SAMPLE POLICY

Sample policy from the CareRulebook Nevada manual. Fictional agency. Rule-verified on October 3, 2026.

This is Policy 3.1 of the 35 in the manual, exactly as it prints in a buyer's copy, but filled in with example answers for a fictional agency, Sample Home Care, LLC. Rule-verified means each quote under Rule basis was checked word for word against the official text we saved on that date. It is not legal advice.

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POLICY 3.1

Client rights and the signed rights statement

NAC 449.3974(3) · NAC 449.398(1), (3)-(5) · NAC 449.3979(2)(g) · NRS 449A.031 · NRS 449A.100 · NRS 449A.106 · NRS 449A.109 · NRS 449A.112 · NRS 449A.115 · NRS 449A.118(1) · NRS 449B.270 · HCQC checklist P0045, P0185, P0195

Purpose

This policy sets out the rights of Sample Home Care, LLC's clients (NAC 449.3974(3)) and how Sample Home Care, LLC:

- writes those rights down in a client rights statement and gives a copy to each client or the client's representative when the client's service plan starts, keeping a signed and dated receipt in the client record (NAC 449.398(4)-(5));
- tells each client, at the start of services, of the rights in the Nevada patients' rights law, NRS 449A.100 and 449A.106 to 449A.115, and complies with NRS 449A.100 to 449A.118 (NAC 449.398(3); NRS 449A.118(1));
- makes sure no client is stopped from speaking with anyone who advocates for clients' rights (NAC 449.398(1)); and
- protects each client's privacy as NRS 449B.270 requires.

It answers HCQC checklist tags P0045 (client's rights), P0185 (speaking to advocates) and P0195 (specific rights, signed and dated copy kept in the client's file). The grievance procedure is Policy 3.2, and the written disclosure statement that carries the rights and grievance information to each client is Policy 2.6 (NAC 449.3979(2)(g)).

Scope

This policy applies to every client of Sample Home Care, LLC, and to the administrator, Jordan Lee, the administrator's designee, Casey Morgan, every attendant and every other member of staff.

The patients' rights law applies to Sample Home Care, LLC because, for that law, a "facility for the dependent" includes an agency to provide personal care services in the home (NRS 449A.031).

Policy

1. **Rights in writing.** Sample Home Care, LLC has a written client rights statement (the form at the end of this policy). It includes each of the six statements NAC 449.398(5) requires, the patients' rights listed in NRS 449A.100 and 449A.106 to 449A.115, and the privacy rights in NRS 449B.270.
2. **When clients receive it.** The administrator or designee gives a copy of the statement to each client, or to the client's representative, when the service plan established for the client starts (NAC 449.398(4)). This is also when the client is told of the patients' rights in NRS 449A.100 and 449A.106 to 449A.115, which the law requires "upon the admission of the patient" (NRS 449A.118(1)). Sample Home Care, LLC treats the start of the client's service plan as the client's admission, so both happen at the same meeting, before the first visit. This is Sample Home Care, LLC's reading.
3. **Signed receipt.** The client or the client's representative signs and dates a receipt for the statement. The signed and dated receipt is kept in the client's record (NAC 449.398(4)).
4. **The six statements NAC 449.398(5) requires.** Each client has the right:
   - (a) to receive considerate and respectful care that recognizes the client's inherent worth and dignity;
   - (b) to take part in developing their service plan, to receive an explanation of the personal care services provided under it, and to receive a copy of it;
   - (c) to receive the telephone number of the Bureau of Health Care Quality and Compliance (HCQC) to contact for complaints;
   - (d) to be told that the Health Care Purchasing and Compliance Division of the Nevada Health Authority (the Division) has authority to examine the client's records as part of regulating and evaluating the agency;
   - (e) to receive from Sample Home Care, LLC responses to reasonable requests for help, within the limits of the client's service plan and the program criteria; and
   - (f) to receive, on request, information about Sample Home Care, LLC's policies and procedures, including those on charges, reimbursements and decisions about service plans.
5. **HCQC's telephone number.** The statement prints (702) 486-6515, the number HCQC publishes on its personal care agency web page, and tells clients they can also file a complaint online through HCQC's health facility complaint form. HCQC's complaints page says HCQC assesses and investigates complaints. No rule names a separate complaint line for personal care agencies, so printing HCQC's published number is Sample Home Care, LLC's reading of NAC 449.398(5)(c). If HCQC publishes a different number for complaints, the administrator updates the statement (Procedure, step 8).

