

At Home Elder Care, Inc.  
Client Bill of Rights



***At Home Elder Care, Inc. believes that we have the obligation to make you aware of your rights concerning the home care we provide to you. As one of our valued clients, you may expect:***

1. To receive in writing a copy of your rights associated with our services, and to have them explained to your satisfaction.
2. To be given all necessary information in language easy to understand that will allow you to make informed decisions about the care and service we provide to you.
3. To receive a quick response from At Home Elder Care, Inc. when you have a question or concern.
4. To be provided with quality care regardless of gender, religion, age, physical limitation, ethnic background, sexual orientation, marital status, or social status, etc.
5. Reasonable facilitation and continuity of care as long as you remain our client.
6. The care provided to you to be from qualified care givers. We'll inform you of their names, titles and qualifications, and you have the right to choose caregivers.
7. To be fully informed in advance of the services or care provided by At Home Elder Care, and to be informed in advance of any changes in the services or care provided to you that may effect your quality of life (except in cases where the client is declared to be incompetent with regards to changes in care, in which case we will inform your guardian.)
8. Accept or decline home care at any time. We will endeavor to keep you informed so you may make the best choice.
9. That we will keep you well informed about any changes in service, policies, or procedures, to include third party reimbursement, and a thorough explanation of all forms and agreements we request you to sign. We will advise you in advance of any payment required from you, and you shall be given reasonable time to make any payment.
10. Complete respect of your privacy at all times. During assessment, examination or treatment you have the right to refuse observation by anyone not directly involved in providing your care.
11. Confidential treatment of all records and communication (written or oral) between you and At Home Elder Care, except as otherwise provided for by law or third party payer requirements.
12. Access to all records pertaining to you, the right to challenge and have your records corrected for accuracy, and the right to transfer all such personal information to ensure continuity of your care.
13. That you and your property are treated at all times with respect, dignity and courtesy.
14. To be able to express your dissatisfaction with any service provided, any care giver providing that service, and to recommend changes to your care regimen. The management of At Home Elder Care is available to you 7 days a week 24 hours a day.
15. At Home Elder Care to inform you of any community resources available to meet your needs that we are aware of.

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16. That At Home Elder Care will respect any advance directives (also known as Durable Medical Power of Attorney) and be assured that we will not discriminate against you or otherwise apply conditions to the care and services we provide to you based upon any advance directives you have in place.
17. That in the event of an emergency, At Home Elder Care representatives will contact qualified emergency personnel. In the event you have a “Do Not Resuscitate (DNR)” order in place, **At Home Elder Care, Inc. must be provided with a written copy of such a DNR, and a copy must be available to the At Home Elder Care employee at your home before we will comply with any relevant requests contained in the DNR.** A DNR must be made between you and/ or your legal representative and your physician. At Home Elder Care will not discriminate or apply conditions to your care as a result of any such orders. The DNR order may be rescinded at any time by you, your legal representative and/ your physician.

**As a client of At Home Elder Care, Inc. you have certain responsibilities to ensure you receive the care and service you request:**

1. Seek clarification of anything related to your care from At Home Elder Care that you do not understand.
2. Inform us at least 24 hours in advance of any changes to scheduled appointments when you are not able to maintain the visit or when the location must change.
3. Provide information about any problems or concerns you experience relative to the care or service provided to you by At Home Elder Care to our management team.
4. Accept care from properly qualified employees of At Home Elder Care without discrimination based on gender, religion, age, physical limitation, ethnic background, sexual orientation, marital status, or social status, etc.
5. Participate in the creation and updating of your home care plan, and adhere to what we have mutually agreed upon in the plan.
6. Provide At Home Elder Care and it’s employees with accurate and complete health information regarding your past and present illnesses, allergies, medications, physician appointments, hospitalizations, or any other information relevant to your care.
7. Assist in establishing and maintaining a safe environment.

I have read, understood, and received a copy of these rights and responsibilities. They have been reviewed and discussed with me to my satisfaction by a representative of At Home Elder Care prior to the start of any care or services received. My signature below attests to my understanding of these rights and responsibilities.

\_\_\_\_\_  
Client/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
At Home Elder Care Representative

\_\_\_\_\_  
Date