



**You have the right to voice complaints to:**

- Family and friends
- Facility resident council
- Facility staff
- Ombudsman, State Quality Assurance Division for Certification, and other related agencies

**THE LONG TERM CARE OMBUDSMAN CAN HELP YOU:**

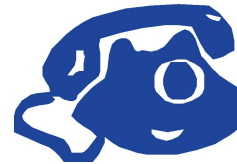
- Know your rights
- Talk with the right person to have your wishes and rights respected
- Work with the nursing home staff to give you the best care and services
- Find solutions for problems you may have with the home, your family, guardian, or services outside the nursing home, including alternative residences

**How to contact Ombudsman Services:**

**State Ombudsman**  
 Senior & Long Term Care/  
 Department of Public Health and  
 Human Services  
 PO Box 4210  
 Helena, MT 59604-4210

**Toll Free Numbers:**

Citizens Advocate: 1-800-332-2272  
 Local Ombudsman Program: 1-800-551-3191



**All Contacts Are Kept Confidential**

Alternative accessible formats of this document will be provided upon request.

If this information has been of value to you, please consider making a tax deductible contribution for the Ombudsman Program to the Montana Aging Services Endowment Fund, PO Box 127, Roundup, MT 59072. Please note "Ombudsman Services" on your gift. Thank You.

4,000 copies of this public document were published at an estimated cost of \$0.14 per copy, for a total of \$560.00, which includes \$560.00 for printing and \$0.00 for distribution.



**Your Rights as a NURSING HOME RESIDENT**



**THE LONG TERM CARE OMBUDSMAN IS YOUR ADVOCATE**

*Contact us at:*  
*PO Box 4210*  
*Helena, MT 59604*  
*Telephone:*  
*(406)444-7785*  
*Toll-Free:*  
*1-800-332-2272*



## You Keep Your Rights

Now that you live in a nursing home, you have the same rights you have always had...and a few more.

### THIS IS YOUR HOME

You have the right to make yourself at home – to have privacy, to have visitors, to have your own belongings, to pursue your own interests.

### THIS IS YOUR HEALTH

You have the right to know what your health condition is, to decide how your care will be provided, and to receive all the services *you* agreed to in your Care Plan.

### THIS IS YOUR LIFE

You have the right to decide how you want to spend your day, when to get up and go to bed, and what you want to do during the day.

## You Have the Right...

### TO KNOW:

- What services are available and at what cost
- How to apply for Medicaid
- Your medical condition, treatment plan and alternatives

### TO CHOOSE:

- Your doctor and other health care providers
- Your care and treatment
- Your daily routine
- How to spend your money
- To visit with family and friends
- To participate in activities inside and outside the home

### TO PRIVACY:

- In communication – mail, phone, visits
- While receiving personal care and medical treatment
- For your personal and medical records

### TO BE FREE FROM:

- Abuse
- Neglect
- Discrimination
- Exploitation
- Retaliation
- Restraints

## If the nursing home asks you to move...

### *You can only be discharged if:*

- The nursing home is unable to meet your needs
- You no longer require skilled nursing care
- The health or safety of others is endangered, or
- You fail to meet your financial obligation to the facility

### *Even then you have rights:*

The home must notify you in writing the reason for the discharge, when and where you will go, and how to appeal to notice.

Certain circumstance may negate you receiving a 30-day discharge notice. Contact your local ombudsman program for further information and assistance.