6. **The patients' rights law.** The administrator makes sure Sample Home Care, LLC complies with NRS 449A.100 to 449A.118 (NAC 449.398(3)). The statement explains, in plain words, each right in NRS 449A.100, 449A.106, 449A.109, 449A.112 and 449A.115. Two sections in that range do not apply to Sample Home Care, LLC's services: NRS 449A.113 covers programs of hospice care, and NRS 449A.114 covers facilities for intermediate care, facilities for skilled nursing and residential facilities for groups. Some rights come from the client's physician rather than from Sample Home Care, LLC (a diagnosis and the information needed for informed consent, NRS 449A.106(5)-(6)); the statement says so. Forwarding records when a client transfers to another provider (NRS 449A.103) is in Policy 2.11.
7. **Advocates.** No one at Sample Home Care, LLC stops a client from speaking to any person who advocates for the rights of clients (NAC 449.398(1)). That includes family members, friends, lawyers, ombudsman programs and disability rights organizations, whether in person, by phone or in writing, and whether or not an attendant is present. An attendant asked to leave the room while the client speaks with an advocate does so.
8. **Privacy (NRS 449B.270).** Sample Home Care, LLC:
    - keeps confidential any personally identifiable information about a client's sexual orientation, whether the client is transgender or has undergone gender-affirming surgery, and the client's HIV status, and takes reasonable steps to prevent its unauthorized disclosure (Policy 3.5);
    - does not allow employees or independent contractors who are not directly providing care to be present during any part of care when the client is fully or partially unclothed, unless the client or the client's authorized representative gives express permission;
    - uses visual barriers, such as doors, curtains and screens, to give privacy to a client who is fully or partially unclothed; and
    - lets a client refuse to be examined or observed by, or to receive services from, an employee or independent contractor of Sample Home Care, LLC for a purpose that is mainly educational rather than therapeutic. For example, a client may refuse to have a new attendant shadow a visit as part of on-the-job training (Policy 4.6). Refusing does not affect the client's services.
9. **Client choices in the home.** The client decides who visits them at home. Attendants do not turn away or discourage visitors the client wants to see, and follow any written visitor designation the client gives under NRS 449A.109. Preventing contact with visitors, mail or calls against the client's wishes can be isolation, which every staff member must report (Policy 3.3).
10. **Other rights in this manual.** Non-discrimination and preferred names and pronouns are in Policy 3.4. Ethics, confidentiality and the bar on owners and the administrator receiving bequests are in Policy 3.5.

Procedure

1. **Before the first visit.** At the initial screening and service plan meeting (Policy 2.5), the administrator or designee gives the client, or the client's representative, the client rights statement together with the written disclosure statement (Policy 2.6).
2. **Explain it.** The administrator or designee goes through the statement with the client in words the client understands, answers questions, and makes sure the client knows:
   - how to raise a grievance or complaint with Sample Home Care, LLC (Policy 3.2);
   - HCQC's telephone number and online complaint form; and
   - how to report abuse, neglect, exploitation, isolation or abandonment (Policy 3.3).

