

O'Connell

Professional Nurse Service, Inc.

Client Rights and Responsibilities

O'Connell Care At Home strives to provide the highest quality of care to clients so that they can remain at home. Care Beyond the Call means just that---doing what it takes to maintain the safety, comfort and dignity of our clients. To accomplish this, we enter into a partnership, with the client and family, and with extended support networks, to enhance our clients' quality of life and allow them to remain in the place they consider home. Each of us has responsibilities and rights in this partnership. Below is a general summary of the individual rights and responsibilities of our clients.

The Client Has The Right to:

- A. Information, both verbally and in writing, regarding his/her Rights and Responsibilities
- B. Safe, appropriate and professional care provided by qualified personnel
- C. Be treated as an individual, who needs and deserves attention, caring and respect
- D. Reasonable continuity of care
- E. Refuse treatment within the confines of the law and to be informed of the potential or actual consequences of that action
- F. Privacy of Protected Health Information (see Notice of Privacy Practices)
- G. Receive a timely response from the agency to his/her request for service
- H. Be informed within reasonable time of anticipated termination of service or plans for transfer to another agency
- I. Voice grievances or complaints and suggest changes in service or staff without fear of reprisal or recrimination. The client or family/caregiver should contact OPNS at 533-1030 to register any concerns or complaints.
- J. To know about the disposition of such complaints

The Client (or family/caregiver) is Responsible for:

- A. Notifying agency personnel of any medical conditions, needs, or changes in status to enable us to provide appropriate care.
- B. Providing a safe, clean environment and necessary supplies for staff to provide adequate care
- C. Informing the agency at earliest convenience of any anticipated changes to scheduling
- D. Treating the agency staff with respect
- E. Having a "back-up" plan in the event that the agency is unable to provide service (i.e. weather emergency, sick call, etc.)
- F. Ensuring all firearms are locked and out of harms way

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Consent For Treatment

I agree to notify OPNS with any changes in my condition or treatment, which may impact my service needs.

I understand that OPNS will make every attempt to meet my care needs; however, due to uncontrollable circumstances (such as employee illness or weather emergencies), there may be times that adjustments will need to be made. OPNS will notify me as soon as is reasonable about any schedule changes.

I authorize OPNS to release information from my agency records to, or receive information from, appropriate professionals/agencies involved with my plan of treatment or services, such as my physician, nurse, pharmacy, family, or other care providers.

I have received and read the following documents and agree to their outlined terms:

- Client Rights and Responsibilities
- Notice of Privacy Practices
- Financial Agreement

I agree to allow O’Connell Professional Nurse Services, Inc., to provide the following services: _____.

Client or Representative Signature

Date

Parent/Guardian Signature (if required)

Date

Agency Personnel Signature

Date