



## NC-F-02A

# Patient Rights & Responsibilities Handout

<b>Form Number:</b>	NC-F-02A	<b>Effective Date:</b>	March 1, 2026
<b>Version:</b>	1.0	<b>Related Policy:</b>	NC-02 Patient Rights & Responsibilities

## Your Rights & Responsibilities as a Patient

### NobleCare Home Health LLC

We want you to know your rights. As our patient, you deserve safe, respectful care. Please read this page carefully. Ask us if you have any questions.

#### Your Rights

As a patient of NobleCare Home Health, you have the right to:

- 1. Know About Your Services and Charges** You have the right to be told about the services we will provide and what they will cost before we begin.
- 2. Take Part in Your Care Plan** You have the right to help plan your care. We will talk with you about your needs and goals.
- 3. Refuse Treatment** You have the right to say "no" to any service or treatment. We will explain what may happen if you refuse, but the choice is yours.
- 4. Privacy** You have the right to privacy in your home during care visits.
- 5. Keep Your Records Private** Your medical records are private. We will not share them without your permission, except as allowed by law.
- 6. Be Treated with Dignity and Respect** You have the right to be treated with kindness, courtesy, and respect at all times.
- 7. Be Free from Abuse, Neglect, and Exploitation** No one may hurt you, ignore your needs, or take advantage of you. If this happens, we will act right away.
- 8. Have Your Property Respected** Our staff will treat your home and belongings with care and respect.
- 9. Speak Up Without Fear** You can voice complaints or concerns at any time. We will not punish you or treat you differently for speaking up.

**10. Be Free from Discrimination** You will receive care regardless of your race, color, religion, sex, age, national origin, disability, sexual orientation, or ability to pay.

**11. Know Charges Before Services Begin** Before we start care, you will receive a clear list of what services cost and what your insurance covers.

**12. Know About Changes in Advance** We will tell you about changes to your care:

- **24 hours' notice** before a schedule change
- **72 hours' notice** before a caregiver change
- **14 days' notice** before a change in fees

**13. See Your Records** You may ask to see or get a copy of your medical records. We will respond within 30 days of your request.

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## Your Responsibilities

As a patient, we ask that you:

- **Give us accurate information** about your health, medications, and any changes in your condition.
  - **Follow your care plan** as agreed upon with your care team, or let us know if you cannot.
  - **Tell us about problems** or concerns so we can address them quickly.
  - **Treat our staff with respect** and provide a safe environment for them to work in.
  - **Let us know about schedule changes** as soon as possible if you need to cancel or change a visit.
  - **Keep your payment obligations** by paying any charges not covered by insurance in a timely manner.
  - **Tell us about other providers** so we can coordinate your care safely.
  - **Keep your home safe** for our caregivers, including pets secured during visits.
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## How to File a Complaint or Grievance

If you have a concern about your care, please contact us. You will not be punished or treated differently for speaking up.

**Step 1 — Contact NobleCare Home Health** Phone: **(740) 262-9845** You may also ask any staff member for a Grievance Form (NC-F-02B).

**Step 2 — Contact the Ohio Department of Health (ODH)** If you feel your complaint was not resolved, you may contact: Ohio Department of Health Phone: **1-800-342-0553**

**Step 3 — Report Abuse, Neglect, or Exploitation** If you believe you are being abused, neglected, or exploited, call: Ohio Adult Protective Services Phone: **1-855-644-6277**

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Acknowledgment of Receipt

I have received and understand this Patient Rights & Responsibilities Handout. I have been given the chance to ask questions.

**Patient Name (Printed)**

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Patient / Legal Representative  
Signature Relationship (if  
Representative) Date

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NobleCare Staff  
Signature Printed Name Date

**Office Use Only**

**Copy provided to patient/representative**

**Copy placed in patient record**

**Staff Initials**