



POLICY #	POLICY	SECTION	SUB-SECTION	APPROVAL DATE	REVIEW DATE	REVIEW FREQUENCY
CC-CR-PP-005	Patient Bill of Rights Compliance Policy and Procedure	Client Care & Safety	Client Rights, Consent & Autonomy	October 2021	January 2025	Annually

1. Purpose

To ensure CareHop Nursing & Home Care Services ("CareHop") delivers home and community care services in alignment with the legislated Patient Bill of Rights under Ontario Regulation 187/22, made under the Connecting Care Act, 2019. This policy outlines how CareHop operationalizes and embeds these rights into care planning, service delivery, staff training, and organizational culture.

2. Scope

This policy applies to all CareHop employees, contractors, regulated and unregulated health professionals, students, volunteers, and third-party service providers who deliver client services on behalf of CareHop.

3. Policy Statement

CareHop is committed to respecting, promoting, and protecting the rights of all clients. The Patient Bill of Rights is a foundational framework that shapes how CareHop engages with clients, families, Substitute Decision-Makers (SDM), and the broader care team. These rights are not optional—they represent the minimum standard of respect, autonomy, and safety to which all clients are entitled.

All staff must be familiar with the Patient Bill of Rights and integrate these principles into their daily practice.

4. Implementation of Rights

Right	CareHop Implementation Practices
1. Respect and dignity	Clients are treated without bias or discrimination. Staff undergo mandatory training on professional conduct, unconscious bias, and inclusive communication. Complaints related to disrespect are escalated directly to management.



2. Culturally safe care	Cultural safety is embedded in all service delivery. Clients may self-identify cultural preferences, dietary needs, spiritual practices, and language needs, which are documented in the care plan.
3. Information that is clear and timely	Client guides, visit schedules, and role descriptions are provided during intake. Updates are communicated in real time when care plans change.
4. Participation in decision-making	Clients and SDMs are invited to planning meetings and reassessments. Staff are trained to use shared decision-making models to foster collaboration.
5. Consent	Written and verbal consent is documented using standardized forms. Consent is revisited regularly, especially during reassessments or service changes.
6. Identification of providers	Name badges are worn by all staff. First-visit protocols require verbal introduction of the care provider and their role. Schedules include provider names.
7. Reassessment as needs change	Reassessments occur minimally every 60 days or following a change in health status. This ensures care remains responsive and relevant.
8. SDM designation	Clients can assign or update their SDM designation at any time. Staff are trained to validate capacity and follow the Health Care Consent Act.
9. Raise concerns or recommend changes	An accessible complaints process exists with anonymous options. Each concern is documented, tracked, and investigated. No retaliation is permitted.
10. Free from abuse or neglect	Staff undergo training on abuse prevention, mandatory reporting, and the signs of abuse/neglect. A zero-tolerance policy is in place.
11. Privacy and confidentiality	CareHop adheres strictly to PHIPA standards. Client records are encrypted, stored securely, and only accessed on a need-to-know basis.
12. Access to health records	Clients may request access in writing. The Privacy Officer ensures requests are fulfilled within 30 calendar days.
13. Information about the Patient Bill of Rights	Clients receive the Bill of Rights in writing and verbally. Posters are displayed in common areas and linked digitally through client portals.

5. Procedures

5.1 Client Orientation

- During intake, the care manager/coordinator explains the Patient Bill of Rights to the client and/or SDM.
- Clients sign an acknowledgment form confirming their understanding.

5.2 Staff Onboarding and Education

- Staff receive education on the Patient Bill of Rights during onboarding.
- Annual training refreshers are mandatory and tracked by HR.

5.3 Monitoring and Documentation

- The Quality Improvement Team performs quarterly audits to confirm adherence to consent and reassessment protocols.



- Feedback from client satisfaction surveys is analyzed for compliance issues.

5.4 Complaint Management

- Clients can submit feedback via phone, email, web form, or in person.
- Complaints are acknowledged within 2 business days and resolved within 10 business days whenever possible.
- Complaints related to client rights are flagged for expedited handling.

6. Documentation Requirements

- Client acknowledgment of Bill of Rights
- Consent and reassessment forms
- Complaint tracking records
- Staff training logs
- Audit and corrective action reports

7. Accountability

- The Quality Improvement Committee is responsible for overall policy implementation.
- The Clinical Practice Leader oversees monitoring and improvement plans.
- All staff are accountable for upholding these rights in day-to-day service.

8. References

- Ontario Regulation 187/22: Patient Bill of Rights
- Connecting Care Act, 2019
- Personal Health Information Protection Act (PHIPA)
- Health Care Consent Act, 1996
- CareHop Consent, Privacy, and Complaint Resolution Policies

Policy Approval

Approved by: 

Chief Executive Officer