Patient Representatives

42 C.F.R. §484.50

| Agency name: | Effective date: |
|------------------------|-------------------------------|
| Policy version number: | _ Date of last review/update: |

POLICY:

Patients may have representatives involved in their care and health care decision making. The Home Health Conditions of Participation recognize two types of representatives: Legal representatives and patient-designated representatives. Each category of representative has different rights under state law, HIPAA, the Home Health Conditions of Participation and other laws. Agency endeavors to correctly identify patient's representatives and to clearly document in the patient's chart who are the patient's representatives, into which category they fall and the scope of their authority. The individual(s) identified as representative(s) should receive communications, documentation, etc., as required by our policies, the Conditions of Participation and state law.

If a patient is not competent to consent to their care, it is important to identify a legal representative who can consent to treatment and make health care decisions for the patient. Without a legal representative to consent to care, we cannot admit or care for the patient.

1. Identifying the representative – Intake/referral

1.1. At the time of referral, the intake coordinator will attempt to identify any representative involved in the patient's care, through inquiries to the referring provider. If the intake coordinator determines the patient has a representative, the intake coordinator will note the existence of a representative on the intake/referral form. The intake coordinator will, if possible, determine whether the representative is a legal representative or a personal representative; the identity of the representative and, if applicable, obtain copies of the documents designating the legal representative. This information will be communicated to the staff member who will perform the initial assessment visit.

Note: To whom this information is transmitted may vary, depending upon your agency's intake workflow. The key concept here is that the effort to identify legal representatives and/or patient-selected representatives ought to begin at intake. The same is true for identifying accessibility issues. Attempting to identify the representatives as early as possible is important because of the timeframes involved in the notice of patient's rights.

2. Identifying the representative – Initial assessment visit