Warren County Health Services

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CLIENT BILL OF RIGHTS & RESPONSIBILITIES

Warren County Public Health recognizes the importance of psychosocial and physical wellness. Our goal is to prevent and correct the circumstances that interfere with the greatest degree of wellness our patient can achieve. We attempt to ensure this goal through the provision and coordination of our home health related support services.

We believe, except as otherwise provided by law, that each client has the right:

1. To the provision of services by competent, understanding, pleasant professionals and para-professionals and be informed of services available.
2. To request and be provided with information concerning his/her health condition as well as records and account statements that document them.
3. To participate in planning his/her care that includes the right to refuse care (including experimental research) unless refusal would be in violation of the law.
4. To treatment without discrimination as to race, color, religion, sex, natural origin, or source of payment.
5. To privacy and confidentiality of services and treatment received as well as the records that document them.
6. To voice grievances and recommend changes to agency staff.
7. To approve/refuse the disclosure of medical records except as required by law.
8. To receive reasonable notice of any change in client care policy, services, payment of services, free or reduced cost care or discharge from the program. The services to be provided to you as determined by an initial assessment or reassessment conducted on this date may be subject to change if there is:
   a) a change in your health care needs or the availability of relatives, friends, or significant others to meet your needs
   b) a change in the health related services or other community services available to meet your needs

This statement is for the purpose of consumer information and education and to establish and maintain proper understanding and expectations about the care to be provided to you.

We believe as well that each client has the responsibility:

1. To supply information to his/her doctor or nurse about previous medical conditions as well as any changes in his/her present medical condition to enable the agency to develop, implement, and provide care.

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2. To cooperate with home health care professionals and para-professionals to affect appropriate care in the home.
3. To make appropriate physical arrangements in the home to meet the suggestions of doctors and home health care professionals.
4. To make the agency aware of problems in the plan of care enabling them to make appropriate corrections and actions.

The entire staff of Warren County Public Health is committed to providing the finest quality services. Our primary focus is on the health of the community, attempting to correct the circumstances that interfere with the greatest degree of wellness a person can achieve.

If you have any specific concerns relative to the care you are receiving or have received from any of our staff, we ask you to complete the information below. Once this is completed, it may be returned to the Public Health Director for investigation. You may call our office at 518-761-6580 if you wish to voice a concern; our office is a 24 hour/7 days a week facility. Upon receipt of your completed form, you will receive a verbal/written response within 30 days. If you are not satisfied with the response, you may contact New York State Department of Health at 1-800-804-5447. Please note that your care is the priority and our agency will attempt to rectify or mitigate your concern without reprisal.

Thank you for your assistance in our continuing efforts to provide the highest quality services to you and your family.

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Name:_____

Relationship to client:_____

Date client concerns became apparent:_____

Individual being affected by client concerns:_____

Please describe concerns you and/or client have about care provided:_____

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_____

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_____

Signature: _____Date:_____

Signature of Public Health Official: _____Date:_____