

HEALTH SERVICES OF THE PACIFIC

PATIENT BILL OF RIGHTS

As a patient receiving care from Health Services of the Pacific, I understand that **I have the right to:**

Dignity and Respect 484.50(c)(1); (2); 484.50 (c)(1); (2) and 484.50(f)(1), (2)

- Have HSP staff provide **respect to me and my property** by being courteous, kind and listening to me when they make a home visit.
- Be free of discrimination with care based on my age, sex/sexual orientation, gender identity, religion, ethnicity, socioeconomic status, language or physical/mental disability.
- Be **free from abuse such as verbal, mental, sexual and physical abuse** by anyone. Public Law Title 9GCA Chapter 30
- Ask for an **interpreter or auxiliary aide**, if I have difficulty with talking, reading or understanding the information provided to me from HSP.

Complaint without discrimination or reprisal 484.50 (c)(3) and 484.50 (c)(11):

- **File a complaint** regarding my care. Complaint or grievance process that HSP uses is on the reverse side of the Bill of Rights.
- To not be **discriminated or reprimanded** by HSP for voicing my rights.

Informed consent 484.50 (c)(4)(ii-viii) and (5); 484.50 (d) (1, 4, 5) (i-iii):

- Assign my **legal representative** or designated person with Power of Attorney to oversee all my medical care receiving services from HSP.
- Participate in **assessments**, development and revision of **goals and plan of care**.
- Participate in the **schedule of visits** to be made by each HSP staff that will visit me.
- Be informed of **medical care and advance directives** as outlined by the Patient Self-Determination Act (PSDA) of 1990.
- Ensure care is coordinated and/or continued if I decide to transfer or be discharged from HSP. I may request a copy of HSP **transfer/discharge** policy.

Privacy of my health care information 484.50(c)(6):

- HSP maintaining **confidentiality of my clinical information and protect the clinical records** in compliance to Health Information Portability Act (HIPAA).
- Request **access to medical records** in compliance to HSP medical records policy.

Financial Information of health care coverage 484.50(c)(7)(i-iv):

- Be informed of **charges prior to start of services** that are covered from Medicare, Medicaid or other federally funded and third party payers that have approved HSP as a provider of services.
- Be informed of **charges that are not covered** will require payment prior to rendering services or completion of an Advance Beneficiary Notice form as required by Medicare and Medicaid.

Patient and family responsibilities

As a patient receiving care under HSP, I agree to:

- Provide accurate information while HSP staff conducting their assessments and perform care
- Notify the HSP staff on changes in my condition that will impact the Plan of Care
- Notify HSP staff of any schedule changes.
- Update HSP staff the status of my advance directives such as Living Will, DNR or DNI
- Ensure that my home is a safe environment for HSP staff to provide care
- Accept the consequences for outcomes if I decide not to follow or participate in the Plan of Care

Patient Name:	Patient ID#:
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The Patient Complaint/Grievance Policy

If dissatisfaction occurs, we ask that you do the following:

1. Call 671-647-5355 and ask to speak to the Clinical Manager or designee. Report the complaint: 1) the problem; 2) the HSP staff that was involved; 3) the date and time problem occurred. Complaints or questions can be submitted by in person, by phone or in writing/mailed:
 Attention to: Administrator
 Location: 809 Chalan Pasaheru, Unit 2, Tamuning, GU 96913
 Mailing: P.O. Box 8838, Tamuning, GU 96931
 Telephone: 671-647-5355; Email: admin@hspguam.com
2. Clinical manager or supervisor will investigate the complaint and will make contact with you. This could take up to 7 days to investigate and resolve. Process is documented on Complaint form #HSP1001.
3. If problem is addressed and resolved, clinical manager will complete and send the Complaint form to the Quality Manager. The Quality Manager will send out a letter to patient outlining the problem and resolution within 30 days from receipt of complaint.
4. If patient is not satisfied with HSP resolution of the complaint they may contact Centers for Medicare and Medicaid and report the problem. The number is: 1-800-442-7417.

A compliant/Grievance is considered resolved when patient or legal representative POA is satisfied with the action(s) taken from HSP staff. There may be situations when HSP will take appropriate and reasonable action(s) on the patient’s behalf to resolve the problem, however the patient remains unsatisfied with HSP action(s). In this situation, HSP may consider the complaint/grievance resolved. HSP is not required to include statements that could be used in a legal action, but HSP must provide adequate information to address each item stated in the regulation and policy.

Advocacy Resources 484.50 (c)(9); (10):

- Resources both national and local are available to you. These are:
- Medicare State Toll Free Home Health Telephone Hot Line: 1-800-442-7417
- Local Resources:
 - Division of Senior Center-Adult Protective Services: 671-735-7415 or 7421
 - Division of Integrated Services for Individuals with Disabilities: 671-475-4640
 - Office of the Attorney General-consumer division: 671-475-3324
 - Guam Legal Services – 671-477-9811
 - Division of Senior Center: 671-735-7421
 - Medicare Patrol Program
 - Aging Program in the community
 - Pacific Resource Website: <http://www.pacificregionresources.org/>
- National Resources:
 - Elder Abuse Helplines and Hotlines: 1-800-677-1116
 - National Center on Elder Abuse: www.ncea.aoa.gov
 - National Institute of Aging: www.nia.nih.gov
 - National Institute of Justice: www.ojp.usdoj.gov/nij/topics/crime/elder-abuse/welcome.htm
 - Quality Improvement Organization:

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