‘the home health care professionals’

PATIENT AND FAMILY HANDBOOK
Assurance HealthCare, Inc.
Patient and Family Handbook

Welcome ................................................................................................................. 4
Mission
Philosophy
Vision

I. Home Health Admission/Policies ....................................................................... 5
   • Admission Criteria
   • Medicare Certified Agency Information
   • Non-Certified Agency Information
   • Consent for Treatment
   • Services
   • Hours of Operation
   • Patient Satisfaction
   • Plan of Care
   • Abuse and Neglect Policy
   • Medical Records
   • Discharge, Transfer & Referral
   • Ethics
   • Drug Testing/Fingerprint Policy
   • Complaints/Grievances
   • Medicaid/Medicare Fraud Reporting
   • Special Medicare Home Health Information

II. Your Rights & Responsibilities as a Home Health Patient ................................. 9
   • Patient Rights/Responsibilities
   • Assurance HealthCare, Inc. Notice of Privacy Practice (HIPAA)

III. Advance Directives .......................................................................................... 15
   • Living Will
   • Medical Power of Attorney for Health Care
   • Pre-Hospital Directive
   • Mental Health Care Power of Attorney

IV. Patient Financial Obligations ........................................................................... 18
   • Medicare Part A/B
   • Medicare Part B Outpatient, Home Medical Equipment and Pharmacy
   • AHCCCS
   • Private Patients
   • Self Pay Patients

V. Your Right to Pain Management ....................................................................... 19

VI. Emergency and Disaster Preparedness ............................................................. 19
   • Personal Disaster Plan
   • In Case of Emergency
   • Emergency Preparedness
   • Emergency Supplies
   • People with Special Needs

VII. Home Safety .................................................................................................. 21
VIII. Infection Control at Home

IX. Hearing and Speech Impaired

Medicare Notices

- Home Health Agency Outcome and Assessment Information Set-Non-Medicare
- Home Health Agency Outcome and Assessment Information Set-Medicare
- Privacy Statement-Healthcare Records
- Face-to-Face

Medical Emergency Information Form

Call Me First
WELCOME

Assurance HealthCare extends a warm welcome to you, our patient and to your family and friends. Your medical treatment, safety and happiness are most important to us. We look forward to working with you, your family, your physician and any other health care professionals on your care team to make your care at home as comfortable as possible.

Assurance believes that health care is a basic human right. It must be available, coordinated and provided in a comprehensive way, combined with other human services when appropriate. Home health care is an important part of the continuous health care system and it will be provided in the most cost-effective way possible. Assurance shall operate and furnish services in compliance with all applicable federal, state, and local laws and regulations and disclosure and ownership information.

We recognize that every human being has personal rights which must be respected and should not be violated. This booklet was designed to help you understand the home health care process and explain your rights as a patient.

We are committed to ensuring your rights and privileges as a home health care patient are protected. We have designed this booklet to help you become acquainted with us. If you have additional questions, please do not hesitate to ask us.

Sincerely,
The management and staff of Assurance HealthCare, Inc.

Mission

The mission of Assurance HealthCare is to provide our patients with superior, customized, comprehensive services that improves’ the quality of each individual life.

Philosophy

Assurance HealthCare believes that health care is a basic human right. It must be available, coordinated and provided in a comprehensive way, combined with other human services when appropriate. Home Health care is an important part of the continuous health care system.

We are guided by the following principles:

• Home Health is designed to meet the unique needs of patients and families.
• Services are tailored to assist individuals and families to achieve optimal level of functioning.
• Care is based on respect for the dignity and worth of each individual
• Services are provided in the least restrictive setting.
• Patient and families are active participants in the care planning process.

Vision

Our vision is to be the premier provider of home health services in the community we serve.

This book contains general information regarding your rights and responsibilities as a patient. As state and federal regulations change, there may be additions or changes to this book as necessary. Our complete policy and procedure manual regarding your care and treatment is available upon request for your viewing at the agency office at any time during normal business hours.

This hospice is in compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975. We do not discriminate on the basis of race, color, religion, sex, national origin, age or disability with regard to admission, access to treatment of employment. We will make every effort to comply with these and similar statues.
I. HOME HEALTH ADMISSION

Admission Criteria
This agency is owned by Assurance HealthCare, Inc. and in compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975, does not discriminate on the basis of race, color, sex, national origin, age or disability with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes.

✓ Admission to Assurance HealthCare, Inc. can only be made under the direction of a physician, based upon the patient’s identified care needs and the type of services required that can be provided directly or through coordination with other organizations.
✓ The patient must live within the agency’s geographical service area.
✓ The patient must maintain a Primary Care Physician
✓ The patient must meet reasonable expectations that their needs can be met within his/her place of residence.

If we cannot meet your needs, or your home environment will not support our services, we will not admit you, or will not continue to provide services to you.

