



## **Your Rights & Responsibilities as a Client**

As a personal assistance/caregiver provider, we have an obligation to protect the rights of our clients and explain these rights to you before treatment begins. Your family or your designee may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

As a client you have the right to:

1. Competent, individualized health care without regard to race, color, creed, sex, age, national origin, handicap, ethical/political beliefs, ancestry, religion or sexual orientation or whether or not an advance directive has been executed.
2. Receive appropriate care without discrimination.
3. Exercise your rights, a client of this agency or, if appropriate, the client representative with legal authority to make healthcare decisions has the right to exercise your rights.
4. Be treated with consideration, respect, and full recognition of the client's human dignity and individuality, including privacy in treatment and care for personal needs.
5. Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant state, local, and federal laws and regulations.
6. Participate, either yourself or your designated representative, in the consideration of ethical issues that arise in your care.
7. Have your property treated with respect.
8. Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation including humiliation, intimidation or punishment.
9. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.
10. Expect all personnel caring for you will be current in knowledge and have completed a training –program or competency evaluation regarding his/her respective areas of employment.
11. Be informed that you may participate in the development of the client's service plan and medical treatment, the periodic review and update, discharge plans, appropriate instruction and education in the service plan and be informed of all services the agency is to provide, the staff to provide care and the frequency of visits/shifts to be furnished and to be advised of any change in the service plan before the change is made.
12. Know when and how each service will be provided and coordinated, the agency ownership, name and functions of any person and affiliated agency personnel providing services.
13. Choose services providers, to communicate with those providers and to reasonable continuity of care.
14. Be fully informed, orally and in writing, at the time of admission and in advance of services provided, a statement of services available by the agency and related charges. This must include those items and services for which you may be responsible for reimbursement. The agency will advise you of changes orally and in writing as soon as possible, but no later than five (5) calendar days from the date that the agency becomes aware of a change.
15. Be informed of any financial benefits.
16. Be informed about the nature and/or purpose of any technical procedure that will be performed including information about both the potential benefits and burdens to him/her, as well as, who will perform the procedure.
17. Be taught and have your family members taught the service plan, so that you can, to the extent possible, assist yourself and your family or other designated party can also understand and assist you.



6819 Prairie Dunes Dr. Houston, TX 77069

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18. Request information regarding the services including alternatives to care risk(s) involved. This information will be given in a language or format so that you and your family members can readily interpret and understand so that informed consent may be given.
19. Refuse treatment after the possible consequences of refusing services have been fully explained.
20. The agency shall allow a client, or client representative with legal authority to make decisions, to accept or reject, at the client's or client representative's discretion without fear of retaliation from the agency, any employee, independent contractor, or contractual employee that is referred by the agency.
21. A cognitively capable adult client or a client representative with legal authority to make decisions, to refuse any portion of planned treatment or other portions of the treatment plan, except where medical contraindications to partial treatment exist.
22. A cognitively capable adult client to have an individual who is not certified to provide assistance with activities of daily living and treatments of a routine nature if the client signs a waiver of skilled services detailing the potential risks and benefits of waiver.
23. Review all of your records during normal business hours.
24. Assistance in the locating appropriate community resources before you runs out of funds. However, in keeping with proper fiscal responsibility, uncompensated care may not be provided.
25. Be informed of anticipated outcomes of services and of any barriers in outcome achievement.
26. Privacy including confidentiality of all record communications, personal information and to transfer to a health care facility, as required by law or third party contracts. You shall be informed of the policy and procedure regarding disclosure of your records.
27. Receive the care necessary to assist you in attaining optimal levels of health, and if necessary, cope with death. To know that a client does not receive experimental treatment or participate in research unless he / she give documented voluntary informed consent.
28. Provide information to a client about advance directives and the right to have an advance directive and this agency request information regarding the client's advance directives to determine whether the advance directive information has an impact on care provided.
29. Be informed in writing of policies and procedures for implementing advance directives, including any limitations if the provider cannot implement an advance directive on the basis of such as living wills or the designation of a surrogate decision-maker, are respected to the extent provided by law.
30. Know that Do – Not – Resuscitate orders shall not constitute a directive to withhold or withdraw medical treatment other than CPR. Withdrawal of life sustaining treatment is done only after the physician has ordered it and the family / significant other is notified.
31. Be informed of the procedures for submitting client complaints with respect to client care, that is, or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency with suggested changes in services without coercion, discrimination, reprisal or unreasonable interruption of services.
32. The consumer or authorized representative has the right to be informed of the consumer's rights through an effective means of communication.
33. The client has the right to be informed about the individuals providing services. The client has the right to be informed of the full name, staff position and employer of all persons with whom the consumer has contact and who is supplying, staffing or supervising care or services. The client has the right to be served by agency staff that is properly trained and competent to perform their duties. Be able to identify visiting staff through proper identification.
34. The telephone number where a client or the client representative can contact the agency 24 hours a day, 7 days a week regarding care is Agency phone number .



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35. This agency shall disclose of any sub contractual relationship with any individual or agency to be assigned or referred to provide care to the client.
36. Live free from involuntary confinement, and to be free from physical or chemical restraints.
37. Be provided with updates and state amendments on individual rights to make decisions concerning medical care within 90 days from the effective date of changes to state law.
38. Receive information about the services.
39. A client has the right to receive information about the scope of services that the organization will provide and specific limitations on those services.
40. Be informed of the procedure for submitting a written complaint / grievance to the home health agency. All complaints / grievances may be given to any agency member. If not satisfied with the response or any step in chain of command, continue to the next person. Contact and speak to the following:
  1. Pas Supervisor - 2.Candice Taylor Administrator
41. Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the participant may have. Administrator or designee documents and investigates the grievance/complaint within 10 calendar days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay. You may appeal the administrator findings to the Governing Board by submitting a written complaint to: Chrysalis Spectrum 6819 Prairie Dunes Dr. Houston, TX 77069
42. Be informed of your state's hotline and the agencies contact information make suggestions or complaints, or present grievances on behalf of the client to the agency, government agencies, or other persons without the threat or fear of retaliation.

Department of Aging and  
Disability Services,  
DADS' Consumer Rights  
and Services Division,  
P.O. Box 149030,  
Austin, Texas 78714-9030,  
toll free 1-800-458-9858

**Chrysalis Spectrum**  
Chrysalis Spectrum 6819 Prairie Dunes  
Drive, Houston, TX 77069 (P)  
281.918.9852 (F): 832.442.5161

**Texas Department of Family and Protective Services** 1-800-252-5400.



## **Your Rights & Responsibilities as a Client**

### **Client Responsibilities:**

- To ask questions of the staff about anything they do not understand concerning their treatment or services provided.
- To provide complete and accurate information concerning their present health, medication, allergies, etc.
- To inform staff of their health history, including past hospitalization, illnesses, injuries.
- To involve themselves and/or Caregiver, as needed and as able, in developing, carrying out, and modifying their service plan.
- To review the Agency's information on maintaining a safe and accessible home environment in their residence.
- To request additional assistance or information on any phase of their service plan they do not fully understand.
- To inform the staff when a health condition or medication change has occurred.
- To notify the Agency when they will not be home for a scheduled home care visit.
- To notify the Agency prior to changing their place of residence or telephone.
- To notify the Agency when encountering any problem with equipment or services.
- To notify the Agency if they are to be hospitalized or if a physician modifies or ceases their prescription.
- To make a conscious effort to comply with all aspects of the service plan.
- To notify the Agency when payment source changes.
- To notify the Agency of any changes in or the execution of any advanced directives.