



MEADOWLARK HOSPICE

709 Liberty, Clay Center KS 67432
Phone: (785) 632-2225 Fax: (785) 632-3557

Patient Bill of Rights

Patient Name: _____

Patient No.: _____

I HAVE THE RIGHT:

1. To choose and communicate with my care providers.
2. To participate in the planning and making decisions concerning my care and to receive appropriate instruction and education regarding the plan.
3. To request information about my diagnosis, prognosis, medications, and treatment, including alternatives to care and risks involved, in terms that I and my family can readily understand so that we can give our informed consent.
4. To refuse medical, surgical, home health or hospice care and to be informed of possible health consequences of this action.
5. To care that is given without discrimination as to race, color, creed, sex or national origin.
6. To be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed and to reasonable continuity of care.
7. To confidentiality of all records, communications and personal information.
8. To review all health records pertaining to me unless the physician medically contraindicates it in the clinical record.
9. To be referred elsewhere if denied service for any reason.
10. To be free from verbal, physical and psychological abuse and to be treated with dignity.
11. To have my property treated with respect.
12. To voice grievances and suggest changes in service or staff without fear of reprisal or discrimination.
13. To expect that complaints made by myself, my family, or guardian regarding treatment or care that is (or fails to be) furnished, or regarding lack of respect for my property by anyone furnishing services on behalf of Meadowlark Hospice, will be investigated and documented to the existence and resolution of the complaint.
14. To be fully informed of agency policies and charges for services, including eligibility for third-party reimbursement prior to receiving care.
15. To be notified orally and in writing, as soon as possible, but no later than 30 days from the date Meadowlark Hospice becomes aware of changes in charges for services.
16. To receive state-of-art symptom and pain control management.
17. To refuse treatment, to the extent allowed by law, and to be informed of any and all possible consequences of my decision.
18. To make Advance Directives.
19. I/we have received a copy of the Family Handbook.
20. To call the Kansas Department of Health and Environment's toll-free hotline, which has been established to collect, maintain, and update information on Medicare participating hospices. Complaints regarding advance directives requirements, and complaints or questions concerning specific agencies will also be taken over the hotline. The hotline number is 1-800-842-0078. The service is in operation between the hours of 8:00am and 4:00pm Monday through Friday, excluding state holidays.
21. I/we have read these rights and understand them.
22. I understand that any legal representative designated by me in accordance with State law may exercise my rights to the extent allowed by state law or that If I am adjudged to be incompetent under state law by a court of proper jurisdiction, my rights are exercised by the person appointed pursuant to state law to act on the patient's behalf.

Patient/Caregiver Signature: _____

Date: _____