Medicare-Certified Agency Information
The Medicare-Certified agency is certified and licensed to provide home healthcare to Medicare patients. The agency follows the Federal guidelines governing admission and service provisions for Medicare patients. Admission can only be made upon recommendation of a licensed physician when the patient meets the qualifying requirements including needing skilled home healthcare services and meeting the homebound status.

Non-Certified Agency Information
This agency is also surveyed and licensed by the State of Arizona to provide care to patients with private insurance or private pay. The licensed agency provides the same quality of care and services. Any skilled services provided still require a licensed physician’s order before care can be provided.

Consent for Treatment/Authorization for Payment
As part of the admission process, we ask for your consent to treat you, release information relative to your care, and allow us to collect payments directly from your insurer. The patient consents to treatment based upon their established plan of care. You or your legal representative must sign this consent before we can admit you. The patient understands that they withdraw the consent at any time and services will be discontinued upon withdrawal of consent.

The patient authorizes the insurance company to furnish any and all information pertaining to their insurance benefits and status of claims.

Services
This agency can provide a service or a combination of services in your home. Services appropriate to the needs of the individual will be planned coordinated and made available under the direction of your primary care physician. Services offered by this agency are:

• Skilled Nurse—a RN or LPN with training and experience in providing care in the home. The nurse communicates frequently with your physician to update your plan of care.
• Physical/Occupational/Speech Therapy
• Medical Social Worker
• Home Health Aides—delivered under the supervision of a licensed nurse. The agency will attempt to schedule the same Home Health Aide every visit unless there is an unforeseen complication. When the schedule cannot be kept as planned, the patient will receive notification via phone with the new change. Typical duties can include bathing the patient, shampoos, skin and mouth care. Other duties can include light meal preparation, light laundry, linen change and light housekeeping. The home health aide MAY NOT transport the patient in his/her personal vehicle or drive the family car. Prepare meals or give personal care to anyone other than the patient. Receive gifts or gratuities from the patient or family. Cut or trim fingernails, toenails or hair.
Hours of Operation

- **OFFICE HOURS:** Our office hours are Monday through Friday from 8:00 a.m. to 4:30 p.m. except during agency observed holidays.
- **AFTER HOURS COVERAGE:** We provide 24 hour on-call service, 7 days per week to ensure that you receive adequate medical care. A qualified nurse is on-call to accept patient calls, referrals for service and to arrange service for patient emergencies as needed. The on-call number is 520-333-0333.

Patient Satisfaction

You are very important to us. Please ask questions if something is unclear regarding our services, the care you receive or fail to receive. After your discharge from the agency a Patient Satisfaction Survey along with a self-addressed stamped envelope will be mailed to you. Your answers to this survey help us to improve our services and ensure that we meet your needs and expectations.

Plan of Care

A plan of care is created with you on admission and updated as needed to ensure that you are receiving appropriate services. The plan of care is based upon identified problems, needs and goals, physician orders for medication, care, treatments and services. We encourage you, your caregiver or your designee to participate in the development of the plan of care and any revising of this plan. You have the right to refuse any medication or treatment procedure. However, such refusal may require us to obtain a written statement releasing the agency from all responsibility resulting from your refusal.

Abuse and Neglect Policy

All patients admitted to the agency will be assessed for abuse, neglect and exploitation. All suspected elder abuse will be reported to Arizona Adult Protective Services at 877-767-2385. All suspected child abuse will be reported to Arizona Child Protective Services at 888-767-2445.

Medical Records

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practices describes how your protected health information may be used by us, or disclosed to others, as well as how you may have access to this information.

Discharge, Transfer and Referral

The patient, patient’s parent, family, spouse, significant other, legal representative and physician (if applicable) will be give at least a two day (48 hours) advance notice of a transfer or discharge, except in case of emergency. If you should be transferred or discharged to another organization, we will provide the information necessary for your continued care. The two-day notification shall NOT be required in the following circumstances:

- upon patient request to transfer or discharge services
- if a patient’s medical needs require transfer
- for the protection of the agency staff
- according to physician orders

Ethics

The agency requires that its employees provide patient care within the ethical framework established by the profession and the law. The agency affords patients, legally responsible parties and attending physicians the right to participate in consideration of ethical issues regarding patient care concerns. Ethical issues may be brought to the attention of any employee, who will then inform the appropriate agency personnel to arrange for conferencing as appropriate.
**Drug Testing/Fingerprint Policy**
All employees are expected to display high standards of professional conduct, including being free from the use of illegal drugs. All employees are informed of the policy relating to illegal drug use during orientation. Employees may not possess, distribute or use alcoholic beverages while conducting company business. All employees are drug tested. 
All employees who provide direct care must be fingerprinted (A.R.S. 36-411 (E)).

