

**Minnesota Home Care Bill of Rights**  
**PER MINNESOTA STATUTE, SECTION 144A.44.**  
**THESE RIGHTS PERTAIN TO CONSUMERS RECEIVING HOME**  
**CARE SERVICES FROM LICENSED ONLY HOME CARE PROVIDERS.**

**Statement of Rights**

A person who receives home care services has these rights:

1. The right to receive written information about rights before receiving services, including what to do if rights are violated.
2. The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services.
3. The right to be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.
4. The right to be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. The right to refuse services or treatment.
6. The right to know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. The right to be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying.
8. The right to know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
9. The right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, or other health programs.
10. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. The right to access the client's own records and written information from those records in accordance with sections 144.291 to 144.298.
12. The right to be served by people who are properly trained and competent to perform their duties.
13. The right to be treated with courtesy and respect, and to have the client's property treated with respect.
14. The right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
15. The right to reasonable, advance notice of changes in services or charges.
16. The right to know the provider's reason for termination of services.
17. The right to at least ten days' advance notice of the termination of a service by a provider, except in cases where:
  - (i) The client engages in conduct that significantly alters the terms of the service plan with the home care provider;
  - (ii) The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
  - (iii) An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
18. The right to a coordinated transfer when there will be a change in the provider of services.
19. The right to complain about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property.
20. The right to know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint.
21. The right to know the name and address of the state or county agency to contact for additional information or assistance.
22. The right to assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.

**IF YOU HAVE A COMPLAINT ABOUT THE PROVIDER OR PERSON PROVIDING YOUR HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OFFICE OF OMBUDSMAN FOR LONG-TERM CARE OR THE OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES.**



**Office of Health Facility Complaints**

**Phone:** (651) 201-4201 or 1-800- 369-7994

**Fax:** (651) 281-9796

**Website:** <http://www.health.state.mn.us/divs/fpc/ohfcinfo/contohfc.htm>

**Email:** [health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us)

**Mailing Address:**

Minnesota Department of Health  
Office of Health Facility Complaints  
85 East Seventh Place, Suite 300  
P.O. Box 64970  
St. Paul, Minnesota 55164-0970

**Ombudsman for Long-Term Care**

**Phone:** (651) 431-2555 or 1-800-657-3591

**Fax:** (651) 431-7452

**Website:** <http://tinyurl.com/Ombudsman-LTC>

**Email:** [mba.ooltc@state.mn.us](mailto:mba.ooltc@state.mn.us)

**Mailing Address:**

Home Care Ombudsman  
Ombudsman for Long-Term Care  
PO Box 64971  
St. Paul, MN 55164-0971

**Ombudsman for Mental Health and Developmental Disabilities**

**Phone:** 651-757-1800 or 1-800-657-3506

**Fax:** 651-797-1950 or 651-296-1021

**Website:** <http://mn.gov/omhdd/>

**Email:** [ombudsman.mhdd@state.mn.us](mailto:ombudsman.mhdd@state.mn.us)

**Mailing Address:**

121 7th Place East Suite 420 Metro Square Building St. Paul, Minnesota 55101-2117

**Licensee Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name/Title of Person to Whom Problems or Complaints May be directed:** \_\_\_\_\_

I have been provided with a copy of the Home Care Bill of Rights. I have read the Bill of Rights or had it explained to me. I understand the Bill of Rights and have had a chance to have all of my questions answered.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship if not signed by client

\_\_\_\_\_  
PCA Signature

\_\_\_\_\_  
Date

If the client is unable to acknowledge receipt of the Home Care Bill of Rights, document or state reason:

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