



Patient Name

## HOME CARE BILL OF RIGHTS AND RESPONSIBILITIES

As a home care patient, you have the responsibility to:

- Be seen by a doctor on a regular ongoing basis.
- Share complete and accurate health information.
- Be responsible for following the recommended treatment plan.
- Make it known if you do not understand or cannot follow the treatment plan.
- Cooperate with agency staff and do not discriminate against staff.
- Notify the agency in advance when you cannot keep a scheduled appointment.
- Notify the agency if you receive services from another agency.
- Notify the agency in the event of change in your health status.
- Be responsible for your actions if you refuse treatment or do not follow the agency's recommendations.
- Take responsibility for financial obligations of your care.
- Maintain a home environment that facilitates effective home care.

### ACKNOWLEDGEMENT OF RECEIPT NOTICE PRIVACY PRACTICES

- I acknowledge that I have received a copy of the Agency's Notice of Privacy Practices.

### ACKNOWLEDGEMENT OF RECEIPT OF THE AVAILABLE SERVICES/CHARGES PROVIDED

- I acknowledge that I have received a copy of the Agency's Enrollment Form which includes available services/charges.

### ADVANCE DIRECTIVES

- I acknowledge that I have received a copy of the agency's Advance Directives Packet. I currently have and will supply a copy of (*please attach*)

DNR

Living Will

- Health Care Proxy
- Power of Attorney

Patient Signature

Date

Patient Representative's Signature

Date

Relationship