

Transitional Care of Northern Nevada (TCONN) Participant Bill of Rights & Responsibilities

Bill of Rights

As a participant in the Transitional Care of Northern Nevada (TCONN) program, you and/or your family or caregiver have the right to be informed regarding services provided by TCONN. Specifically, you have the right to:

1. Be treated with respect and dignity and have your property treated with respect;
2. Voice grievances regarding care, or lack thereof, without threat of discrimination or reprisal;
3. Have grievances regarding care, or lack thereof, be investigated;
4. Have records maintained regarding any grievance, and its resolution;
5. Be informed of availability of TCONN for purpose of receiving complaints of questions;
6. Be informed, in advance, about care to be furnished, and of any changes in the plan of care;
7. Be informed, in advance of all services to be provided and the frequency of the proposed visits;
8. Participate in the planning of care, and in changes in the plan of care, and to have the opportunity to make informed decisions regarding care/right to formulate advance directives;
9. Have your clinical record maintained in a confidential manner;
10. Have your clinical record disclosed to another individual, agency or facility with only written authorization from you or your legal representative;
11. Be informed, orally and in writing, of any changes in the extent of any payment or co-pay required or of expected change of an insurance company federally funded program that affects you no later than 15 working days from the date that the agency becomes aware of a change;
12. Have all personnel caring for you to be current in skills and knowledge of their particular position in TCONN;
13. Expect proper identification of all TCONN personnel;
14. Refuse TCONN, and, if so, to be informed of related consequences of such refusal;
15. Be served without regard to race, color, religion, gender, age, national origin, or handicap;
16. Participate in the consideration of ethical issues that arise in you case;
17. Exercise your rights. A family member or guardian may exercise the participant's right when participant is judged incompetent;
18. To formulate Advance Directives.

Participant Responsibilities:

As a TCONN participant you have the responsibility to:

- Be under medical supervision;
- Supply accurate and complete health information concerning your past illnesses, hospitalizations, allergies and other pertinent information;
- Participate in the development or update of your care plan;
- Tell your nurse and/or appropriate personnel about any changes in your health, medication or treatment status and make it known if you do not understand or cannot follow instructions;
- Cooperate in making adequate physical arrangements in your home to allow safe and appropriate care;
- Keep appointments or inform TCONN when you will not be able to keep a scheduled home visit appointment;
- Provide information necessary to ensure processing bills and plans for payment of those bills as soon as possible (when applicable);
- Cooperate with health workers with discrimination as to race, color, religion, sex, age, and national or ethnic origin;
- Provide needed interpreter/translator, if possible;
- Give information regarding your concerns and problems to an appropriate TCONN staff member, i.e. Transitional Health Coach, Transitional Coach Assistant, or Director Transitional Care;
- Treat TCONN staff with respect, courtesy, and consideration;
- Accept the consequences for any denial of transfer or choice of noncompliance.

I have read the above and understand my rights and responsibilities as a participant in Transitional Care of Northern Nevada (TCONN).

Participant Signature: _____ Date: _____

Participant Name: _____ Date: _____

Caregiver Signature: _____ Date: _____

Caregiver Name: _____ Date: _____

Witness Signature: _____ Date: _____