



Bill of Rights

As a patient of Home Instead Senior Care you have the right to:

1. Be informed of your rights both verbally & in writing at time of admission & prior to initiation of care.
2. Receive competent, individualized care and service from Home Instead Senior Care staff regardless of age, race, color, national origin, religion, sex, disease, disability or any other category protected by law or decisions regarding advance directives.
3. Be treated with dignity, courtesy, consideration, respect and have your property treated with respect.
4. Be informed verbally and in writing of the services available and related charges, as they apply to the primary insurance, other payers, and self-pay coverage before care is initiated. To be informed of any changes in the sources of payment and your financial responsibility as soon as possible but no later than thirty (30) calendar days after Home Instead Senior Care, becomes aware of the change.
5. Be informed both orally and in writing, in advance of the Plan of Care, of any changes in the Plan of Care, and to be included in the planning of care before treatment begins; be informed of all treatment prescribed, when and how services will be provided, and the names and functions of any person and affiliated program providing care and services, including photo identification of agency staff and participate in the development of the discharge plan.
6. Participate in the planning of your care and be advised in advance of any changes to the plan of care.
7. Refuse care and treatment after being fully informed of and understanding the consequences of such actions and to initiate an Advance Directive, "Living Will", durable power of attorney and other directives about your care consistent with applicable law and regulations. Refuse to participate in research or experimental treatment.
8. To appropriate assessment of pain and management of his/her pain.
9. Receive information regarding community resources and to be informed of any financial relationships between Home Instead Senior Care and other providers to which you may be referred to by the agency.
10. Be informed of the procedures for submitting patient complaints, voice complaints and recommend changes in the policies and services to Director of Patient Services by calling the following telephone number: 212-614-8057. The expression of such complaints by the patient shall be free from interference, coercion, discrimination or reprisal.
11. If dissatisfied with the outcome, you may also submit the complaint to the NYS Department of Health or any outside representative of the patient's choice.



The expression of such complaints by the client or client designee shall be free from interference, coercion, discrimination or reprisal.

11. Express complaints about the care and services provided or not provided and complaints concerning lack of respect for property by personnel furnishing services on behalf of Home Instead Senior Care, and to expect the agency to investigate such complaints within 15 days of receipt of complaint. Also, if dissatisfied with the outcome, may submit an appeal to the agency's governing authority which will be reviewed within 30 days of receipt of appeal request.
12. Receive timely notice of impending discharge or transfer to another agency or to a different level of care and to be advised of the consequences and alternatives to such transfers.
13. Privacy, including confidential treatment of records and access to your records on request. Information will not be released without your written consent except for those instances required by law, regulation or third party reimbursement.
14. In the situation when the patient lacks capacity to exercise these rights, the rights shall be exercised by an individual, guardian or entity legally authorized to represent the patient.