



## HOME CARE BILL OF RIGHTS

### **As a patient of Allwel, you have the right to:**

1. Be informed of your rights both verbally and in writing at the time of admission and prior to the initiation of care.
2. Receive competent, individualized care and service from Allwel staff regardless of age, race, color, national origin, religion, sex, disease, disability, or any other category protected by law or decisions regarding advance directives.
3. Be treated with dignity, courtesy, consideration, respect and have your property treated with respect.
4. Be informed verbally and in writing of the services available and related charges, as they apply to the primary insurance, other payers, and self-pay coverage before care is initiated. To be informed of any changes in the sources of payment and your financial responsibility as soon as possible no later than thirty (30) calendar days after Allwel, becomes aware of the change.
5. Be informed both orally and in writing, in advance of the Plan of Care, of any changes in the Plan of Care, and to be included in the planning of care before treatment begins.
6. Be informed of all treatment prescribed, when and how services will be provided, and the names and functions of any person and affiliated program providing care and services, including photo identification of Allwel staff and participate in the development of the discharge plan.
7. Be provided with a copy of the Agency's Notice of Privacy Practices.
8. Participate in the planning of your care and be advised in advance of any changes to the plan of care.
9. Refuse care and treatment after being fully informed of and understanding the consequences of such actions and to initiate an Advance Directive, "Living Will", durable power of attorney and other directives about your care consistent with applicable law and regulations. Refuse to participate in research or experimental treatment.
10. Express complaints about the care and services provided or not provided and complaints concerning lack of respect for property by personnel furnishing services on behalf of Allwel and to expect the agency to investigate such complaints within 15 days of receipt of complaint. Also, if dissatisfied with the outcome, may submit an appeal to the agency's governing authority, which will be reviewed within 30 days of receipt of appeal request.
11. Be informed of the procedures for submitting patient complaints, voice complaints, requesting appeal/appeals process, and recommend changes in the policies and services to Director of Patient Services in writing or calling New Frontiers in T.B.I Inc. at the following telephone number:

[allwelcares.com](http://allwelcares.com)

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Buffalo Office: 2556 Delaware Ave. Buffalo, NY 14216 | Phone 716.826.6245 | Fax: 716.826.6083  
New York Office: 99 Madison Ave – Floor 5, New York, NY 10016 | Phone: 212.938.1444 | Fax: 212.938.1447



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### ALLWEL - WNY

2556 Delaware Ave, Buffalo, NY 14216  
(716) 831-2171

#### SERVICE AREA INCLUDES

ALLEGANY, CATTARAUGUS, CHAUTAUQUA, ERIE,  
GENESEE, NIAGARA, ORLEANS, WYOMING

### ALLWEL - NYC

99 Madison Ave, Floor 5, New York, NY 10016  
(716) 831-2171

#### SERVICE AREA INCLUDES

KINGS, QUEENS, BRONX, RICHMOND, MANHATTAN

12. If dissatisfied with the outcome, you may also submit a complaint to the New York State Department of Health or any outside representative of the patient's choice.

NYS Department of Health  
Western Regional Office  
584 Delaware Avenue  
Buffalo, New York 14202  
(585) 238-8185

NYS Department of Health  
Metropolitan Regional Office  
90 Church Street  
New York, New York 10007  
212-417-5888

13. The expression of such complaints by the patient or patient designee shall be free from interference, coercion, discrimination, or reprisal.
14. Receive timely notice of impending discharge or transfer to another agency or to a different level of care and to be advised of the consequences and alternatives to such transfers.
15. Privacy, including confidential treatment of records and access to your records on request. Information will not be released without your written consent except for those instances required by law, regulation, or third-party reimbursement.
16. In the situation when the patient lacks capacity to exercise these rights, the rights shall be exercised by an individual, guardian or entity legally authorized to represent the patient.

### **As a Home Care Patient, you have the responsibility to:**

1. Be seen by a doctor on a regular and ongoing basis.
2. Share complete and accurate health information.
3. Be responsible for following the recommended treatment plan.
4. Make it known if you do not understand or cannot follow the treatment plan.
5. Cooperate with Agency staff and not discriminate against staff.
6. Notify Allwel in advance when you cannot keep a scheduled appointment.
7. Notify Allwel if you receive services from another agency.
8. Notify Allwel in the event of change in your health status.
9. Be responsible for your actions if you refuse treatment or do not follow the Agency's recommendations/directions.
10. Take responsibility for financial obligations of your care.
11. Maintain a home environment that facilitates effective home care.

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