### [Subpart C] Conditions of Participation: Patient Care

**§418.52 Condition of participation: Patient’s rights.**
The patient has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.

(a) **Standard: Notice of rights and responsibilities.**

1. During the initial assessment visit in advance of furnishing care, the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient’s rights and responsibilities in a language and manner that the patient understands.

2. The hospice must comply with the requirements of part 489 of this chapter regarding advance directives. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law.

3. The hospice must obtain the patient’s or representative’s signature confirming that he or she has received a copy of the notice of rights and responsibilities.

(b) **Standard: Exercise of rights and respect for property and person.**

1. The patient has the right:
   - (i) To exercise his or her rights as a patient of the hospice;
   - (ii) To have his or her property and person treated with respect;

### [Section 6.6] Patient/Family Rights and Responsibilities

#### A. Rights and Responsibilities

1. Written policies regarding rights and responsibilities of patients shall be established and made available to the patient, guardian, next-of-kin, sponsoring agency or representative payee and the public. Such policies shall ensure that each patient receiving care shall have the following rights and responsibilities:

   a. To be fully informed, as evidenced by the patient’s or his/her appointed representatives, written acknowledgment or at the time of admission of these rights and of all rules and regulations governing patient conduct.

   b. To be fully informed, prior to or at the time of admission, of services available in the hospice and of related charges, including any charges for services not covered under Titles XVIII or XIX of the Social Security Act.

   c. To be fully informed by a physician of his or her medical condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of his or her medical treatment, including pain and symptom management, and to refuse to participate in experimental research.

   d. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.

#### §74743. Patient Rights

- The patient has the right to be informed of his or her rights. The home health agency must protect and promote the exercise of these rights.

- (a) Notice of rights:
  - (1) The home health agency must provide the patient with a written notice of the patient’s rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.
  - (2) The home health agency must maintain documentation showing that it has complied with the requirements of this section.

- (b) Exercise of rights and respect for property and person:
  - (1) The patient has the right to exercise his or her rights as a patient of the home health agency.
  - (2) If the patient lacks the ability to understand these rights and the nature and consequences of proposed treatment, the patient’s representative shall have the rights specified in this section to the extent the right may devolve to another, unless the representative’s authority is otherwise limited. The patient’s incapacity shall be determined by the court in accordance with state law or by the patient’s physician unless the physician’s determination is disputed by the patient or patient’s representative.

- (3) The patient has a right to have his or her property treated with respect.

- (4) The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the home health agency and must not be subjected to discrimination or reprisal for doing so.

- (5) The patient has the right to be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability,
(iii) To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice; and
(iv) To not be subjected to discrimination or reprisal for exercising his or her rights.

(2) If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient’s behalf.

(3) If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient’s rights to the extent allowed by state law.

(4) The hospice must:

(i) Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator;

(ii) Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures;

(iii) Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having

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<td>(iii) To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice; and (iv) To not be subjected to discrimination or reprisal for exercising his or her rights.</td>
<td><strong>e.</strong> To be advised of what services are to be rendered and by what discipline, e.g., Registered Nurse, counselor, chaplain, etc.</td>
<td><strong>(6)</strong> The home health agency shall investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency, and must document both the existence of the complaint and the resolution of the complaint. (c) Right to be informed and to participate in planning care and treatment. (1) The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished. (A) The home health agency shall advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. (B) The home health agency shall advise the patient in advance of any change in the plan of treatment or plan of care, or plan for personal care services, before the change is made. (2) The patient has the right to participate in the planning of the care. (A) The home health agency must advise the patient in advance of the right to participate in planning the care or treatment and in planning changes in the care or treatment. (B) The home health agency shall maintain written policies and procedures regarding advance directives. The home health agency must distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. (d) Confidentiality of medical records. (1) The patient has the right to confidentiality of the clinical records maintained by the home health agency. (2) The home health agency must advise the patient of the agency's policies and procedures regarding disclosure of clinical records.</td>
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| 2. Patient/family responsibilities: | | |
| a. To remain under a doctor’s care while medical condition, marital status, or registered domestic partner status. | | |
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jurisdiction, such as the State survey agency or local law enforcement agency; and  
(iv) Ensure that verified violations are reported to State and local bodies having jurisdiction (including to the State survey and certification agency) within 5 working days of becoming aware of the violation.  

(c) Standard: Rights of the patient.  
The patient has a right to the following:  
(1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;  
(2) Be involved in developing his or her hospice plan of care;  
(3) Refuse care or treatment;  
(4) Choose his or her attending physician;  
(5) Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.  
(6) Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property;  
(7) Receive information about the services covered under the hospice benefit;  
(8) Receive information about the scope of services that the hospice will provide and specific limitations on those services.  

receiving hospice services.  
b. To inform the program of any advance directives or any changes in advance directives and provide the program with a copy.  
c. To cooperate with the primary doctor, program staff and other caregivers.  
d. To advise the program of any problems or dissatisfaction with patient care.  
e. To notify the program of address or telephone number changes or when unable to keep appointments.  
f. To provide a safe home environment in which care can be given. In the event that conduct occurs such that the patient or staff’s welfare or safety is threatened, service may be terminated.  
g. Obtain medications, supplies and equipment ordered by the patient’s physician if they cannot be obtained or supplied by the program.  
h. Treat personnel with respect and consideration.  
i. Sign the required consents and releases for insurance billing and provide insurance and financial records as requested.  
j. Accept the consequences for any refusal of treatment or choice of noncompliance.  
3. The program shall describe in writing patient and family responsibilities and the mechanism to file a grievance and obtain a receipt that this information has been received by the patient/family.  

B. Retaliation or Discrimination  
1. No program or employee of a program shall discriminate or retaliate in any  

(e) Patient liability for payment.  
(1) The patient has a right to be advised, before care is being initiated, of the extent to which payment for the home health agency services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.  
(2) Before the care is initiated, the home health agency must inform the patient, orally and in writing, of:  
(A) the extent to which payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the home health agency;  
(B) The charges for services that will not be covered by Medicare; and  
(C) The charges that the individual may have to pay.  
(f) The patient has the right to be advised orally and in writing of any changes in the information provided in accordance with paragraph (e)(1) of this section when they occur. The home health agency must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the home health agency becomes aware of the change.  
(g) Home health hotline:  
The patient has the right to be advised of the availability of the applicable toll-free home health agency hotline in the state. When the agency accepts the patient for treatment or care, the home health agency must advise the patient in writing of the telephone number of the home health hotline established by the state licensing and certification district office, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local home health agencies.