**Complaints/Grievances**
You may report a complaint or grievance at anytime without reprisal or disruption of services. Any staff member may receive a complaint or grievance about services or care that is or is not furnished or about the lack of respect for the consumer's person or property by anyone furnishing services on behalf of the agency. Complaints and Grievances Procedure:

1. Patient or patient representative reports a complaint/grievance to any staff member.
2. Staff members receiving complaints or grievances report them to the Administrator or designee.
3. Administrator or designee documents the complaint and investigates the grievance/complaint within 5 business days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay.
4. If the Administrator or designee is unable to resolve the complaint/grievance, the Governing Body is notified and takes action toward resolution.
5. Notify the patient when appropriate action has been taken or that the problem has been resolved.
6. Document the action taken and resolution on the Complaint Form.

The patient may contact at anytime without reprisal or disruption in services the:

<table>
<thead>
<tr>
<th>Arizona Department of Health Services</th>
<th>Accreditation Commission for Health Care, Inc.</th>
<th>Assurance HealthCare, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Facilities Licensing Services</td>
<td>4700 Falls of Neuse Rd., Suite 280</td>
<td>2312 N. Rosemont Blvd, Suite 103</td>
</tr>
<tr>
<td>Phoenix, AZ 85007</td>
<td>Raleigh, NC 27609</td>
<td>Tucson, AZ 85712</td>
</tr>
<tr>
<td>602-364-3030</td>
<td>E-mail: <a href="mailto:Customerservice@ache.org">Customerservice@ache.org</a></td>
<td>520-333-0333</td>
</tr>
<tr>
<td>602-364-4764 (fax)</td>
<td>919-785-1214</td>
<td>520-325-9938 (fax)</td>
</tr>
<tr>
<td></td>
<td>919-785-3011 (fax)</td>
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**Medicaid/Medicare Fraud Reporting**
If you have reason to believe that, someone is defrauding the Medicaid or Medicare program please report to the appropriate agency listed below.

**Medicare/Medicaid**

- **By Telephone:**
  - 1-800-HHS-TIPS (1-800-447-8477)
- **TIY Toll-Free**
  - 1-877-486-2048
- **By Fax:**
  - 1-800-223-2164

**Office of Inspector General Hotline**

- **By US Mail:**
  - Office of the Inspector General
  - HHS TIPS Hotline
  - PO Box 23489
  - Washington, DC 20026
- **By Email:** HHSTips@oig.hhs.gov

11/13
Special Medicare Home Health Information

*Homebound status* - One of the coverage requirements for Medicare payment of home healthcare is that the beneficiary be homebound. The definition of homebound status is “that the patient is confined to home due to illness or injury and when the patient does leave home it is infrequent and for short periods of time to receive medical care, or to attend a state licensed, certified or accredited adult day care or religious service. Leaving home should require a considerable and taxing effort, which may include the assistance of another person to help, and/or an assistive device such as a walker, wheelchair or cane or special transportation.

*Notification of Medicare bundles services* - Medicare pays for home health services and supplies under a special system that includes “bundles” of all covered home health services and supplies. For these services and supplies, only the home health agency can receive Medicare payments as long as you are getting home health visits. These “bundled” services include: Skilled Nurse Visits, Home health aide services, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services, Covered routine and non-routine medical supplies. If you receive services from other providers such as covered medical supplies or outpatient therapy not arranged by Assurance, Medicare will not pay the other provider for the services. However, medical equipment such as walkers and wheelchairs are not “bundled” and Medicare will pay an equipment provider for covered equipment.
II. YOUR RIGHTS AND RESPONSIBILITIES AS A HOME CARE PATIENT

As a home care provider, we have an obligation to protect the rights of our patients and explain these rights to you before treatment begins. Your family or your designee may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

As a client you have the right to:

1. Competent, individualized health care without regard to race, color, creed, sex, age, national origin, handicap, ethical/political beliefs, ancestry, religion or sexual orientation or whether or not an advance directive has been executed.
2. Receive appropriate care without discrimination in accordance with physician orders.
3. Exercise your rights, as a client of this agency or, if appropriate, the client’s representative with legal authority to make health care decisions has the right to exercise your rights.
4. Be treated with consideration, respect, and full recognition of the client’s human dignity and individuality, including privacy in treatment and care for personal needs.
5. Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations.
6. Participate, either yourself or your designated representative, in the consideration of ethical issues that arise in your care.
7. Have your property treated with respect.
8. Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation including humiliation, intimidation or punishment.
9. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.
10. Expect all personnel caring for you will be current in knowledge, duly licensed or certified as applicable and have completed a training program or competency evaluation regarding his/her respective areas of employment.
11. Be informed that you may participate in the development of the client’s care plan and medical treatment, the periodic review and update, discharge plans, appropriate instruction and education in the plan of care and be informed of all treatments the agency is to provide, the disciplines to prove care and the frequency of visits/shifts to be furnished and to be advised of any change in the plan of care before the change is made.
12. Know when and how each service will be provided and coordinated, the agency ownership, name and functions of any person and affiliated agency personnel providing care and services.
13. Choose care providers, to communicate with those providers and to reasonable continuity of care.
14. Be fully informed, orally and in writing, at the time of admission and in advance of care provided, a statement of services available by the agency, care and treatment provided by the agency and related charges. This must include those items and services for which you may be responsible for reimbursement. The agency will advise you of changes orally and in writing as soon as possible, but no later than five (5) calendar days from the date that the agency becomes aware of a change.
15. Be informed of any financial benefits.
16. Be informed about the nature and/or purpose of any technical procedure that will be performed including information about both the potential benefits and burdens to him/her, as well as, who will perform the procedure.
17. Be taught and have your family members taught the treatment plan, so that you can, to the extent possible, assist yourself and your family or other designated party can also understand and assist you.
18. Request information regarding the diagnosis, prognosis and treatments including alternatives to care risk(s) involved. This information will be given in a language or format so that you and your family members can readily interpret and understand so that informed consent may be given.