   If the client cannot read the statement, the administrator or designee reads it aloud. For a client who is blind or has low vision, has a communication impairment or does not read English, the administrator or designee arranges another format or an interpreter (Policy 3.4).
3. **Signed receipt.** The client or the client's representative signs and dates the receipt at the end of the statement. If the client can make a mark but not sign, the administrator or designee writes "client's mark" next to it and signs as witness. If a representative signs, the administrator or designee writes the representative's name and relationship to the client.
4. **File and copy.** The signed and dated receipt goes in the client record the same day (Policy 2.10). The client keeps a copy of the full statement.
5. **No signature.** If the client and representative decline to sign, the administrator or designee writes on the receipt the date the statement was given and explained, that the client declined to sign, and signs it. Services do not start until the statement has been given.
6. **Advocates.** If an advocate contacts the client or visits while an attendant is present, the attendant lets the client speak with them and steps out if asked. Any staff member who sees someone stopping a client from speaking to an advocate tells the administrator or designee the same day.
7. **Privacy during care.** Before personal care that involves undressing, the attendant closes the door or curtain, or uses a screen or a towel, and asks anyone not directly providing care to leave unless the client says they may stay. Before any trainee or observer joins a visit, the administrator or designee asks the client, and records the answer in the client record.
8. **Keeping the statement current.** When the administrator revises the statement, for example because HCQC changes its phone number or the rules change, current clients receive the new version by hand, mail or email no later than their next supervisory visit or call (Policy 2.7), and the administrator or designee notes in the client record the date it was given. At the yearly policy review (Policy 1.3), the administrator checks HCQC's website for its telephone number and complaint form.

9. **Concerns about rights.** Any staff member who believes a client's rights have not been respected tells the administrator or designee the same day. The administrator or designee handles it as a grievance under Policy 3.2.

Sample Home Care, LLC: Client rights statement

Sample Home Care, LLC, 100 Main Street, Suite 200, Las Vegas, NV 89101. Office: (702) 555-0100. During all service hours: (702) 555-0199. Email: office@samplehomecare.com.

As a client of Sample Home Care, LLC, you have the right:

1. To receive considerate and respectful care that recognizes your inherent worth and dignity.
2. To take part in developing your service plan, to receive an explanation of the personal care services provided under your service plan, and to receive a copy of your service plan.
3. To receive the telephone number of the Bureau of Health Care Quality and Compliance (HCQC), which you may contact with complaints: **(702) 486-6515**. You can also file a complaint online using the health facility complaint form on HCQC's Complaints web page.
4. To be told that the Health Care Purchasing and Compliance Division of the Nevada Health Authority, which licenses Sample Home Care, LLC, has authority to examine your client records as part of regulating and evaluating Sample Home Care, LLC.
5. To receive responses from Sample Home Care, LLC to reasonable requests for help, within the limits of your service plan and the program criteria.
6. To receive, when you ask, information about Sample Home Care, LLC's policies and procedures, including those on charges, reimbursements and decisions about service plans.
7. To speak to any person who advocates for the rights of clients. No one at Sample Home Care, LLC will stop you.
8. To receive the services needed for your care as set out in your service plan, or help arranging a transfer to another provider that can give that care. Before any transfer, you will receive an explanation of why it is needed and the alternatives available, unless your condition needs an immediate transfer to a higher level of care and you are unable to understand the explanation.
9. To receive information about any other medical or educational facility or facility for the dependent connected with Sample Home Care, LLC that relates to your care.
10. To receive information about the professional qualifications or associations of the people caring for you.
11. To know the name of the person responsible for coordinating your care at Sample Home Care, LLC: Jordan Lee, Administrator.
12. To be told if Sample Home Care, LLC proposes any experiment that would affect your care. Sample Home Care, LLC does not carry out experiments. You may refuse to take

part in any experiment.

