964, Americans with Disabilities Act (ADA), and ensure that there is no discrimination with regard to source of payment, recruitment of potential patients, location of patients, or provision of care, treatment, and services to patients. Care shall not be discontinued or diminished due to the inability to pay for the care, until provisions can be made for transfer of the patient.
h. Freedom from physical restraint through the use of medications unless they are prescribed by a doctor;

Tennessee:
1200-08-27-.12 Patient Rights
(1) Each patient has at least the following rights:
(a) To privacy in treatment and personal care;
(b) To be free from mental and physical abuse. Should this right be violated, the agency must notify the Department within five (5) business days. Suspected abuse of a patient shall be reported immediately to the Tennessee Department of Human Services, Adult Protective Services as required by T.C.A. §71-6-101 et seq.;
(c) To have appropriate assessment and management of pain;
(d) To be involved in the decision making of all aspects of their care;
(e) To refuse treatment. The patient must be informed of the consequences of that decision. A refusal and its reason must be reported to the physician and documented in the medical record;
(f) To refuse experimental treatment and drugs. The patient's or health care decision maker's written consent for participation in research must be obtained and retained in the medical record; and
(g) To have their records kept confidential and private. Written consent by the patient must be obtained prior to release of information except to persons authorized by law. If the patient lacks capacity, written consent is required from the patient's health care decision maker. The agency must have policies to govern access and duplication of the patient's record.
(2) Each patient has a right to self-determination, which encompasses the right to make choices regarding life-sustaining treatment, including resuscitative services. This right of self determination may be effectuated by an advance directive.

Texas:
TX Subchapter C, Division 4, Rule§ 97.282 (d) At the time of admission, an agency must provide each person who receives licensed home health services, licensed and certified home health services, hospice services, or personal assistance services with a written statement that informs the client that a complaint against the agency may be directed to the Department of Aging and Disability Services, DAD's Consumer Rights and Services Division, P.O. BOX 149030, Austin, Texas 78714-9030, toll free 1-800-458-9858. The statement also may inform the client that a complaint against the agency may be directed to the DOO/administrator of the agency. The statement about complaints also must include the time frame in which the agency will review and resolve the complaint.

Subchapter C, Division 4, Rule§ 97.282 (e) In advance of furnishing care to the client or during the initial evaluation visit before the initiation of treatment, an agency must provide each client or their legal representative with a written notice of all policies governing client conduct and responsibility and client rights.

Subchapter C, Division 4, Rule§ 97.282 (f) A client has the following rights:

(1) A client has the right to be informed in advance about the care to be furnished, the plan of care, expected outcomes, barriers to treatment, and any changes in the care to be furnished. The agency must ensure that written informed consent that specifies the type of care and services that may be provided by the agency has been obtained for every client, either from the client or their legal representative. The client or the legal representative must sign or mark the consent form.

(2) A client has the right to participate in the planning of the care or treatment and in planning changes in the care or treatment.

(A) An agency must advise or consult with the client or legal representative in advance of any change in the plan of care.

(B) A client has the right to refuse care and services.

(C) A client has the right to be informed, before care is initiated, of the extent to which payment may be expected from the client, third-party payers, and any other source of funding known to the agency.

(3) A client has the right to have assistance in understanding and exercising his rights. The agency must maintain documentation showing that it has complied with the requirements of this paragraph and that the client demonstrates understanding of his rights.

(4) A client has the right to exercise his rights as a client of the agency.

(5) A client has the right to have his person and property treated with consideration, respect, and full recognition of his individuality and personal needs.

(6) A client has the right to confidential treatment of his personal and medical records.

(7) A client has the right to voice grievances regarding treatment or care that is or fails to be furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency and must not be subjected to discrimination or reprisal for doing so.

(g) In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on the client's behalf.

(h) In the case of a client who has not been adjudged incompetent, any legal representative may exercise the client's rights to the extent permitted by law.

Virginia:

12VAC5-391-240. Patient rights.