19. Refuse treatment after the possible consequences of refusing treatment have been fully explained.

20. The agency shall allow a client, or client representative with legal authority to make health care decisions, to accept or reject, at the client’s or client representative’s discretion without fear of retaliation from the agency, any employee, independent contractor, or contractual employee that is referred by the agency.

21. A cognitively capable adult client or a client representative with legal authority to make health care decisions, to refuse any portion of planned treatment or other portions of the treatment plan, except where medical contraindications to partial treatment exist.

22. A cognitively capable adult client to have an individual who is not certified to provide assistance with activities of daily living and treatments of a routine nature if the client signs a waiver of skilled services detailing the potential risks and benefits of waiver.

23. Review all of your health records during normal business hours.

24. Assistance in the locating appropriate community resources before you run out of funds. However, in keeping with proper fiscal responsibility, uncompensated care may not be provided.

25. Be informed of patient rights regarding the collection and reporting of OASIS information.

26. Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.

27. Be informed of anticipated outcomes of care/services and of any barriers in outcome achievement.

28. Privacy including confidentiality of all record communications, personal information and to transfer to a health care facility, as required by law or third party contracts. You shall be informed of the policy and procedure regarding disclosure of your clinical records.

29. Receive the care necessary to assist you in attaining optimal levels of health, and if necessary, cope with death. To know that a patient / client does not receive experimental treatment or participate in research unless he / she gives documented voluntary informed consent.

30. Provide information to a client about advance directives and the right to have an advance directive and this agency request information regarding the client’s advance directives to determine whether the advance directive information has an impact on care provided.

31. Be informed in writing of policies and procedures for implementing advance directives, including any limitations if the provider cannot implement an advance directive on the basis of such as living wills or the designation of a surrogate decision-maker, are respected to the extent provided by law.

32. Know that Do – Not – Resuscitate orders shall not constitute a directive to withhold or withdraw medical treatment other than CPR. Withdrawal of life sustaining treatment is done only after the physician has ordered it and the family / significant other is notified.

33. Be informed of the procedures for submitting client complaints with respect to client care, that is, or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency with suggested changes in services without coercion, discrimination, reprisal or unreasonable interruption of services.

34. Choose a health care provider, including choosing an attending physician.

35. The consumer or authorized representative has the right to be informed of the consumer’s rights through an effective means of communication.

36. The client has the right to be informed about the individuals providing his or her care. The client has the right to be informed of the full name, licensure status, staff position, and employer of all persons with whom the consumer has contact and who is supplying, staffing or supervising care.
or services. The client has the right to be served by agency staff that is properly trained and competent to perform their duties. Be able to identify visiting staff through proper identification.

37. The telephone number where a client or the client representative can contact the agency 24 hours a day, 7 days a week regarding care is 520-333-0333.

38. This agency shall disclose of any sub contractual relationship with any individual or agency to be assigned or referred to provide care to the client.

39. Live free from involuntary confinement, and to be free from physical or chemical restraints.

40. Be provided with updates and state amendments on individual rights to make decisions concerning medical care within 90 days from the effective date of changes to state law.

41. Receive information about the care/services covered under the Medicare Home Health Benefit.

42. A patient has the right to receive information about the scope of services that the organization will provide and specific limitations on those services.

43. Be informed of the procedure for submitting a written complaint / grievance to the home health agency. All complaints / grievances may be given to any agency member. If not satisfied with the response or any step in chain of command, continue to the next person. Contact, Assurance HealthCare, Inc. and speak to the following:

1. Case Manager
2. Director of Nurses
3. Administrator

44. Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the participant may have. Administrator or designee documents and investigates the grievance/complaint within 10 calendar days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay. You may appeal the administrator findings to the Governing Board by submitting a written complaint to:

2312 N. Rosemont Blvd. Suite 103
Tucson, AZ 85712

45. Be informed of your state’s home health agency hotline and the agencies contact information make suggestions or complaints, or present grievances on behalf of the client to the agency, government agencies, or other persons without the threat or fear of retaliation.