13. To receive from your physician a complete and current description of your diagnosis, plan for treatment and prognosis in terms you can understand, and the information you need to give informed consent to a procedure or treatment. These come from your physician, not from Sample Home Care, LLC.
14. To examine your bill and receive an explanation of it, whether or not you pay it yourself.
15. To know Sample Home Care, LLC's rules about your conduct. They are in the written disclosure statement you receive with this statement.
16. To receive visitors of your choosing, including friends and family. In your home, you decide who visits. If you cannot tell staff yourself who may visit, Sample Home Care, LLC follows any written visitor designation you have made.
17. To refuse any service and to be told what may happen if you refuse.
18. To privacy about your program of care.
19. To have any reasonable request for services reasonably met, considering Sample Home Care, LLC's ability to do so.
20. To continuous care: to be told your visit schedule and the names of the attendants who will provide your services. Your physician, or someone your physician authorizes, tells you about any need for continuing care.
21. To confidentiality. Discussions of your care, consultations about you and all communications and records about you are confidential, except where the law allows or requires them to be shared. You must agree before anyone who is not directly involved in your care is present during your care.
22. To confidentiality of any information about your sexual orientation, whether you are transgender or have had gender-affirming surgery, and your HIV status.
23. Not to have anyone present who is not directly providing your care while you are fully or partially unclothed, unless you or your authorized representative expressly agree; and to have doors, curtains, screens or other barriers used for your privacy.
24. To refuse to be observed by, examined by or receive services from anyone at Sample Home Care, LLC whose purpose is mainly educational rather than to care for you, such as a trainee.
25. To receive services without discrimination based on your actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or that of anyone you associate with (Policy 3.4).
26. To know that Nevada law does not allow an owner or administrator of Sample Home Care, LLC to receive money or property you leave them in your will, or the proceeds of a life insurance policy on your life, unless they are your spouse, legal guardian or next of kin.

How to raise a concern. Tell your attendant, call (702) 555-0100 (or (702) 555-0199 at any time during service hours), or write to Sample Home Care, LLC at 100 Main Street, Suite 200, Las Vegas, NV 89101 or office@samplehomecare.com. Jordan Lee, Administrator receives grievances and complaints. The administrator or the administrator's designee will look into your concern personally and tell you what was done, or why nothing was done. You can complain to HCQC at any time, with or without complaining to Sample Home Care, LLC first.

To report abuse, neglect, exploitation, isolation or abandonment of an adult: Aging and Disability Services Division, Las Vegas/Clark County (702) 486-6930, statewide (888) 729-0571, or the APS online intake report form. If someone is in immediate danger, call 911.

Receipt

I received a copy of this client rights statement, and it was explained to me, on (date) _____.

Client name: _____ Signature or mark: _____ Date: _____

Representative (if signing): _____ Relationship to client: _____ Signature: _____ Date: _____

Given and explained by (administrator or designee): _____ Signature: _____ Date: _____

☐ Client or representative declined to sign. Date the statement was given and explained: _____ Staff signature: _____

☐ Statement read aloud ☐ Large print ☐ Interpreter (language): _____ ☐ Other format: _____

Original receipt: client record. Copy of the full statement: client.

Responsibilities

- **Administrator (Jordan Lee):** makes sure Sample Home Care, LLC complies with NAC 449.398 and NRS 449A.100 to 449A.118; keeps the client rights statement current; makes sure no client is stopped from speaking with an advocate; checks HCQC's telephone number and complaint form at each yearly review.
- **Administrator or designee (Casey Morgan):** gives and explains the statement before the first visit, obtains the signed and dated receipt and files it; asks the client before any trainee or observer joins a visit.
- **Attendants and other staff:** respect every right in the statement; protect privacy during care; never stop a client from speaking with an advocate or seeing visitors; tell the administrator or designee the same day about any concern.

Records

- Signed and dated receipt for the client rights statement, in the client record (NAC 449.398(4)), kept as Policy 2.10 sets out.
- Notes in the client record of revised statements given, declined signatures, formats used, and the client's answer about trainees or observers.
- The current client rights statement and earlier versions, with the dates each was in use, kept with the policy revision log (Policy 1.3).

Recommended practice

- Give each client a short summary card with (702) 555-0100, (702) 555-0199, HCQC's number and the abuse reporting numbers to keep by the phone.
- At each supervisory visit or call (Policy 2.7), ask the client whether they have any concern about how they are treated, and record the answer.

