HARTFORD HOSPITAL DIALYSIS
PATIENT/DIALYSIS TREATMENT FACILITY AGREEMENT

This is a contract between two parties, who are YOU, the DIALYSIS PATIENT, and US, your DIALYSIS TREATMENT FACILITY.

You probably think it is unusual, and perhaps unnecessary, to have such a contract.

But, a contract between a dialysis facility and a patient is really no different than any other contract for services. We are not promising to cure you, but to treat your kidney failure to the best of our abilities, and consistent with the standards of care practiced by other dialysis facilities in our community. You, in turn, promise to be as understanding, cooperative, and responsible a patient as possible.

The purpose of this contract is a positive one. It attempts to make clear the rights and responsibilities of both parties. It says WHO is to do WHAT.

It can be used as a checklist for both of us to review from time to time as to whether or not we are both doing what we said we would do. And, if not, what can or should be done to correct or improve the situation.

You can use it to make your family or friends more familiar with the kind of treatment you are receiving here, and what they might do to help and support you.

Signatures:

________________________________________  Date:_______ Time:_________
Patient or Legally Authorized Representative

___________________________ ____________  Date:_______ Time:_________
Medical Staff    Title
FACILITY RESPONSIBILITIES

TO PROVIDE YOU WITH DIALYSIS TREATMENTS THAT ARE WITHIN THE LEVEL OF COMMUNITY STANDARDS, AND WHICH CONFORM TO FEDERAL AND STATE REGULATIONS.

We, the facility, will

- Provide dialysis therapy which is in keeping with current guidelines for adequacy.
- Provide dialysis staff who are licensed or certified in their professions as legally required.
- Provide availability to nursing, social work, dietary, and technical staff to meet your needs.
- Practice Universal Precautions and other procedures to prevent or control infections and maintain a clean and sanitary environment.
- Assure that facility staff members will respond to problems which may occur during treatment.
- Maintain equipment to assure safe dialysis treatment.
- Participate in continuous quality improvement efforts and programs.
- Provide physician coverage to monitor the quality of care.

TO TEACH YOU, YOUR FAMILY MEMBERS OR SIGNIFICANT OTHERS ABOUT KIDNEY DISEASE AND ITS TREATMENT

We, the facility, will

- Inform you about our dialysis facility and all of its relevant policies.
- Assist your physician in providing you with information about your kidney disease.
- Invite you to participate in all decisions involving your Long Term Care Program, and revise or update at least once a year.
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Review and update your Dialysis Care Plan.

Tell you about all proposed procedures, including their risks and benefits.

Review your treatment choices for dialysis and transplant periodically.

Refer you to Hartford Hospital transplant center if you are interested.

Tell you about any research or experimental procedures that may affect you.

Teach you what to do if there is an emergency during dialysis operations.

Teach you what to do if there is a disaster and you cannot get your usual treatments.

Provide you with information about your legal rights to your medical records.

TO ENCOURAGE YOU TO ACHIEVE THE BEST QUALITY OF LIFE POSSIBLE CONSIDERING YOUR ILLNESS

We, the facility, will

Provide social work and nutrition counseling services.

Assist you with arrangements for treatment if you wish to travel.

Schedule you for treatment at the hours most convenient for you within our ability.

Identify where services can be obtained that we do not offer and assist you when possible to obtain them.

Refer you to agencies which specialize in rehabilitation, both vocational and quality of life.

TO TREAT YOU WITH RESPECT, CONSIDERATION, AND DIGNITY

We, the facility, will

Maintain the confidentiality of your communications and records.

Assist you in solving any problems related to your treatment which you bring to our attention.
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Tell you about our grievance procedures and identify other agencies that you can contact about problems if you prefer to do so.

Not retaliate against you if you wish to file a grievance.

Assist you to transfer to another clinic if you choose to do so.

Provide a mechanism to you and other patients to communicate with each other, staff, and management.

Tell you about major changes in our facility management and practices.

Attempt to get you on and off the dialysis machine within 15 minutes of your scheduled time, and if we can’t, to give you an explanation.