<table>
<thead>
<tr>
<th>Arizona Department of Health Services Division of Medical Licensing Hotline</th>
<th>Adult Protective Services</th>
<th>Assurance HealthCare, Inc. 2312 N. Rosemont Blvd. Suite 103 Tucson, AZ 85712 520-333-0333 520-325-9938 Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>800-221-9968 150 North 18th Avenue Phoenix, Arizona 85007 (602) 364-3030 (602) 364-4764 Fax</td>
<td>877-767-2385</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child Protective Services 888-767-2445</td>
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</tbody>
</table>
Patient Responsibilities:

- To ask questions of the staff about anything they do not understand concerning their treatment or services provided.
- To provide complete and accurate information concerning their present health, medication, allergies, etc.
- To inform staff of their health history, including past hospitalization, illnesses, injuries.
- To involve themselves and/or Caregiver, as needed and as able, in developing, carrying out, and modifying their home care service plan.
- To review the Agency’s information on maintaining a safe and accessible home environment in their residence.
- To request additional assistance or information on any phase of their health care plan they do not fully understand.
- To inform the staff when a health condition or medication change has occurred.
- To notify the Agency when they will not be home for a scheduled home care visit.
- To notify the Agency prior to changing their place of residence or telephone.
- To notify the Agency when encountering any problem with equipment or services.
- To notify the Agency if they are to be hospitalized or if a physician modifies or ceases their home care prescription.
- To make a conscious effort to comply with all aspects of the plan of care.
- To notify the Agency when payment source changes.
- To notify the Agency of any changes in or the execution of any advanced directives.
- To inform staff of their health history, including past hospitalization, illnesses,

HIPAA NOTICE OF PRIVACY PRACTICES

In compliance with HIPAA - The Health Insurance Portability and Accountability Act of 1996

If you are a client of Assurance HealthCare, Inc., this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

I. USES AND DISCLOSURES

The Agency will not disclose your health information without your authorization, except as described in this notice.

Plan of Care/Treatment. The Agency will use your health information for the plan of care/treatment; for example, information obtained by a nurse/therapist will be recorded in your record and used to determine the course of treatment. Your nurse/therapist and other health care professionals will communicate with one another personally and through the case record to coordinate care provided. You may receive more than one service (program) during your treatment period with such information shared between programs.

Payment. The Agency will use your health information for payment for services rendered. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

Health Care Operations. The Agency will use your health information for health care operations. For example, Agency therapist, nurses, field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to...
continually improve the quality and effectiveness of services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

**Notification.** In an emergency, the Agency may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

**Workers’ Compensation.** The Agency may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs established by the law.

**Public Health.** As required by federal and state law, the Agency may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law Enforcement.** As required by federal and state law, the Agency will notify authorities of alleged abuse/neglect; and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Charges against the Agency.** In the event you should file suit against the Agency, the Agency may disclose health information necessary to defend such action.

**Duty to Warn.** When a client communicates to the Agency a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, the Agency will notify either the threatened person(s) and/or law enforcement.

The Agency may also contact you about appointment reminders, treatment alternatives or for public relations activities.

In any other situation, the Agency will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

**II. INDIVIDUAL RIGHTS**

You have the following rights with respect to your protected health information:

1. You may request in writing that the Agency not use or disclose your information for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. The Agency will consider your request; however, the Agency is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.

2. Within the limits of the statutes and regulations, you have the right to inspect and copy your protected health information. If you request copies, the Agency will charge you a reasonable amount, as allowed by statute.

3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to the Agency to amend your protected health information by correcting the existing information or adding the missing information.

4. You have the right to receive an accounting of disclosures of your protected health information made by the Agency for certain reasons, including reason related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting request may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting request may be subject to a reasonable cost based fee.

5. If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request to the Agency.
III. AGENCY’S DUTIES

1. The Agency is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

2. The Agency is required to abide by the terms of this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time.

3. The Agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, Agency will change its Notice and provide you with a copy. You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the office 520-333-0333.

IV. COMPLAINTS

If you are concerned that the Agency has violated your privacy rights, or you disagree with a decision the Agency made about access to your records, you may contact the office at 520-333-0333. You may also send a written complaint to the Federal Department of Health and Human Services. The Assurance HealthCare, Inc. office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

V. CONTACT INFORMATION

The Agency is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in this Notice. If you have any questions or complaints, please contact:

Danielle Sipe, RN BSN

You may contact this person at:

Assurance HealthCare, Inc.
2312 N. Rosemont Blvd Suite 103
Tucson, Arizona 85712
520-333-0333

Complaints may also be directed to State Licensing Authority without fear of retaliation.

Arizona Department of Health Services
Medical Facilities Licensing Services
150 North 18th Avenue
Phoenix, Arizona 85007
(602) 364-3030
(602) 364-4764 Fax
III. ADVANCE DIRECTIVES

**Advanced Directives—Questions Frequently Asked**
Advance Directives can be short, simple statements expressing your values and choices.

