

# Patient Rights and Responsibilities

PeaceHealth Home Health of Whatcom County – Revised & Approved 9/2025

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All PeaceHealth Home Health of Whatcom County Patients and Their Representative have the right to:

1. Be informed of their rights in a language and manner the individual understands. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities.
2. Exercise their rights.
3. Have their property and person treated with courtesy, respect, and privacy.
4. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, exploitation, discrimination and misappropriation of property.
5. Make complaints or grievances regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of PeaceHealth. If a patient or representative chooses to make a complaint directly to PeaceHealth Home Health of Whatcom County, that complaint may be directed to the following:
  - Notify the Program Manager, daily from 8:00am to 5:00pm:
    - Nicole Christion, BSN, RN 360-788-8143
    - 800 E. Chestnut St., Suite 200, Bellingham, WA 98225
  - Notify the PeaceHealth Home Health Service Line Director by phone or in writing:
    - Katie Wedemeyer, DPT, COSC, 360-788-8143
    - 800 E. Chestnut St., Suite 200, Bellingham, WA 98225
6. Be free from any discrimination or reprisal for exercising their rights or for voicing grievances to PeaceHealth or an outside entity.
7. Privacy and confidentiality of personal information and health care related records. The patient's medical history is released only as required by law or authorized by the patient or the patient's legal representative.
8. Be advised of the names, addresses, and telephone numbers of the following Federally funded and State funded entities that serve the area where the patient resides:
  - **Agency on Aging**  
Whatcom Council on Aging  
315 Halleck Street, Bellingham, WA 98225  
(360) 733-4030  
whatcomcoa.org
  - **Center for Independent Living**  
Center for Independence  
7801 Bridgeport Way W #200  
Lakewood, WA 98499  
Phone (253) 582-1253

Toll-free Phone 1-888-482-4839

Fax (253) 584-4374

Email: [info@cfi-wa.org](mailto:info@cfi-wa.org)

[www.cfi-wa.org](http://www.cfi-wa.org)

- **Protection and Advocacy Agency**

Disability Rights Washington

315 5th Ave S, Ste 850

Seattle, WA 98104

Voice: (800) 562-2702 or (206) 324-1521; Language interpreters are available upon request. Please use 711 for Washington Relay Service (TTY). Collect calls from correctional facilities are accepted.

E-Mail: [info@dr-wa.org](mailto:info@dr-wa.org)

- **Aging and Disability Resource Center**

Washington State Department of Social and Health Services (DSHS)

Bellingham Community Services Office

4101 Meridian St.

Bellingham, WA 98226

Primary Phone: (877) 501-2233

TTY: (800) 833-6384

Fax: (888) 338-7410

[WashingtonConnection.org](http://WashingtonConnection.org)

- **Quality Improvement Organization**

Acentra Health Beneficiary Helpline: 1-888-305-6759

9. Be informed of the right to access auxiliary aids and language services, and how to access these services.
10. Receive effective treatment and quality services identified in the plan of care.
11. Receive services without discrimination based on race, color, religion, national origin (including limited English proficiency and primary language), sex (including sex characteristics, including intersex traits, pregnancy or related conditions, sexual orientation gender identity, or sex stereotypes), age, disability (including mental illness and substance use disorders) or any combination thereof with regard to admission, access to treatment or employment.
12. Receive all services outlined in the plan of care.
13. Be cared for by appropriately trained or credentialed personnel, contractors and volunteers properly trained to perform assigned tasks with coordination of services.
14. Ongoing participation in the development of the plan of care.
15. Accept or refuse care, treatment or services.
16. Make health care decisions.
17. Execute an advance directive and/or power of attorney for health care.
18. Be informed of PeaceHealth's policies and procedures regarding:
  - The circumstances that may cause PeaceHealth to discharge a patient
  - The circumstances that may cause PeaceHealth to transfer the patient to another agency

- Circumstances necessitating a change in the level of care or ongoing care requirements
  - Other available services and options, if needed
19. Be informed of the following in advance of receiving care:
- Written notice of the patient's rights and responsibilities
  - PeaceHealth's transfer and discharge policies
  - Contact information for Home Health of Whatcom County's administrator including
    - Name: Nicole Christion
    - Business address: 800 E. Chestnut St., Suite 200, Bellingham, WA 98225
    - Business phone number: 360-788-8143
  - An OASIS privacy notice
20. Be informed about, and consent or refuse care in advance of, and during treatment, where appropriate with respect to:
- a. Completion of all assessments
  - b. Care to be furnished based on comprehensive assessment
  - c. Establishing and revising the plan of care
  - d. The disciplines that will furnish the care
  - e. The frequency of visits
  - f. The expected outcomes of care, including patient identified goals and anticipated risks and benefits
  - g. Any factors that could impact treatment effectiveness
  - h. Any changes in the care to be furnished
21. Be advised, orally and in writing, of:
- a. The extent to which payment for services may be expected from Medicare, Medicaid or any other federally funded or federal aid program known to PeaceHealth.
  - b. The charges for services that may not be covered by Medicare, Medicaid or any other federally funded or federal aid program known to PeaceHealth.
  - c. The charges the individual may have to pay before care is initiated.
  - d. Any changes in the information provided when they occur. PeaceHealth must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit.
22. Have proper written notice, in advance of a specific service being furnished, if PeaceHealth believes that the service may be non-covered care; or in advance of PeaceHealth reducing or terminating on-going care.
23. Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complains or questions about local agencies.
- **Phone Number:** 360-236-4700
  - **Free Language Assistance:** 1-800-525-0127
  - **Call center hours:** 8 a.m. to 5 p.m. Monday through Friday; electronic submissions are accepted any time.

- **Mailing Address:**

Washington State Department of Health  
Health Systems Quality Assurance Complaint Intake  
P.O. Box 47857  
Olympia, WA 98504-7857

- **Email:** [hsqacomplaintintake@doh.wa.gov](mailto:hsqacomplaintintake@doh.wa.gov)

- **Website:** <https://doh.wa.gov/licenses-permits-and-certificates/file-complaint-about-provider-or-facility/facility-complaint-process>

24. Have access to the state department's listing of licensed home health or hospice agencies and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations.
25. Receive a listing of the total services offered by Home Health of Whatcom County and those being provided to the patient.
26. Be provided with the name of the individual within Home Health of Whatcom County responsible for supervising the patient's care and the manner in which that individual may be contacted.
27. Be informed of what PeaceHealth charges for services, to what extent payment may be expected from health insurance, public programs, or other sources, and what charges the patient may be responsible for paying.
28. Receive a fully itemized billing statement upon request, including the date of each service and the charge. Agencies providing services through a managed care plan are not required to provide itemized billing statements.
29. Be informed about advanced directives, POLST & PeaceHealth's scope of responsibility.
30. Be informed of PeaceHealth's policies and procedures for providing back-up care when services cannot be provided as scheduled.
31. Be informed of the state department's complaint hotline number to report complaints about PeaceHealth or credentialed health care professionals.
  - 1-800-633-6828
32. Be informed of the DSHS end harm hotline number to report suspected abuse of children or vulnerable adults.
  - 1-866-ENDHARM (1-866-363-4276) or TTY at 1-800-624-8186

**PeaceHealth Home Health of  
Whatcom County**

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(360) 788-8143

[Peacehealth.org](http://Peacehealth.org)

