

CLIENT BILL OF RIGHTS

(1) A client of an agency or, if appropriate, the client representative with legal authority to make health care decisions has the right to:

- (a) Be treated with consideration, respect, and full recognition of the client's human dignity and individuality;
- (b) Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations;
- (c) Participate in the development of the client's care plan and medical treatment;
- (d) Refuse treatment after the possible consequences of refusing treatment have been fully explained;
- (e) Privacy;
- (f) Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation; and
- (g) Confidentiality.

(2) A client or client representative has the right to:

- (a) Make suggestions or complaints, or present grievances on behalf of the client to the agency, government agencies, or other persons without the threat or fear of retaliation;
- (b) Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the participant may have; and
- (c) Have access to the procedures for making a complaint to the Office of Health Care Quality, and to:
 - (i) The Adult Protective Services Program of the local department of social services, if the client is an adult; or
 - (ii) The Child Protective Services Program of the local department of social services, if the client is a minor.

E. Advanced Directives. With the exception of durable medical equipment agencies, an agency shall:

- (1) Provide information to a client about advance directives and the right to have an advance directive; and
- (2) Obtain information regarding the client's advance directives to determine whether the advance directive information has an impact on care provided.

F. Client Directed Care. The agency shall honor the right of:

- (1) A cognitively capable adult client, or a client representative with legal authority to make health care decisions, to refuse any portion of planned treatment or other portions of the treatment plan, except where medical contraindications to partial treatment exist; and
- (2) A cognitively capable adult client to have an individual who is not certified to provide assistance with activities of daily living and treatments of a routine nature if the client signs a waiver of skilled services detailing the potential risks and benefits of waiver as required under Regulation .12D of this chapter.

G. Informed Consent. The agency shall provide sufficient information to the client or the client representative to allow the client or the client representative to make an informed decision regarding treatment as required under Regulation .12D of this chapter, including:

- (1) The purpose and nature of an evaluation or treatment regimen;
- (2) Alternatives to treatment;
- (3) Side effects and benefits of a proposed treatment regimen and the alternatives to the treatment;

(4) The estimated cost of the treatment and the alternatives; and

(5) The right to withdraw from treatment at any time, including the risks associated with withdrawing from treatment.

H. Client Participation. The agency shall allow a client, or client representative with legal authority to make health care decisions, to accept or reject, at the client's or client representative's discretion without fear of retaliation from the agency, any employee, independent contractor, or contractual employee that is referred by the agency.

You may also register complaints in writing to:
Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Spring Grove Center
Bland Bryant Bld.
55 Wade Avenue
Catonsville, MD 21228
410-402-8039
1-800-492-6005

THE CLIENT HAS THE RESPONSIBILITY:

1. To provide, to the best of his/her knowledge, accurate and complete information about:
 - a. Past and present medical histories.
 - b. Unexpected changes in his/her condition.
 - c. Whether he/she understands a course of action selected.

2. To follow the treatment recommended by the particular handling of the case.

3. For his/her actions if he/she refused treatment or does not follow the physician's orders.

4. For accruing that the financial obligations of his/her health care are fulfilled as promptly as possible.

5. To respect the rights of all staff providing service.

6. To notify the agency promptly in advance of an appointment or visit you must cancel.

7. To become independent in care to the extent possible, utilizing self, family and other sources.

8. To pay for care or services not covered by 3rd party payers.

9. For complying with the rules and regulations established by the agency and any changes subsequent to the rules

The Agency has provided me with the following:

An estimate of costs associated with the services requested by the client. (See attached)

A statement clarifying the costs that the client or client representative will be responsible for if services are not covered by third-party payors. (See attached)

Fully itemized billing statements, including dates of services and unit charge, to be made available on request of the client or client representative (attached and available upon request).

The name of the caregiver or caregivers referred by D&P Healthcare Staffing Agency to provide the service or services are: _____.

The name and contact information for the individual who is responsible for supervising the client's care is _____.

The telephone number where a client or the client representative can contact the agency 24 hours a day, 7 days a week regarding care is _____.

Any sub contracted individual or agency we will assign or refer to provide care to the you by is _____ or Not applicable.

Signature of Client

Date of Signature

Nurse/Therapist Signature

Date of Signature

CLIENT NAME (Last, First)	MEDICAL RECORD No
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