

MODULE 02

Patient Rights & Dignity

Understanding, Protecting & Upholding Every Patient's Rights

WHAT YOU'LL LEARN

Learning Objectives

- 01 List at least six specific patient rights recognized by NobleCare
- 02 Explain the right to refuse service and how to respond when a patient does so
- 03 Describe the grievance process and your role in it
- 04 Identify behaviors that violate patient dignity and how to correct them
- 05 State how to report a potential patient rights violation

THE FOUNDATION

Rights Are *Non-Negotiable*

Every NobleCare patient has **legally protected rights** — not suggestions, not preferences. Violating these rights, even unintentionally, can result in disciplinary action, loss of the agency's license, and harm to the patient.

THE EIGHT CORE RIGHTS

Patient Rights — Part I

1

RIGHT TO BE INFORMED

Patients must receive a copy of their rights before or at the start of care, in a language and format they can understand.

2

RIGHT TO PARTICIPATE IN CARE PLANNING

Patients must be included in decisions about their own care. You cannot change a care plan without supervisor and patient involvement.

3

RIGHT TO REFUSE SERVICES

A patient may refuse any specific task at any time. Document the refusal and notify your supervisor — never argue, pressure, or guilt.

4

RIGHT TO PRIVACY

Always knock and announce yourself. Close doors and draw curtains during personal care. Never discuss a patient's condition in public spaces.

THE EIGHT CORE RIGHTS

Patient Rights — Part 2

5

RIGHT TO CONFIDENTIALITY

Patient information is protected by HIPAA. Do not discuss patients with friends, family, or on social media — ever.

6

RIGHT TO DIGNITY & RESPECT

No condescending language. No speaking over a patient to their family. Patients are adults, not patients to be managed.

7

RIGHT TO BE FREE FROM ABUSE

This includes physical, verbal, emotional, sexual, and financial abuse. If you witness or suspect abuse by anyone — you must report it.

8

RIGHT TO VOICE GRIEVANCES

Patients may file a complaint about anything without fear that their care will be reduced or changed in retaliation.

CRITICAL RIGHT

The Right to Refuse

A patient's right to refuse care is **absolute**. It does not matter why they refuse or whether you agree with their decision.

- 01 **Stop immediately** — do not continue the task under any circumstances
- 02 **Acknowledge calmly** — "That's okay, we won't do that today."
- 03 **Do not argue, pressure, or guilt** — even if you believe it's in their best interest
- 04 **Document factually** — "Patient verbally refused morning bath. Respected refusal."
- 05 **Notify your supervisor** — call the office so proper follow-up can occur

Dementia does not eliminate a person's right to refuse care. A calm response prevents escalation and protects everyone.

THE STANDARD

Dignity Is Not a Suggestion

How you treat a patient in their most vulnerable moments defines who you are as a caregiver — and who **we** are as an agency.

LIVING THE VALUES

What Dignity Looks Like in Practice

✓ DIGNITY IN ACTION

- Introduce yourself and explain what you're about to do
- Ask preferences: "Shower or bath today?"
- Never rush personal care — rushing is disrespectful
- Dress patients in their own clothing
- Speak **to** the patient, not about them
- Ask "What time do you usually wake up?"

× DIGNITY VIOLATIONS

- Using pet names: "sweetie," "honey," "dear"
- Speaking over a patient to their family member
- Rushing through care to finish quickly
- Leaving a patient in a gown when they have clothes
- Talking about the patient in third person while present
- Making decisions without asking the patient

PROTECTING PRIVACY

Right to Privacy

Privacy is not just about medical records. It's about the **physical environment** every time you provide care.

BEFORE ENTERING

- Always knock — even if you have a key
- Announce yourself: "Hi, it's [name] from NobleCare"
- Wait for acknowledgment before entering a room

DURING PERSONAL CARE

- Close doors and draw curtains
- Cover the patient as much as possible
- Never leave a patient exposed unnecessarily

MANDATORY REPORTING

Freedom from Abuse & Neglect

You are a **mandatory reporter** under Ohio law (ORC § 5101.61). If you witness or suspect abuse by **anyone** — including a family member — you must report it.

PHYSICAL ABUSE

Hitting, pushing, rough handling, restraining without authorization

VERBAL / EMOTIONAL ABUSE

Yelling, threatening, humiliating, isolating, intimidating

SEXUAL ABUSE

Any unwanted sexual contact or exposure

FINANCIAL EXPLOITATION

Stealing money, misusing funds, pressuring for gifts or changes to a will

NEGLECT

Failing to provide necessary care, supervision, food, or medical attention

YOUR OBLIGATION

How to Report a Rights Violation

If you suspect or witness abuse, neglect, or any violation of patient rights — report immediately. Do not investigate on your own.

- 01 **Step 1:** Ensure the patient is safe — remove them from immediate danger if necessary
- 02 **Step 2:** Call your supervisor immediately — (740) 262-9845
- 03 **Step 3:** Document what you observed — facts only, no interpretations
- 04 **Step 4:** The Administrator will notify Adult Protective Services if warranted
- 05 **Step 5:** Patients may also contact ODH directly: 1-800-342-0553

The Grievance Process

If a patient or family member expresses a complaint, your **first response** is critical. You are not expected to resolve it — you are expected to listen, document, and connect.

"I'm sorry you're having that experience. Let me connect you with our office right away."

