



## Client Bill of Rights

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### **As a recipient of services provided by the Sun Home Health Companies, you have the right to:**

1. Be given information about your rights and responsibilities before receiving service.
2. Exercise your rights as a client of The Sun Home Health Companies.
3. Receive a timely response from The Sun Home Health Companies regarding your request for home visits.
4. Be given information, both oral and written, regarding policies, procedures and charges for services provided by The Sun Home Health Companies.
5. Be properly matched with a caregiver based on your needs.
6. Be given appropriate and professional quality services without discrimination against race, creed, color religion, sex, national origin, sexual preference, age or disability.
7. Courteous and respectful treatment of you and your property by all whom provide services to you.
8. Be given Identification by name and title of everyone who provides services to you.
9. Be free of physical/mental abuse and neglect.
10. Participate in the development of, and consent to your service plan prior to the start of any service, and prior to any changes in the plan being implemented.
11. Privacy during assessment and the delivery of care.
12. Privacy and confidentiality of all personal and medical records.
13. Be given timely information regarding anticipated termination of services.
14. Voice grievance with and/or suggest changes in service and/or staff without fear of revenge or discrimination.
15. Contact the Ohio Department of Health at 1-800-342-0553, or locally at 614-645-8320, for complaints or questions concerning The Sun Home Health Companies.
16. Be provided with information regarding implications of refusing services.

### **As a recipient of services provided by the Sun Home Health Companies, you have the responsibility to:**

1. Give accurate and complete health and personal Information.
2. Assist in developing and maintaining a safe environment.
3. Participate in the development and revision of your service plan, adhere to the plan and communicate any proposed changes to the plan.
4. Request further information concerning anything you do not understand.
5. Share concerns and problems you have to any staff member of The Sun Home Health Companies.

### **Acknowledgement**

I have reviewed and understand my rights and responsibilities described on in this Client Bill of Rights document.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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