1. **What is an Advance Directive?**
An Advance Directive is a document in which you give instructions about your health care, what you want done or not done, if you can’t speak for yourself.

2. **What is a Health Care Directive?**
A Health Care Directive is a type of Advance Directive that tells your doctor and your family members what kind of care you would like to have if you become unable to make medical decisions. It’s called an “advance directive” because you choose your medical care before you become seriously ill.

3. **What is a Living Will?**
A Living Will is one form of Advance Directive. It usually only comes into effect if you are terminally ill. Being terminally ill generally means that you have less than six months to live.

4. **What is a Health Care (Medical) Power of Attorney?**
A Health Care (Medical) Power of Attorney lets you name someone to make medical decisions for you if you are unconscious or unable to make medical decisions for yourself for any reason. A Health Care (Medical) Power of Attorney can be part of another advance directive form, such as a Health Care Directive or Living Will, or may be a separate document. The person you appoint to make decisions for you when you cannot is called an “agent.”

5. **Does an agent appointed in a Health Care (Medical) Power of Attorney need to be a resident of the state in which you live?**
No, but they need to be available if a medical crisis occurs.

6. **What training does a person need to become a Health Care (Medical) Power of Attorney?**
None. Your Health Care (Medical) Power of Attorney is not a medically trained person. The person you appoint as your Health Care (Medical) Power of Attorney is a person close to you that you can talk to about your values and feelings. Make sure that the person you appoint is willing to assume the responsibility of being your representative.

7. **Can an Advance Directive and a Health Care (Medical) Power of Attorney be combined into one document?**
Yes, they often are.

8. **What authority does a Financial or Durable Power of Attorney have to make health care decisions?**
None.

9. **When does an Advance Directive or Health Care (Medical) Power of Attorney become effective?**
An Advance Directive, including a Health Care (Medical) Power of Attorney, has no legal effect unless and until you lack the capacity to make health care decisions or to give consent for care. Neither the appointed Health Care (Medical) Power of Attorney, nor a written instruction can override your currently expressed choice.

10. **Must physicians honor Living Wills, Advance Directives, and a health care surrogate’s decisions?**
Yes, doctors and other health care providers are legally obligated to follow your Advance Directive.
11. What happens if I do not have an Advance Directive?
If you do not have an advance directive and you cannot make health care decisions, Arizona law gives decision-making power to default decision-makers or “surrogates.” These surrogates, who are primarily family members, can make most health care decisions. The order of people authorized to make health care decisions is:
1. Guardian
2. Health Care (Medical) Power of Attorney
3. Surrogate
   a. The patient’s spouse, unless legally separated
   b. An adult child of the patient, or a majority of adult children
   c. A parent of the patient
   d. The patient’s domestic partner if the patient is unmarried
   e. A brother or sister of the patient
   f. A close friend of the patient.
   g. If none of the above can be located, the attending physician, after consulting with an ethics committee. If unavailable, the physician may make these decisions after consulting with a second physician.

12. Is a “surrogate” decision-maker the same as a Health Care (Medical) Power of Attorney?
In Arizona, if you do not appoint a Health Care (Medical) Power of Attorney, a surrogate decision-maker can make most medical decisions for you. However, a surrogate decision-maker cannot decide to remove artificial nutrition that has been started. Legally, only the person, a Health Care (Medical) Power of Attorney or a Guardian can authorize stopping artificial nutrition. The decision to withhold or withdraw any other treatment can be made by any surrogate.

13. What is a Pre-Hospital Directive (sometimes called an Orange Form)?
Emergency medical service personnel (or “911” responders) are generally required to resuscitate and stabilize patients until they are brought safely to a hospital. If needed, you may receive cardiopulmonary resuscitation (CPR), which is treatment to try to restart a person’s breathing or heartbeat. CPR may be done by pushing on the chest, by putting a tube down the throat or by shocking the heart in an attempt to restart it. If you do not wish to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing, you must complete a special Advance Directive document called a “Pre-Hospital Directive.”

14. What is special about a Pre-Hospital Directive (Orange Form)?
This document must be printed on bright orange paper and states that you do not want cardiopulmonary resuscitation (CPR) to restart your heart or breathing. The Pre-Hospital Directive must be signed by you and must be signed by either your physician or other health care provider.

15. If I complete a Pre-Hospital Directive do I need any other Advance Directive?
Yes. The Pre-Hospital Directive has a limited role. The Pre-Hospital Directive is only effective outside of a health care institution (at home and in the community); it is not effective in the hospital or other health care institution.

16. Do I need a lawyer to complete an Advance Directive?
No. You do not need a lawyer to make an Advance Directive.

17. Do I need to use a special form?
You do not have to use a specific form. Although there is a sample form in Arizona law, you may use any form, as long as it is conforms to the law and is properly witnessed.