A. The hospice program shall establish and implement written policies and procedures regarding the rights of patients. A copy of the patient's rights shall be displayed in the hospice office for public review.

B. Written procedures to implement the policies shall ensure that each patient is:

1. Treated with courtesy, consideration and respect;
2. Assured the right to privacy;
3. Assured confidential treatment of his medical and financial records as provided by law;
4. Free from mental and physical abuse and property exploitation;
5. Assured the right to participate in the planning of his care, including appropriate assessment and management of pain and the right to refuse services;
6. Served by individuals who are properly trained and competent to perform their duties;

7. Assured the right to voice grievances and complaints related to hospice program services without fear of reprisal;
8. Advised, before care is initiated, of the extent to which payment for services may be expected from federal or state programs, and the extent to which payment may be required from the patient;
9. Advised orally and in writing of any changes in fees for services that are the patient's responsibility. The hospice program shall advise the patient of these changes as soon as possible but no later than 30 calendar days from the date the hospice program became aware of the change;
10. Provided with advance directive and Durable Do Not Resuscitate Order information prior to start of services; and
11. Given five days oral and written notice when the hospice program determines to terminate services.

C. At the time of admission, patient rights shall be reviewed with patients and primary caregivers who shall receive a written summary of the policies. The review shall be documented in the patient's record.

D. Before care is initiated, the hospice program shall inform the patient, orally and in writing, of the general nature of hospice care and policies of the hospice program, including, but not limited to:

  1. The type and frequency of service or services to be delivered, the purpose of the service or services, and the name of the individual supervising the service or services;
  2. Any anticipated effects of treatment, as applicable:
  3. A schedule of charges for services;
  4. The method of billing and payment for services, including the:
     a. Services to be billed to third party payers;
     b. Extent to which payment may be expected from third party payers known to the hospice program; and
     c. Services that may not be covered by third party payers;
  5. The charges that the individual may have to pay;
  6. The requirements of notice for cancellation or reduction in services by the hospice program and the patient; and
  7. The refund policies of the hospice program.

Washington:

246-335-075 (1) An in-home services licensee at the time of admission must provide each patient or client, or designated family member with a written bill of rights affirming each individual’s right to:

a. A listing of services offered by the in-home services licensee and those being provided
b. The name of the individual supervising care and the manner in which that individual may be contacted
c. A description of the process for submitting and addressing complaints
d. Submit complaints without retaliation and to have the complaint addressed by the licensee
e. A statement providing that the patient or client, or designated family member is entitled to information regarding access to the department’s list of providers and to select any licensee
f. To provide care, subject to the individual’s reimbursement mechanism or other relevant Contractual obligations
g. Be cared for by properly trained personnel, contractors, and volunteers with coordination of services
h. A fully itemized billing statement upon request, including the date of each service and the charge. Licensees providing services through a managed care plan are not required to provide itemized billing statements
i. Be informed about advanced directives and the licensee’s responsibility to implement them.

Wyoming:

Section 6 Patient rights and responsibilities. Patient rights include: the right to express a grievance fear without fear of reprisal
The right to be free of any verbal or physical abuse of any kind

The responsibility to provide accurate information which may be useful to the hospice in delivering appropriate care

(d) Hospice responsibilities shall include, but not limited to:

i. Provide quality care to patients regardless of race, religion, sex, age, and/
ii. or physical or mental disabilities;
iii. Train all staff and volunteers adequately for the level of services they provide;
iv. Provide care which is:
    a. Ethical;
    b. In the best interest of the patient;
    c. Respectful to the patient/family life values, religious preference, dignity, individuality; and
    d. Privacy in treatment and personal needs.
v. Provide special attention to the patient’s right to privacy, choice, and dignity including infants, small children and adolescents of the respective rights and obligations of the agency and the client; the agency shall document receipt of the notification of these rights and obligations by the client and the client’s family

(4) persons who can provide additional information concerning advance health care directives and durable health care powers of attorney.