YOUR SCRIPTED RESPONSE

- 01 Acknowledge the concern — do not dismiss or argue
- 02 Document the complaint in your visit note
- 03 Call the office to report — (740) 262-9845
- 04 Do **not** attempt to handle grievances on your own

ZERO TOLERANCE

No Retaliation — Ever

When a patient files a complaint, their care must continue **exactly as planned**. Changing how you treat a patient because they complained is itself a rights violation.

✓ AFTER A COMPLAINT

- Continue providing care per the Care Plan
- Maintain your professionalism and warmth
- Let the office handle the resolution
- Document your visits as normal

× RETALIATION EXAMPLES

- Becoming cold or dismissive toward the patient
- Reducing the quality or thoroughness of care
- Making comments about the complaint to the patient
- Discussing the complaint with other patients or staff

RIGHT TO BE INFORMED

Informed Consent

Patients must understand what services they will receive, who will provide them, and what to expect. This is not a one-time event — it's ongoing.

AT START OF CARE

- Written copy of all rights provided
- Rights explained in patient's preferred language
- Care Plan reviewed and agreed upon
- Complaint process explained

EVERY VISIT

- Explain what you're about to do before you begin
- Ask permission before touching the patient
- Offer choices whenever possible
- Check for understanding — don't assume

Right to Participate in Care

The patient is the center of their own care — not the agency, not the family, not you. Their preferences matter.

- **Schedule preferences** — "What time works best for your bath?"
- **Activity choices** — "Would you like to go for a walk or stay in today?"
- **Meal preferences** — "What would you like for lunch?"
- **Caregiver concerns** — patients can request a different caregiver at any time
- **Care Plan changes** — patients can request modifications through the office

It's their home, their body, their life. You are there to assist — not to direct.

LEGAL FRAMEWORK

Ohio Law & Compliance

Patient rights are not just NobleCare policy — they are required by federal and state law.

- **42 CFR 484** — Federal Conditions of Participation
- **OAC 3701-60** — Ohio Administrative Code for Home Health
- **ORC § 5101.61** — Ohio Mandatory Reporting Law
- Violations can result in **termination**
- Agency can lose its **license**
- Criminal charges possible for **abuse/neglect**

ODH Complaint Line: 1-800-342-0553 | compliance@noblecareohio.com

WHAT WOULD YOU DO?

Scenario

SITUATION

James is a personal care aide helping Mr. T, an 82-year-old man with mild dementia. Mr. T becomes agitated during morning care and says, "Stop! I don't want a bath today!" James is running behind schedule. He thinks, "It'll only take five minutes and he'll feel better after."

- A) Continue the bath quickly — it's in the Care Plan and he'll feel better after
- B) Tell Mr. T he doesn't have a choice because it's doctor's orders
- C) Stop immediately, reassure Mr. T, document the refusal, and notify the supervisor**
- D) Skip the bath but don't tell anyone to avoid paperwork

✓ CORRECT ANSWER: C

Respect the Refusal — Always

"That's okay, Mr. T. We won't do the bath today."

Then James documents the refusal and calls the supervisor.

WHY THE OTHERS ARE WRONG

- **A — Continuing** over his objection is a violation of his right to refuse, and depending on how it's handled, could constitute **abuse**
- **B — "Doctor's orders"** does not override a patient's right to refuse. This is coercion.
- **D — Not documenting** means no follow-up occurs and the pattern may repeat

WHAT WOULD YOU DO?

Scenario

SITUATION

Mrs. Garcia tells you that she thinks the overnight aide has been taking **small amounts of money** from her purse. She seems nervous and says, *"Please don't say anything — I don't want to get anyone in trouble."*

- A) Investigate by checking the other aide's belongings next time you see them
- B) Tell Mrs. Garcia she's probably just misplacing her money
- C) Report it immediately to your supervisor — this is a suspected financial abuse allegation**
- D) Respect her wishes and don't say anything

✓ CORRECT ANSWER: C

Report Immediately — You Are a Mandatory Reporter

WHY THE OTHERS ARE WRONG

- **A — Investigating yourself** is not your role and could compromise an official investigation
- **B — Dismissing** the patient's concern violates her right to be heard and may enable ongoing abuse
- **D — Staying silent** violates your mandatory reporting obligation under Ohio law

CORRECT STEPS

- 01 Listen and document what Mrs. Garcia told you
- 02 Call your supervisor immediately
- 03 The Administrator will follow protocol, including notifying Adult Protective Services
- 04 Reassure the patient that she did the right thing

REVIEW

Knowledge Check

1. A patient refuses scheduled personal care. What do you do?

Respect the refusal, document it, and notify your supervisor

2. A patient's daughter asks about her father's medical history. You should:

Only share information if the patient has authorized disclosure to that person

3. Which is an example of treating a patient with dignity?

Asking the patient's preference before beginning personal care

4. A patient reports suspected financial exploitation. Your first action?

Report immediately to your supervisor — you are a mandatory reporter

5. What is the correct first response to a patient complaint?

Acknowledge, redirect to the office, and document

Patient Rights & Dignity

KEY TAKEAWAYS

- Patient rights are legally protected — not optional
- 8 core rights: informed, participate, refuse, privacy, confidentiality, dignity, abuse-free, grievances
- Right to refuse is absolute — stop, document, notify
- You are a mandatory reporter under Ohio law
- Grievances: acknowledge, connect to office, document
- No retaliation — ever, under any circumstances

Next → Module 3: HIPAA & Confidentiality