Rule basis

> Set forth the rights of clients;
> `NAC 449.3974(3)`

> The administrator of an agency shall ensure that a client is not prohibited from speaking to any person who advocates for the rights of the clients of the agency.
> `NAC 449.398(1)`

> The administrator of an agency shall ensure that the agency is in compliance with NRS 449A.100 to 449A.118, inclusive. 4. The agency shall develop a written description of the rights of clients and provide a copy to each client or a representative of the client upon initiation of the service plan established for the client. A signed and dated copy of the receipt of this information by the client or a representative of the client must be maintained in the record of the client.
> `NAC 449.398(3)-(4)`

> The written description of the rights of clients developed pursuant to subsection 4 must include, without limitation, a statement that each client has the right: (a) To receive considerate and respectful care that recognizes the inherent worth and dignity of each client; (b) To participate in the development of the service plan established for the client and to receive an explanation of the personal care services provided pursuant to the service plan and a copy of the service plan; (c) To receive the telephone number of the Bureau which may be contacted for complaints; (d) To receive notification of any authority of the Division to examine the records of the client as related to the regulation and evaluation of the agency by the Division; (e) To receive from the agency, within the limits set by the service plan established for the client and within the program criteria, responses to reasonable requests for assistance; and (f) To receive information, upon request, concerning the policies and procedures of the agency, including, without limitation, the policies and procedures of the agency relating to charges, reimbursements and determinations concerning service plans.
>
> `NAC 449.398(5)`

> Information concerning the rights of clients and the grievance procedure of the agency.
>
> `NAC 449.3979(2)(g)`

> "Facility for the dependent" has the meaning ascribed to it in NRS 449.0045 and additionally includes an agency to provide personal care services in the home, as defined in NRS 449B.015.
>
> `NRS 449A.031`

> Every medical facility and facility for the dependent shall inform each patient or the patient's legal representative, upon the admission of the patient to the facility, of the patient's rights as listed in NRS 449A.100 and 449A.106 to 449A.115, inclusive.
>
> `NRS 449A.118(1)`

> A patient may be transferred to another facility only if the patient has received an explanation of the need to transfer the patient and the alternatives available, unless the condition of the patient necessitates an immediate transfer to a facility for a higher level of care and the patient is unable to understand the explanation.
>
> `NRS 449A.100(2)`

> Examine the bill for his or her care and receive an explanation of the bill, whether or not the patient is personally responsible for payment of the bill.
>
> `NRS 449A.106(7)`

Receive, within reasonable restrictions as to time and place, visitors of the patient's choosing, including, without limitation, friends and members of the patient's family.
NRS 449A.106(9)

Refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.
NRS 449A.112(1)(b)

The patient must consent to the presence of any person who is not directly involved with the patient's care during any examination, consultation or treatment.
NRS 449A.112(2)

Maintain the confidentiality of personally identifiable information concerning the sexual orientation of a client, whether the client is transgender or has undergone gender-affirming surgery and the human immunodeficiency virus status of the client and take reasonable actions to prevent the unauthorized disclosure of such information; 2. Prohibit employees or independent contractors of the agency who are not directly providing care to a client from being present during any portion of the care, during which the client is fully or partially unclothed without the express permission of the client or the authorized representative of the client; 3. Use visual barriers, including, without limitation, doors, curtains and screens, to provide privacy for clients who are fully or partially unclothed; and 4. Allow a client to refuse to be examined or observed by or receive services from an employee or independent contractor of the agency for a purpose that is primarily educational rather than therapeutic.
NRS 449B.270

please contact Health Care Quality and Compliance at (702) 486-6515
HCQC, Agency to Provide Personal Care Services web page

Each complaint is assessed and prioritized based on a situation that may result in substantial, minimal or no harm to one or more individuals.
HCQC, Health Facility Complaints web page

Client's Right (See P0185, P0190 and P0195)
HCQC, PCS initial inspection workbook (12.2024), checklist P0045

Client's Rights - Not prohibited from speaking to any person who advocates for the rights of the clients. P0190 Procedures for Responding to Grievances, Incidents and Complaints. P0195 Specific Client's Rights - Signed and dated copy provided to Client or Responsible Party; and kept in Client's file.
HCQC, PCS initial inspection workbook (12.2024), checklist P0185 to P0195

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