

## PHONE CARD AND CLIENT RIGHTS

Your Waiver services are being provided by: \_\_\_\_\_

If you need to speak to your work's supervisor: \_\_\_\_\_

Monday – Friday, 8am – 5pm, call: \_\_\_\_\_

On nights, weekends, holidays call: \_\_\_\_\_

In case of an EMERGENCY call: \_\_\_\_\_

Directions to your house: \_\_\_\_\_

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## CLIENT RIGHTS

### You have the right to:

1. Have services provided without regard to race, color, national origin, age, sex, religion, or handicap.
2. Have a relationship with our staff that is based on honesty and ethical standards of conduct.
3. Be notified about the services that are proposed to be furnished.
4. Participate in the planning of your services and any changes in the services.
5. Receive a copy of the plans for your services.
6. Be advised of any changes in the plans for your services before the change is made.
7. Have self and property treated with respect, dignity, courtesy, and fairness whatever your age, sex, race, religion, handicap, nationality, or ethnic origin.
8. Expect that all providers personnel, within the limits set by the plans for your services and program policies and procedures, will respond in good faith to your request for assistance in your home.
9. Be informed in writing of your rights to make decisions concerning your services, including your right to accept or refuse services.
10. Be fully informed on the consequences of all aspects of care, including the possible results of refusal of services.
11. Refuse services without fear of reprisal or discrimination.
12. Confidentiality of your records as well as information about your health, social, and financial circumstances and about what takes place in your home unless permission to release is given or mandated by law or policy.
13. Receive services from personnel who are qualified and supervised.
14. Request a change in caregiver.
15. Be informed that your provider maintains liability insurance coverage.
16. Contact the supervisor, without fear of discrimination/reprisal at the number provided above, to voice any complaint or grievance concerning care or treatment by the agency. You have the right to expect the supervisor to respond to your complaint within 24 hours unless there are extenuating circumstances.
17. Contact the provider's supervising management, \_\_\_\_\_, at \_\_\_\_\_ if the supervisor is unable to resolve your complaint/grievance to your satisfaction.
18. The Medicaid hotline number for any Medicaid questions, when you need help, or to report suspected fraud and abuse is: 1-800-362-1504, or 1-800-253-0799, for the hearing impaired.
19. Receive the services of a translator, if needed.
20. The name and number of your case manager is: \_\_\_\_\_

### You have the responsibility to:

1. Notify us of changes in your condition such as hospitalizations, etc. ...
2. Follow the plan for services and accept responsibility for any refusal of services.
3. Notify us of schedule changes that may need to be made prior to the scheduled visit.
4. Advise us of any problems or dissatisfaction with the services provided.
5. Provide a safe environment for services to be provided.
6. Carry out mutually agreed responsibilities.