PATIENT RESPONSIBILITIES

I AGREE TO BE AN ACTIVE PARTICIPANT IN DECISIONS ABOUT MY HEALTH AND TREATMENT. I WILL:

Participate in the development of my Dialysis Care Plan.

Learn about the various treatment options (modalities) that are available.

Learn about my laboratory results and their relationship to my treatment.

Learn about any legal documents/requirements that may affect my treatment.

Understand the consequences of noncompliance which may result in diminished health, longer dialysis runs, hospitalization, discharge from the facility, or death.

Follow infection control procedures, both for myself and my visitors.

Acknowledge that it is my responsibility to arrange for my own transportation.

Agree to bring in my medications when requested to do so.

Make periodic appointments with my nephrologist to review my care.

Notify my doctor or nurse about any changes in my health.

Provide accurate information about my medical and social history.
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I AGREE TO BE KNOWLEDGEABLE ABOUT MY FACILITY’S OPERATIONS AND RULES, AND CONDUCT MYSELF ACCORDINGLY.

I will arrive for my treatment on time (with the understanding that if I arrive early, I will not necessarily start my treatment early).

I will inform the facility if I am going to be late or need to be rescheduled (with the understanding that by being late,) I will not receive my full treatment.

I will arrive free of the influence of illegal drugs or alcohol.

I will pay for services rendered.

I will provide information about my insurance coverages and keep it current.

I will apply for Medicare when appropriate.

I will refrain from operating my dialysis equipment, removing or manipulating my needles unless I have been trained and authorized to do so.

I understand that I cannot require my dialysis facility to provide me with specific staff members.

I will inform the facility about any personal changes such as address, phone number, marital status, insurance changes, etc.

I understand and will comply with facility policies.

I understand and will comply with security rules.

I understand that there are no weapons allowed on any Hartford Hospital premises.

I understand that if I request a treatment time different than my assigned time on my dialysis day, it is my responsibility to be in contact with the unit on the evening prior, to learn of availability to accommodate my requested time change.

I understand that if I choose to arrive late, my treatment will be shortened by that amount of time. I understand that I have an assigned initiation of treatment time and an assigned termination of treatment time.

I understand that if I choose to skip an assigned dialysis day, or request treatment on a non-dialysis day, the schedule may not be able to accommodate the request.

I understand that the facility has hours of operation and that all treatments are terminated @ 10:00pm (for fistulas) and 10:15pm (for catheters).
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I AGREE TO RESPECT THE RIGHTS OF OTHER PATIENTS AND STAFF MEMBERS.

I WILL:
Treat them with the same respect I would want for myself.
Respect the rights of other patients to have a safe, clean, and adequate dialysis treatment.
Assure that my activities or my visitor’s activities do not interfere with facility operations, and will adhere to the visitation policy.
Agree to observe the law and understand that the consequences for breaking the law apply to my conduct inside the facility as well as outside the facility.
Use the facility’s channel of communication to voice my concerns.

ADDENDUM FOR HOME CARE PATIENTS

WE, THE FACILITY, WILL:
Train you and your designated caregiver, to perform self-care dialysis.
Provide you with information at a rate which is comfortable for you.
Test you during your training, at the end of your training, and periodically thereafter to make sure that you can safely and effectively perform self-care procedures.

I, THE PATIENT, WILL:
Ensure that I have a caregiver who can assist at home with my home dialysis.
Follow my dialysis prescription at home as ordered by my nephrologists.
Make and keep appointments with my treatment facility on a monthly basis, or as requested by the facility caregivers.
Perform adequacy every six months or more often as requested, to ensure adequate dialysis.
Inform the dialysis unit of any travel plans.

I have read and fully understand the above information.

______________________________ Date ________ Time ______
Patient Signature

______________________________ Date ________ Time ______
Witness
PROBLEM RESOLUTION

If either party feels the other has not honored this agreement, or has had unreasonable expectations of the other, here are some steps to consider:

- Informal meeting and discussion between the parties
- Review of the problem, and the guidelines contained in this agreement, and past performance
- Modification of this agreement
- A grievance may be filed with the facility or the ESRD Network office:

**ESRD NETWORK OF NEW ENGLAND**
P.O. BOX 94 84
NEW HAVEN, CT. 06534

Tel: (203) 387 - 9322