

Patient Rights and Responsibilities

PeaceHealth Sacred Heart and Peace Harbor Home Health - Revised &
Approved 9/2025

All PeaceHealth Sacred Heart and Peace Harbor Home health 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 Sacred Heart Home Health, that complaint may be directed to the following:
 - Notify the Program Manager, daily from 8:00am to 5:00pm:
 - Steve Carman, RN, (458) 205-7300
 - 123 International Way, Springfield, OR 97477
 - Notify the PeaceHealth Home Health Service Line Director by phone or in writing:
 - Katie Wedemeyer, DPT, COSC, (458) 205-7300
 - 123 International Way, Springfield, OR 97477
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**
Lane COG Senior & Disabled Services
1015 Willamette St., Eugene, OR 97401
Phone: (541) 682-4038
Toll Free: 1-800-441-4038
OR
Lane COG Senior & Disabled Services
3180 Highway 101 Florence, OR 97439
Phone: (541) 902-9430
Toll Free: 1-800-441-4038

- **Center for Independent Living**

Lane Independent Living Alliance

20 E 13th Ave, Eugene, OR 97401

Hours: Mon - Thur 10am - 2pm

Phone: 541-607-7020

Email: lila@lilaoregon.org

www.lilaoregon.org

- **Protection and Advocacy Agency**

Disability Rights Oregon

Mailing Address: 511 SW 10th Avenue, Suite 200, Portland, OR 97205

Business Hours: Monday - Friday between 9:00 a.m. to 11:00 a.m. and 1:00 p.m. to 4:00 p.m.

Phone: 503-243-2081

Toll Free: 1-800-452-1694

- **Aging and Disability Resource Center**

Senior & Disability Services

1015 Willamette Street Eugene, OR 97401

Phone: 541-682-3353,

Toll-free: 1-800-441-4038

Email: ADRCLane@lcog.org

www.adrcoforegon.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 from PeaceHealth for 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:
 - a. Written notice of the patient's rights and responsibilities
 - b. PeaceHealth's transfer and discharge policies
 - c. PeaceHealth Sacred Heart Home Health's administrator contact including:
 - i. Name: Steve Carman
 - ii. Business address: 123 International Way, Springfield, OR 97477
 - iii. Business phone number: (458) 205-7300
 - d. 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 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: (971) 673-0540
 - TTY Non voice: 711

- Call Center Hours of Operation: 8:00 AM – 5:00 PM; electronic submissions are accepted at any time.
- Mailing Address:
Oregon Health Authority
PO Box 14450
Portland, OR 97293
- Fax: (971) 673-0556
- Website: www.healthoregon.org/hcrqi
- Email: mailbox.hclc@odhsoha.oregon.gov

In the State of Oregon, All Patients or Their Legal Representative, Have the Right to Receive the Following Information No Later Than 15 Days After Start of Care, But Prior to Discharge:

1. Rights of the individual under Oregon law to make health care decisions.
2. PeaceHealth's policies regarding the rights of the individual to make health care decisions.
3. A copy of the advance directive per ORS 127.531.
4. The name of a resource that can provide additional information on advance directives.

**PeaceHealth Sacred
Heart Home Health**

123 International Way,
Springfield, OR 97477
(458) 205-7300
Peacehealth.org

**PeaceHealth Peace
Harbor Home Health**

2230 Kingwood Street,
Florence, OR 97439
(541) 997-3418
Peacehealth.org

