

Washington State Bill of Rights - WAC 246-335-535

Below are your rights verbatim as set forth by Washington Regulations RCW 70.127.120 and 43.70.250. WSR 18-06-093, § 246-335-535, This agency honors all the rights below and as listed above.

A home health agency at the time of admission must provide each patient, designated family member, or legal representative with a written bill of rights affirming each patient's right to:

- (1) Receive effective treatment and quality services from the home health agency for services identified in the plan of care;
- (2) Be cared for by appropriately trained or credentialed personnel, contractors and volunteers with coordination of services;
- (3) A statement advising of the right to ongoing participation in the development of the plan of care;
- (4) A statement advising of the right to have access to the department's listing of licensed home health agencies and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations;
- (5) A listing of the total services offered by the home health agency and those being provided to the patient;
- (6) Refuse specific treatments or services;
- (7) The name of the individual within the home health agency responsible for supervising the patient's care and the manner in which that individual may be contacted;
- (8) Be treated with courtesy, respect, and privacy;
- (9) Be free from verbal, mental, sexual, and physical abuse, neglect, exploitation, and discrimination;
- (10) Have property treated with respect;
- (11) Privacy and confidentiality of personal information and health care related records;

(12) Be informed of what the home health agency charges for services, to what extent payment may be expected from health insurance, public programs, or other sources, and what charges the patient may be responsible for paying;

(13) A fully itemized billing statement upon request, including the date of each service and the charge. Agencies providing services through a managed care plan are not required to provide itemized bill- ing statements;

(14) Be informed about advanced directives and POLST and the agency's scope of responsibility;

(15) Be informed of the agency's policies and procedures regarding the circumstances that may cause the agency to discharge a patient;

(16) Be informed of the agency's policies and procedures for providing back-up care when services cannot be provided as scheduled;

(17) A description of the agency's process for patients and family to submit complaints to the home health agency about the services and care they are receiving and to have those complaints addressed without retaliation;

(18) Be informed of the department's complaint hotline number to report complaints about the licensed agency or credentialed health care professionals; and

If you are a patient or family member and you wish to file a complaint with DOH or to get more information about consumer reports, you can visit the complaint intake unit webpage or call

(360-236-4700) or (800-525-0126). The Department of Health protects and improves the health of people in Washington State.

(19) Be informed of the DSHS end harm hotline number to report suspected abuse of children or vulnerable adults.

Washington State Law also requires **all** mandatory reporters to report suspected child abuse and neglect (RCW 26.44). For more information on reporting child abuse and neglect, Please visit at <http://www.dshs.wa.gov/ca>, or call: **1-866-END HARM (1-866-363-4276)**

(20) The home health agency must ensure that the patient rights under this section are implemented and updated as appropriate.



[Statutory Authority: RCW 70.127.120 and 43.70.250. WSR 18-06-093, § 246-335-535, filed 3/6/18, effective 4/6/18.]

This agency shall ensure rights under are implemented and updated as appropriate.

Washington State Department of Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia, WA 98504-7857

360-236-4700

800-633-6828

If you have any questions or concern regarding the Washington state bill of rights, you may contact the Washington State Department of Health directly or you may contact our Administrator via email at the address listed below. Thank you, and have an amazing day.

Vancouver Home Health Care Agency,LLC.

201 Northeast Park Plaza Dr, Suite 200

Vancouver, WA 98684-5871 United States

admin@vhhca.com

YOUR RIGHTS & RESPONSIBILITIES AS A HOME HEALTH PATIENT

Patient Responsibilities:

To ask questions of the staff about anything they do not understand concerning their treatment or services provided.

To provide complete and accurate information concerning their present health, medication, allergies, etc.

To inform staff of their health history, including past hospitalization, illnesses, injuries.

To involve themselves and/or Caregiver, as needed and as able, in developing, carrying out, and modifying their home healthcare and or home care service plan of care.

To review the Agency's information on maintaining a safe and accessible home environment in their residence.

To request additional assistance or information on any phase of their health care plan they do not fully understand.

To inform the staff when a health condition or medication change has occurred.

To notify the Agency when they will not be home for a scheduled home care visit.

To notify the Agency prior to changing their place of residence or telephone.

To notify the Agency when encountering any problem with equipment or services.

To notify the Agency if they are to be hospitalized or if a physician modifies or ceases their home care prescription.

To make a conscious effort to comply with all aspects of the plan of care.

To notify the Agency when payment source changes.

To notify the Agency of any changes in or the execution of any advanced directives.

To inform staff of their health history, including past hospitalization, illnesses.

If you make a request, we have one month to respond to you. If you would like to exercise any of these rights, please contact our office at the information listed below.



If you require additional information or have any questions about our site's Your Rights & Responsibilities, please feel free to contact us by email at the below info. Thank you and have an amazing day.

Vancouver Home Health Care Agency,LLC.

201 Northeast Park Plaza Dr, Suite 200

Vancouver, WA 98684-5871 United States

admin@vhhca.com

At Vancouver Home Health Care Agency, Caring and Compassion is our business.

THE AGENCY RESPONSIBILITIES

Before the care is initiated, Vancouver Home Health Care Agency will inform the patient orally and in writing of the following:

The extent to which payment may be expected from third party payers;

The charges for services that will not be covered by third party payers;

Services to be billed to third party payers;

The method of billing and payment for services;

The charges that the patient may have to pay;

A schedule of fees and charges for services;

The nature and frequency of services to be delivered and the purpose of the service;

Any anticipated effects of treatment, as applicable;

The agency must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than five (5) days from the date the home health agency provider becomes aware of the change;

If an agency is implementing a scheduled rate increase to all clients, the agency shall provide a written notice to each affected consumer at least 30 days before implementation;

The requirements of notice for cancellation or reduction in services by the organization and the client; and The refund policies of the organization.

