

# PATIENT AND FAMILY RIGHTS AND RESPONSIBILITIES

Hope Hospice is dedicated to supporting you and your family by providing for your needs, answering your questions and supporting your quality of life. Hospice voluntarily complies with Florida law setting forth patients' rights. This is to assure that your interests are protected. These are your rights and Hope Hospice supports you having the information and support that you wish to have. Please feel free to ask questions. Agency liability insurance information is available upon request. A copy of the Florida law is available to you upon request.

You and your family have the right:

1. To care regardless of diagnosis, race, national origin, age, gender, religion, creed, disability, sexual orientation, place of residence within the Hope Hospice service area, source of payment or ability to pay for services.
2. To be informed in advance about care to be provided and any changes in the care.
3. To be advised in advance of the staff that will provide care, the frequency of visits and the services covered under the hospice benefit.
4. To participate in the planning and implementation of your care, including the right to question recommended treatment plans.
5. To make informed choices concerning your care, including accepting or refusing treatments or services according to your personal wishes, spiritual and cultural beliefs.
6. To confidentially concerning your health status, social and financial circumstances. Records are only released with your consent or as required by law.
7. To have your property and person treated with courtesy, dignity, and respect.
8. To voice problems, questions or complaints to any member of the Hope Hospice team, to Hope's Compliance Officer at 239-425-9898 or 888-892-8908, or to THE GUIDANCE LINE at #888-765-7408, the Agency For Healthcare Administration at #888-419-3456 or CHAP (Community Health Accreditation Program) at #800-656-9656 and not be subject to discrimination or reprisal.
9. To remain under the care of your chosen physician.
10. To remain in a safe home environment of your choice and be free from mistreatment, neglect, or verbal. Mental, sexual and physical abuse, including injuries of unknown source and misappropriation of property.
11. To execute advance directives. Any complaints regarding advanced directive requirements can be filed with AHCA at 888-419-3456.
12. To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.
13. To be informed about any charges that you may have to pay and an explanation of any bill, regardless of the source of payment.
14. Medicaid fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. To report suspected Medicaid fraud, you may report on the web site at <http://ahca.myflorida.com/Executive/InspectorGeneral/medicaid.shtml>, or call toll-free 1-888-419-3456.

In order for Hope Hospice to provide you and your family with the quality of care you are entitled to, we need you to be responsible to:

1. Assist Hope Hospice staff in the development and maintenance of a safe environment in which to provide your care.
2. Provide information regarding your health and communicate your choices about care.
3. Report any changes in your health condition to your hospice team.

## Advance Directive Information

The following is provided to inform you about Florida law regarding "Advance Directives" or "Living Wills".

Under Florida law (see note below), every adult has the right to make certain decisions concerning his or her medical treatment. The law also allows for your rights and personal wishes to be respected even if you are too sick to make decisions yourself.

You have the right, under certain conditions, to decide whether to accept or reject medical treatment, including whether to continue medical treatment and other procedures that would prolong your life artificially.

These rights may be spelled out by you in a "Living Will", containing your personal directions about life-prolonging treatment in the case of serious illness that could cause death.

You may also designate another person, or surrogate, who may make decisions for you if become mentally or physically unable to do so. This surrogate may function on your behalf for a brief time or longer, for a life-threatening or a non life-threatening illness.

Any limits to the power of the surrogate in making decisions for you should be clearly expressed.

NOTE: The legal basis for these rights can be found in the Florida Statutes: Life-Prolonging Procedure Act, Chapter 765, Health Care Surrogate Act, Chapter 745, Durable Power of Attorney, Section 709.08; and Court appointed Guardianship, Chapter 744; and in the Florida Supreme Court decision on the constitutional right of privacy, Guardianship of Estelle Browning, 1990.