18. Must a Health Care (Medical) Power of Attorney or Advance Directive be notarized?
In Arizona these documents may be either witnessed or notarized. The witness must know that you signed freely and had the capacity to understand what you were doing. The witness may not be the individual you have named as your agent, someone related to you by blood marriage or adoption, someone who will benefit from your estate, or your healthcare provider. Some states require notarization. If you plan to travel out of Arizona, it is recommended that you have these documents notarized when you sign them.
If you have completed an Advance Directive, you still remain in control of your health care decisions as long as you are able to communicate your wishes. By expressing your wishes in advance, you help family and friends who might otherwise struggle to decide on their own what you want done.

19. Are Advance Directives written in other states valid in Arizona?
Yes, if they conform to the law of the state in which they were prepared and to Arizona law. Witnessing requirements may vary from state to state.

20. Who should get a copy of my Advance Directive and Health Care (Medical) Power of Attorney?
You or your agent should keep the original documents at home (not in a safe deposit box). Give copies to your physician(s), family members and anyone else you want to know about your wishes. Give a copy to other health care personnel, at the Emergency Room, Outpatient Clinic, or Hospital.

21. What if I change my mind, or want to change my Directive?
You can cancel or change any Advance Directive by telling your agent or health care provider in writing of your decision to do so. Destroying all copies of the old one and creating a new one is the best way. Make sure you give a copy of the new one to your physician and anyone else who received the old one. The most recent directive is the legally binding one.

22. What if I don’t have time to change my Directive in writing?
If you do not have time to put your changes in writing, you can make them known verbally. Tell your doctor and any family or friends present exactly what you want to happen. Wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

23. What is a Mental Health Care Power of Attorney?
A Mental Health Care Power of Attorney is a document that lets you name someone to make decisions for you related to your mental health if you are unable to make those decisions for yourself.

24. What is special about a Mental Health Care Power of Attorney?
Only a Mental Health Care Power of Attorney, or a guardian appointed by the court, can authorize your admission to a mental health care facility for treatment of mental illness (including dementia with behavioral problems) without your consent.

Talk to your family, friends, neighbors, clergy, and doctors. Let them know what you have decided, what your values and preferences are, and what you do and do not want when you cannot speak for yourself.
IV. PATIENT FINANCIAL OBLIGATIONS

Some insurers may limit the number and type of home care visits that they will pay for and may require pre-certification. We will inform you, your family, caregiver or guardian of all charges and methods of payment at admission.

1. Medicare part A/B-These programs reimburse at 100% of reasonable costs. There is no patient liability involved as long as admission criteria are met.

2. Medicare part B-Outpatient, home medical equipment and pharmacy-This program reimburses at 80% of reasonable and customary charges. There is a patient liability for the remaining 20%. The 20% may be billed to other insurance programs. The annual Medicare deductible must also be satisfied.

3. AHCCCS/Medicaid-Co-pays and deductibles may apply. You will be notified of the amount if any.

4. Private Pay patient-The patient will be responsible for amounts not reimbursed by the insurance company, unless Medicare or other insurance is a secondary payer. You will be notified in writing of the anticipated amount you will owe, if any.

5. Self Pay patient-All expenses related to your home health services will be billed directly to you each month.

Should any change be made in this policy regarding services or charges, you or your responsible party will be advised. If you have any questions about charges or insurance billing, please call our office. If you change insurance companies during the course of treatment please notify the agency.
V. YOUR RIGHT TO PAIN MANAGEMENT

Assurance HealthCare respects and supports your right to appropriate pain assessment and management.

As a patient you can expect:

- Proper, respectful, informed and nondiscriminatory pain management and care.
- Your pain to be managed with collaborative and multidisciplinary efforts.
- To have your questions and concerns about pain and pain treatments addressed.
- To receive accurate and understandable information about your pain, health, diagnosis, prognosis, and treatment.
- To receive knowledge and information about all pain treatment options available to you before giving informed consent.
- To have the right to make informed decisions about your pain treatment.

VI. EMERGENCY AND DISASTER PREPAREDNESS

Personal Disaster Plan
A personal disaster plan is imperative to have in place before a disaster occurs. Agency personnel will help you develop a plan since they are not available to visit patients in their home from the issuance of a disaster warning until conditions permit. Upon admission, your evacuation needs will be assessed. Evacuation is the responsibility of the patient or the patient’s caregiver or the Office of Emergency management to evacuate patients if evacuation becomes necessary.

IN case of emergency
1. Call 911 or your local EMS for ambulance, fire or police
2. Give this information:
   a. Describe the emergency
   b. Street address or directions
   c. Telephone number you are calling from
3. Alert responding units by
   a. Turning on the house lights
   b. Flashing yard/porch lights
   c. Sending person to wave to responding unit

Emergency Preparedness
If you are involved in a natural disaster, (i.e. hurricane, tornado, flood, earthquake or fire), follow these instructions:

- Shelter in place and if you must leave home call and notify the agency. Provide us with the new address and phone number where you can be reached.
- Go the nearest hospital outside the disaster area if you need emergency medical care or supplies.
- If you have no electricity at your home, minimize opening the refrigerator or freezer. If you are oxygen dependent keep at least 8 hrs of oxygen tanks on hand.

