

Patient: _____ DOB: _____

PATIENT AND FAMILY RIGHTS AND RESPONSIBILITIES*

Patients have the right to be informed of their rights and obligations before hospice care begins. Consistent with the Minnesota Hospice Bill of Rights, Section 144A.751, and Federal Bill of Rights, Patient's family/representative may exercise the Patient's rights when the Patient is unable to do so.

YOU HAVE THE RIGHT TO:

- exercise your rights as a Patient of Minnesota Hospice
- have your property and person treated with respect
- voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for your property by anyone who is furnishing services on behalf of Minnesota Hospice
- exercise your rights without being subjected to discrimination or reprisal
- receive effective pain management and symptom control from Minnesota Hospice for conditions related to your hospice diagnosis.
- be involved in developing your hospice plan of care
- refuse care or treatment
- choose your attending physician
- have a confidential clinical record; access to or release of Patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164
- be free from mistreatment, neglect or verbal, mental, sexual, and physical abuse including injuries of unknown source and misappropriation of Patient property
- receive information about the services covered under your hospice benefit
- receive information about the scope of services that Minnesota Hospice will provide and specific limitations on those services
- reasonable, advance notice of changes in services or charges, including ten days' advance notice of the termination of a service by Minnesota Hospice
- receive information addressing any beneficial relationship between the organization and referring entities

PATIENT/FAMILY RESPONSIBILITIES INCLUDE:

- provide an accurate medical history
- select a physician and remain under medical care
- provide accurate insurance/financial information and notify Minnesota Hospice of any changes in coverage
- notify Minnesota Hospice of all other care received with health care providers (hospital, physicians, etc.) to assure coordination of care
- notify Minnesota Hospice if you wish to cancel services or if you will be unavailable for scheduled visits
- inform staff about changes in your health status, medications, treatments and/or advance directives
- inform staff if you are unable to secure medications, equipment or supplies ordered for your care/treatment
- notify Minnesota Hospice if you are displeased with your care

If you have a complaint about the Minnesota Hospice agency or any of its team members providing you services, you may call, write or visit the Minnesota Hospice office, Office of Health Facility Complaints, Minnesota Department of Health or the Ombudsman for Long-Term Care:

Minnesota Hospice
17645 Juniper Path, Suite 155
Lakeville, MN 55044
952.898.1022

Office of Health Facility Complaints
PO Box 64970
St. Paul MN 55164-0970
651-201-4201
Toll Free 1-800-369-7994

Minnesota Department of Health
625 Robert Street N
St. Paul MN 55164
651-201-5000

Ombudsman for Long-Term Care
PO Box 64971
St. Paul MN 55164-0971
651-431-2555
Toll Free 1-800-657-3591

Patient Signature _____ Date _____

Authorized Representative (Print name) _____ Relationship _____

Authorized Representative Signature _____ Date _____

Minnesota Hospice Representative Signature _____ Date _____