**Patient Rights**

An individual who receives hospice care has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.

1. Exercise his or her rights as a patient of the hospice. Receive written information about rights in advance of receiving hospice care or during the initial evaluation visit before the initiation of hospice care, including what to do if rights are violated.

   Notice of rights and responsibilities:
   
   a. 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;
   
   b. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable state law;
   
   c. 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.

2. Receive care and services according to a suitable hospice plan of care and subject to accepted hospice care standards and to take an active part in creating and changing the plan and evaluating care and services. Be involved in developing his or her hospice plan of care.

3. Be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequence of these choices, including the consequences of refusing these services.

4. Be told in advance, whenever possible, of any change in the hospice plan of care and to take an active part in any change.

5. Refuse care, services or treatment.

6. Know, in advance, any limits to the services available from a provider, and the provider’s grounds for a termination of services. Receive information about the scope of services that the hospice will provide and specific limitations on those services.

7. Know in advance of receiving care whether the hospice services may be covered by health insurance, medical assistance, Medicare, or other health programs in which the individual is enrolled. Receive information about the services covered under the hospice benefit.

8. Receive, upon request, a good faith estimate of the reimbursement the provider expects to receive from the health plan company in which the individual is enrolled. A good faith estimate must also be made available at the request of an individual who is not enrolled in a health plan company. This payment information does not constitute a legally binding estimate of the cost of services.

9. Know that there may be other services available in the community, including other end of life services and other hospice providers, and know where to go for information about these services.
10. Choose freely among available providers and change providers after services have begun, within the limits of health insurance, medical assistance, Medicare, or other health programs. Choose his or her attending physician.

11. Have personal, financial, and medical information kept private and be advised of the provider’s policies and procedures regarding disclosure of such information.

12. Be allowed access to records and written information from records. Have a confidential clinical record.

13. Be served by people who are properly trained and competent to perform their duties.

14. Be treated with courtesy and respect and to have the patient’s property and person treated with respect.

15. Voice grievances regarding treatment or care that is, or fails to be, furnished or regarding the lack of courtesy or respect to the patient or the patient’s property by anyone who is furnishing services on behalf of the hospice.

The patient has the right to not be subjected to discrimination or reprisal for exercising his or her rights.

16. Be free from physical and verbal abuse. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries or unknown source, and misappropriation of patient property.

17. Reasonable, advance notice of changes in services or charges, including at least ten days’ advance notice of the termination of a service by a provider, except in cases where:

   a. The recipient of services engages in conduct that alters the conditions of employment between the hospice provider and the individual providing hospice services, or creates an abusive or unsafe work environment for the individual providing hospice services; or

   b. An emergency for the informal caregiver or a significant change in the recipient’s condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the hospice provider; or

   c. The recipient is no longer certified as terminally ill.

18. A coordinated transfer when there will be a change in the provider of services.

19. Know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.

20. Know the name and address of the state or county agency to contact for additional information or assistance.

21. Assert these rights personally, or have them asserted by the hospice patient’s family when the patient has been judged incompetent, without retaliation. 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. 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.

22. Have pain and symptoms managed to the patient’s desired level of comfort. Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.
Hospice Bill of Rights – Minnesota (continued)

Hospice Responsibilities

1. 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;

2. 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;

3. Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the state survey agency or local law enforcement agency; and

4. 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.

Contact Information

As your hospice provider, we strive to provide quality health care services. If you need assistance, have a question, or complaint, contact the manager or supervisor at your hospice location:

Albert Lea: Mayo Clinic Health System
1705 SE Broadway
Albert Lea, MN 56007
507-377-6393 or 800-245-3065

Austin: Mayo Clinic Health System
101 14th Street NW
Austin, MN 55912
507-434-1416 or 888-609-4065

La Crosse: Mayo Clinic Health System
700 West Ave. South
La Crosse, WI 54601
608-392-9790 or 800-362-5454 ext. 9790

Mankato: Mayo Clinic Health System
Madison East Center
1025 Marsh Street
Mankato, MN 56001
507-594-2618 or 833-384-0065

Red Wing: Mayo Clinic Health System
701 Hewitt Boulevard
Red Wing, MN 55066
651-385-3410 or 888-485-3410

Rochester: Mayo Clinic
112 7th Street NE
Rochester, MN 55906
507-284-4002 or 800-679-9084

If you have a complaint about the agency or person providing you hospice services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Ombudsman for Long-Term Care.

Office of Health Facility Complaints
651-201-4201 or 800-369-7994
Fax: 651-281-9796
Mailing Address:
Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
PO Box 64970
St. Paul, MN 55164-0970

Ombudsman for Long-Term Care
651-431-2555 or 800-657-3591
Fax: 651-431-7452
Mailing Address:
Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971
If you are a Medicare client, you may also contact the Medicare Quality Improvement Organization (QIO) with questions or complaints:

Livanta LLC  
Toll-Free Beneficiary Helpline 888-524-9900  
TTY/TTD 888-985-8775  
BFCC-QIO Program  
10820 Guilford Road, Suite 202  
Annapolis Junction, MD 20701-1105

For patient care or safety concerns not resolved by the hospice, contact Joint Commission and Accreditation of Healthcare Organizations.

The Joint Commission is an independent, not-for-profit organization that evaluates quality and safety of care across the country. Mayo Clinic Hospice has earned and maintained accreditation from The Joint Commission. Because The Joint Commission standards are regarded as the most rigorous in the industry, companies who choose to be evaluated by The Joint Commission are therefore committed to providing the highest quality care to their patients. One of the standards is that we inform the public and our patients how to contact The Joint Commission if you need to report concerns about patient safety and quality of care.

The Joint Commission  
www.jointcommission.org (click on Contact Us)  
800-994-6610  
Fax: 630-792-5636  
Mailing Address:  
Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181