The agency shall not assume power of attorney or guardianship over a consumer utilizing the services of the agency, require a consumer to endorse checks over to the agency or require a consumer to execute or assign a loan, advance, financial interest, mortgage or other property in exchange for future services.

If you make a request, we have one month to respond to you. If you would like to exercise any of these rights, please contact our office at the information listed below.



If you require additional information or have any questions about our site's Agency Responsibilities, please feel free to contact us by email at the below info. Thank you and have an amazing day.

Vancouver Home Health Care Agency,LLC.

201 Northeast Park Plaza Dr, Suite 200
Vancouver, WA 98684-5871 United States
admin@vhhca.com

At Vancouver Home Health Care Agency, Caring and Compassion is our business.

PATIENT PRIVACY AND SECURITY POLICY

Personnel are encouraged to keep the patient covered at all times and to provide a drape when directly working with the patient. Visitors are asked to leave when service is given unless the patient asked them to stay. Any photos taken are for the purpose of documentation and are taken only with the patient/representative's written consent.

The agency will ensure clinical record and data entry personnel are trained to maintain clinical records and files confidentially. Patient information will not be visible on computer monitors when not in use. Clinical records in the home will be labeled as confidential and kept in a secure place by the patient/representative. Information given to personnel will be limited to a "need to know" basis.

All personnel will be oriented to the privacy requirements on hire and annually, and the consequences of violating the patient privacy is up to and including termination.

Security

Patient and family are encouraged to keep emergency telephone numbers visible and near the telephone. Patients are instructed to notify the agency if property, money, or valuables are missing or damaged. The agency recommends that patients notify police and household insurance carrier in the event of loss or theft.

The agency will fully cooperate with the investigation. In the event an admission of theft is made, every attempt will be made to recover the loss from the employee involved. A guilty employee's employment with the agency will be terminated. In the event the agency is to blame regarding property loss or damage, every effort will be made to return or replace property.

All information maintained in computer records will be password protected and only authorized personnel will have access. All personnel having passwords to access the agency and patient information will keep the password protected and not allow others to know the password or use it.

Passwords will be changed periodically and when an employee resigns or job duties are reassigned. Sharing passwords with others is not allowed and will be treated as a breach in confidentiality resulting in corrective action.



Patient records and PHI will be maintained in agency records and on computers as needed. All personnel with access to patient information will be required to log in using their personal password when accessing clinical records.

Personnel will have access to only those records needed to complete their work. If mobile devices are used by field personnel, the agency will enforce the following HITECH ACT controls on mobile devices used to document patient service by personnel, contractors, and business associates:

The agency software with PHI access is encrypted.

User authentication and passwords will be required.

The agency has activated wiping/and or remote disabling.

The agency has an active firewall and security system.

The agency has disabled file-sharing applications.

The agency prohibits downloading of mobile applications without permission.

Staff will be required to follow security measures if sending or receiving PHI over public Wi-Fi networks.

Personnel are required to maintain physical control over their assigned mobile devices and store them in a secure and protected location when not in use. Agency-owned mobile devices may not be used for personal use. The mobile device must be returned to the agency for deletion of all PHI before discarding or reusing the device.

If you make a request, we have one month to respond to you. If you would like to exercise any of these rights, please contact our office at the information listed below.

If you require additional information or have any questions about our site's Patient Privacy and Security Policy, please feel free to contact us by email at the below info. Thank you and have an amazing day.

Vancouver Home Health Care Agency,LLC.

201 Northeast Park Plaza Dr, Suite 200
Vancouver, WA 98684-5871 United States
admin@vhhca.com

COMPLAINTS AND GRIEVANCES

You may report a complaint or grievance at anytime without reprisal or disruption of services.

Any staff member may receive a complaint or grievance about services or care that is or is not furnished or about the lack of respect for the consumer's person or property by anyone furnishing services on behalf of the agency.

Complaints and Grievances Procedure:

1. patient or patient representative reports a complaint/grievance to any staff member.
2. Staff members receiving complaints or grievances report them to the Administrator or designee.
3. Administrator or designee documents the complaint and investigates the grievance/complaint within 5 business days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay.
4. If the Administrator or designee is unable to resolve the complaint/grievance, the Governing Body is notify and takes action toward resolution.
5. Notify the patient when appropriate action has been taken or that the problem has been resolved.
6. Document the action taken and resolution on the Complaint Form.
7. You may appeal the administrator findings to the Governing Body by submitting a written complaint to:



Attention Governing Body:

Vancouver Home Health Care Agency, LLC.

201 NE Park Plaza Dr, Suite 200
Vancouver, WA 98684
Email address: admin@vhca.com

The patient may contact the following agency anytime without reprisal or disruption in services the:

Vancouver Home Health Care Agency, LLC.

201 NE Park Plaza Dr Suite 200
Vancouver, WA 98684
admin@vhca.com
Phone : (360) 975-7070 Phone : (800) 920- 6512
Fax number : (360) 975- 4306

**Washington State Department of Health Health
Systems Quality Assurance Complaint**

Intake
P.O. Box 47857
Olympia, WA 98504-7857 hsqa.csc@doh.wa.gov

Phone: 360-236-4700
Phone: 800-633-6828
Fax number: 360-236-4818