



Home Health Patients' Bill of Rights

Harbors Home Health & Hospice shall provide each patient or patient's legal representative with a written copy of the rights and responsibilities in advance of or during the initial evaluation and before initiation of care. These rights apply only to the services delivered by or on behalf of Harbors Home Health & Hospice. If a patient cannot read this statement of rights, it shall be read to the patient or legal representative in a language they understand. For a minor or a patient needing assistance in understanding these rights, both the patient and legal representative shall be fully informed of these rights.

The statement of rights shall state that at a minimum the patient has the right to:

1. Be fully informed of all his/her rights and responsibilities by the home care agency.
2. Choose the attending physician.
3. Appropriate and professional care in accordance with physician orders.
4. Receive a timely response from the agency to his/her request for service.
5. Be admitted for service only if the agency can provide safe, professional care at the level of intensity needed.
6. Receive reasonable continuity of care.
7. Receive information necessary to give informed consent prior to the start of any treatment or procedure.
8. Be advised of any change in the plan of care, before the change is made.
9. Refuse treatment within the confines of the law and to be informed of the consequences of his/her action.
10. Be informed of his/her rights under state law to formulate advanced directives.
11. Have health care providers comply with advance directives in accordance with state law requirements.
12. Be informed within reasonable time of anticipated termination of services or plans for transfer to another agency.
13. Be fully informed of agency policies and charges for services, including eligibility for third-party reimbursements.
14. Be referred elsewhere, if denied service solely on his/her inability to pay.
15. Voice grievances and suggest changes in service or staff without fear of restraint or discrimination.
16. A fair hearing for any individual to whom any service has been denied, reduced, or terminated, or who is otherwise aggrieved by agency action. The fair hearing procedure shall be set forth by each agency as appropriate to the unique patient situation (i.e., funding source, level of care, diagnosis).
17. Be informed of what to do in the event of an emergency.
18. Be advised of the telephone number and hours of operation of the state's home health hotline, which receives questions and complaints about Medicare-certified and state-licensed home care agencies.

Complaints/Reports to Harbors Home Health & Hospice

1-360-532-5454/ 1-800-772-1319

Clinical Supervisors

Christie Pflughaupt, RN

Kelly Haggerty, RN

Tiffanee Tucker, RN

Compliance Officer

Missy Dhooghe

COO

Cindy Minzey, RN

CEO

Ryan Larsen

You may also submit your concerns in writing to:

201 7th Street

Hoquiam, WA 98550

Harbors Home Health & Hospice anonymous hotline:

1-800-772-1319

Or email www.ethcomp.com/harbors

WA State Department of Health

Health Systems Quality Assurance, Complaint Intake

PO Box 47857

Olympia, WA 98504-7857

360-236-4700

1-800-633-6828

Fax: 360-236-2626

Email: <mailto:HSQAComplaintintake@doh.wa.gov>

WA State Department of Social & Health Services (DSHS)

1-866-ENDHARM or TTY 1-800-624-6186

Center for Medicare and Medicaid Services (CMS)

Office of the Medicare Beneficiary Ombudsman:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Medicare Help and Support: 1-800-MEDICARE