

Client Rights and Responsibilities

Lee County Health Department

#3 John Bennett Dr, PO Box 1426, Fort Madison, IA 52627

Lee County Health Department acknowledges that clients have certain rights and responsibilities that influence care and will protect and promote the exercise of these rights and responsibilities.

Client Rights

You have the right:

1. To choose a home care provider and to receive appropriate and professional care in accordance with physician orders.
2. To have your person and property be treated with respect. To be free from mental, physical, sexual and verbal abuse, including injuries of unknown source, neglect, and misappropriation of property.
3. To exercise your rights as a client or have your family, chosen or court appointed legal representative exercise my rights when I am unable.
4. To privacy and confidentiality regarding records and all communications, whether written, or oral. Written permission is required before any information from the clinical record is released to such persons as lawyers, insurance representatives, etc., except as otherwise provided by law or third-party payment.
5. To be informed of OASIS privacy rights.
6. To be informed of, participate in, and consent or refuse care before and during any treatment where appropriate with respect to: completion of all assessments, care to be furnished based on the comprehensive assessment, establishing and revising the plan of care, disciplines that will furnish the care, and the frequency of visits from all disciplines.
7. To receive all services outlined in the plan of care. To be informed of, and participate in, any changes in the care to be furnished, expected outcomes of care, including client-identified goals, and anticipated risks and benefits or factors that could impact treatment effectiveness.
8. To know the identity and professional status of any individuals that may be directly involved in providing my care. I will be notified in advance on how often the agency will visit. I may choose to refuse care from any of these individuals.
9. To have proper written notice, in advance of any services the agency believes will not be covered by Medicare, or of the agency terminating or reducing services.
10. To voice grievance or complaint to the agency or state regulatory agency, without any discrimination or reprisal for exercising your rights or voicing a complaint, regarding treatment or care that is (or fails to be) furnished, mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including inquiries of unknown source, and/or misappropriation of client property, and the lack of respect for property, and/or person by anyone who is furnishing services on behalf of the agency. Any complaints received by you or your representative will be investigated by the director of the department.
Documentation will be done on the existence of and resolution of the complaint.

Michele Ross
Administrator
Lee County Health Department
Phone: 319-372-5225 or 800-458-6672

11. To call Lee County Health Department at 319-372-5225 or 800-458-6672, 24 hours a day, 7 days a week, for prompt response to questions, problems or concerns.
12. To be informed orally and in writing of the extent to which payment for care may be covered by Medicare or other sources: the charges for services not covered by Medicare or other sources, and how much I may be required to pay before I receive any services.
13. To be informed orally and in writing of any changes in the payment program before they are instituted; but no later than thirty calendar days after the Home Health Department has received knowledge of these changes.
14. To have health care providers comply with advance directives in accordance with state law and to receive care without condition on or discrimination based on, the execution of advance directives.
15. To receive information, including rights and responsibilities, in a manner understandable to you. Including primary or preferred language in oral interpretations and written translations, accessible web sites, and auxiliary aides and services at no cost to you.
16. To be advised of the names, addresses, telephone numbers of state and federally funded entities that serve your area:

Area Agency on Aging- Iowa

Milestone Area Agency on Aging
509 Jefferson St.
Burlington, Ia. 52601-5427
(319) 752-5433
(855) 610-6222

Home Health agency hotline- for the purpose of receiving complaints or questions about local Home Health agencies and/or Advanced Directive concerns

**Iowa Department of Inspections and Appeals
Health Facilities Division**

**Monday- Friday, 8am- 4pm. After hours leave a message and call will be answered the next business day
1-877-686-0027**

19. To be informed of the agencies transfer and discharge policies. You may be transferred or discharged if: it is necessary for your welfare because the agency and your physician agree that the agency can no longer meet your needs, you or your payer source will no longer cover your services, you have achieved your goals, you refuse service or request to be transferred or discharged, you expire, or the agency ceases to operate. If you (or other persons in your home) become disruptive, abusive, or uncooperative to the extent that delivery of care is impaired, you may be discharged for cause. You, your representative, and your physicians will be advised that a discharge for cause is being considered. The agency will make efforts to solve the issue, provide you or your representative information on other agencies that may be able to assist you, and document the problem and efforts made to resolve the problem into the clinical record.