DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
Division of Quality Assurance
F-62646 (05/2020)

HOME HEALTH AGENCY (HHA) PATIENT RIGHTS STATEMENT REVIEW

Name – Agency	License No.
Name – Surveyor(s)	Review Date

PATIENT RIGHTS STATEMENTS – Wis. Admin. Code §§ DHS 133.08(2) (T140) and 42CFR 484.50 (G406)

☐ Yes ☐ No	To exercise your rights as a home health patient (T252)	
☐ Yes ☐ No	To be treated with consideration, respect, and with full recognition of your dignity and individuality, including privacy in treatment and care for personal needs (T147)	
☐ Yes ☐ No	To have your property and person treated with respect (G428)	
☐ Yes ☐ No	To confidential treatment of your personal and medical records and to approve or refuse their release to any individual outside the agency, except in the case of transfer to another health facility or as required by law or third party contract (T146) (G428)	
☐ Yes ☐ No	To have your clinical record made available, free of charge, upon request at the next home visit or within four business days, whichever comes first (G1030)	
☐ Yes ☐ No	To be informed in advance about the services available and the disciplines, frequency, and care to be furnished, as well as any changes in care or services to be furnished, before the changes occur (T142-143) (G434)	
☐ Yes ☐ No	To be informed, orally and in writing, before care is initiated, of the following (T142) (G440, G442):	
	☐ Yes ☐ No	The extent to which payment may be expected from Medicare, Medicaid, or any other federally-funded or aided program known to the HHA
	☐ Yes ☐ No	The charges for services that will not be covered by Medicare
	☐ Yes ☐ No	The charges for services for which you or a private insurer may be responsible
☐ Yes ☐ No	To be informed orally and in writing of any changes in care regarding the payment sources and charges noted above when they occur. The HHA must advise you as soon as possible in advance of the next home health visit. (T143) (G440)	
☐ Yes ☐ No	To be fully informed of your health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research. (T144)	
☐ Yes ☐ No	To be taught, and have your family taught, the treatments you need so that, to the extent possible, you can help yourself and have your family or others designated by you understand and help you. (T148)	
☐ Yes ☐ No	To voice grievances regarding treatment or care that is furnished or fails to be furnished or regarding lack of respect for your property by anyone who is furnishing services on behalf of the HHA. The HHA must not subject you to discrimination or reprisal for voicing a grievance or complaining about your treatment or care. (G448)	
☐ Yes ☐ No	To make decisions regarding medical care, including to accept or refuse treatment to the extent permitted by law, to be informed of the medical consequences of refusing care, and to formulate advance directives. (T145) (G434)	
☐ Yes ☐ No	To have your family or legal representative exercise your rights when you have been judged incompetent by a court of law. (T253) (G424)	
☐ Yes ☐ No	To be informed of all regulations governing your responsibilities as a patient. (T141)	
☐ Yes ☐ No	To receive all services outlined in the plan of care (G436)	
☐ Yes ☐ No	To be free from verbal, mental, sexual, and physical abuse including injuries of unknown source, neglect, and misappropriation of property (G430)	
☐ Yes ☐ No	To be informed of the right to access auxiliary aides and language services and how to access them (G450)	
☐ Yes ☐ No	To receive an OASIS privacy notice if a patient for whom the OASIS data is collected (G416)	
☐ Yes ☐ No	To be advised of the names, addresses, and telephone numbers of the following federally-funded entities that serve the area where the patient resides: agency on aging, centers for independent living, protection and advocacy agency, aging and disability resource center, and quality improvement organization (G446)	

☐ Yes ☐ No	To receive verbal notice of the patient's rights and responsibilities in the individual's preferred language, free of charge, with the use of a competent interpreter as needed, no later than the completion of the second visit from a skilled professional (G406, G420)
☐ Yes ☐ No	To receive, or have a patient-selected representative receive, a written notice of patient rights and responsibilities under this rule and the HHA's transfer and discharge policies within four business days of the initial evaluation visit (G422)
☐ Yes ☐ No	To require a signature from the patient or legal representative confirming he/she has received a copy of the notice of rights and responsibilities (G418)

COMPLAINTS – Wis. Admin. Code § DHS 133.08(3) (T149) and 42 CFR 484.50(c)3 (G432)

☐ Yes ☐ No	The HHA provided the patient or legal representative with a statement setting forth the right and the procedure to file a complaint, including:	
	☐ Yes ☐ No	Wisconsin Home Health Hotline at 1-800-642-6552, 24 hours per day / 7 days per week (G444)
	☐ Yes ☐ No	HHA Administrator contact information, to include name and business address and telephone (G414)
	☐ Yes ☐ No	Address of the DQA / BHS Complaint Coordinator: 1 W Wilson St, Rm 455 / PO Box 2969 / Madison, WI 53701-2969
	☐ Yes ☐ No	Contact information for questions regarding Medicare coverage: Livanta, LLC / 10820 Guilford Rd, Ste 202 / Annapolis Junction, MD 20701-1105 or 1-888-524-9900 or 1-888-985-8775 (TTY)
☐ Yes ☐ No	The HHA must investigate complaints that the patient, family, or guardian make regarding treatment and respect for patient rights by anyone furnishing services on behalf of the HHA. The HHA must document such complaints and how they are resolved. (T149) (G478, 480, 482, 484)	
☐ Yes ☐ No	The HHA must take action to prevent further potential violations, including retaliation while complaint is being investigated. (G486)	