



Home Health Patient Selected Representative Documents Explanation and Acknowledgement

The documents listed below are being provided to you as a patient-selected representative as required by the rules and regulations set forth in the Federal Register, Volume 82, No. 9, Conditions of Participation paragraph 4. Please acknowledge receipt of these documents by sending an email to HomeHealthMR@ghs.org. If you prefer you may print and sign the document, and return it to GHS Home Health, 440C Roper Mountain Road, Greenville, SC 29615. Should you have a question about these documents, or any aspect of the care provided to the patient, or your participation in that care, please call GHS Home Health at (864) 522-5350.

Patient Rights and Responsibilities	As a home health provider, we have an obligation to protect and promote your rights and responsibilities, as well as those of your caregivers and/or representatives. This document explains those rights and responsibilities.
GHS Compliments and Concerns Procedure	This document describes how you can share a story or compliment about exemplary care with us. It also lets you know how to alert GHS Home Health or agencies providing oversight to home health organizations to concerns or problems you may have experienced.
Discharge or Transfer Policy	This document explains why you may be discharged or transferred and our responsibility to you when a discharge or transfer takes place.
GHS Notice of Privacy Practices	This notice describes how the Greenville Health System will protect your health information as required by federal regulations.
Home Health Agency Outcome and Assessment Information Set (OASIS) Notice About Privacy and Statement of Patient Privacy Rights	This document from the Centers for Medicare & Medicaid Services (CMS) explains what you need to know about their collection of personal health care information even if you do not have Medicare or Medicaid Coverage.
Home Health Agency Outcome and Assessment Information Set (OASIS) Statement of Patient Privacy Rights	This document from the Centers for Medicare & Medicaid Services (CMS) explains your rights as a home health patient.
Privacy Act Statement – Health Care Records	This document from the Centers for Medicare & Medicaid Services (CMS) gives you advice as required by the Privacy Act of 1974. It explains the authority for collection of your information, the principal purposes for which your information is intended to be used, and routine uses of the information.

By signing below, you, as the patient-selected representative, acknowledge receipt of the documents listed above.

Patient Representative Signature

Date

Patient Representative Name (Please Print)