Emergency Supplies
At a minimum, have the basic supplies listed below. Keep supplies in an easy to carry emergency preparedness kit that you can use at home or take with you in case you must evacuate, i.e. backpack.

- Water—one gallon per person, per day (3day supply for evacuation, 2week supply for home)
- Food—nonperishable, easy to prepare items (3day supply for evacuation, 2week supply for home)
- Flashlight
• Battery powered or hand crank radio (NOAA Weather Radio, if possible)
• Extra batteries
• First aid kit
• Medications (7day supply) and medical items
• Multipurpose tool
• Sanitation and personal hygiene items
• Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
• Cell phone with chargers
• Family and emergency contact information
• Extra cash
• Emergency blanket
• Map(s) of the area

Consider the needs of all family members and add supplies to your kit. Suggested items to help meet additional needs are:
• Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
• Baby supplies (bottles, formula, baby food, diapers)
• Games and activities for children
• Pet supplies (collar, leash, ID, food, carrier, bowl)
• Two-way radios
• Extra set of car keys and house keys
• Manual can opener

Additional supplies to keep at home or in your kit based on the types of disasters common to your area:
• Whistle
• N95 or surgical masks
• Matches
• Rain gear
• Towels
• Work gloves
• Tools/supplies for securing your home
• Extra clothing, hat and sturdy shoes
• Plastic sheeting
• Duct tape
• Scissors
• Household liquid bleach
• Entertainment items
• Blankets or sleeping bags

**Disability/Special Needs**
If you have a disability or special needs: Find out about special assistance that may be available in your community. Register with the office of emergency services or the local fire department for assistance so needed help can be provided.

For more information, see the community reference pages in your telephone directory or call:

<table>
<thead>
<tr>
<th>Pima County Emergency Management</th>
<th>Cochise County Emergency Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>130 West Congress Street</td>
<td>205 N. Judd Drive</td>
</tr>
<tr>
<td>Tucson, Arizona 85701</td>
<td>Bisbee, Arizona 85603</td>
</tr>
<tr>
<td>520-798-0600</td>
<td>520-432-9550</td>
</tr>
</tbody>
</table>

Information taken from www.redcross.org
VII. HOME SAFETY

* General Information:
  - Install proper locks and keep doors locked. Ask visitors to identify themselves before opening the door. Open the door only if you know the person, or if you are expecting that person.
  - Be cautious with sharp objects.
  - Mark glass doors and windows with decals.

* Medication Safety:
  - Keep all medications in original containers and label clearly.
  - Write medication schedule and take only as prescribed.
  - Be aware of side effects of medications.

* Poison Prevention:
  - Label all poisons.
  - Keep all substances in their original containers.
  - Do not mix cleaning products, such as chlorine and ammonia.
  - Have syrup or IPECAC on hand.
  - Store cleaning agents away from foods and medications.
  - Know the Poison Control Center number: 1-800-222-1222.

* Fall Prevention:
  - Remove all scatter rugs forever.
  - Tack down the edges of all carpets.
  - Never leave articles of clothing on the floor.
  - Keep boxes out of hallways or stairwells.
  - Keep electric cords, telephone cords, newspaper, magazines and other clutter away from walking areas.
  - Use handrails that are sturdy and strong.
  - Avoid use of extension cords.
  - Lift feet when walking.
  - Wear proper fitting shoes with non-slip soles.
  - Do activities and exercises to improve balance and strengthen legs.
  - Do not attempt to climb or use ladders.
  - Be careful if using tranquilizers.
  - Have sufficient lighting throughout house.

* Bathroom:
  - Install grab bars or handrails by toilet and tub.
  - Place skid-proof floor covers and tub/shower mats in bathroom.
  - Install a stable tub/shower seat.

* Kitchen:
  - Store commonly used items within easy reach.
  - Use a cart to move heavy or awkward objects.
  - Avoid the use of floor wax. Use the non-slip type and never walk on wet floors.

* Stairs:
  - Install handrails and always use them.
  - Place a strip of bright tape on the top and bottom step on each staircase.
  - Place non-slip threads on steps.
**Bedroom:**
- Use nightlight in hall between bedroom and bathroom.
- Take your time, get up from bed or chair slowly to avoid dizziness.
- Sit on the edge of the bed or in a chair when putting on socks, shoes, or slacks.
- Ensure that side rails are in upright position on hospital beds.

**Living Room:**
- Avoid sharp-cornered furniture.
- Utilize proper transfer techniques (ex. Chair to bed or toilet).
- Utilize proper ambulation techniques; use walker, cane or crutch as prescribed.
- Utilize wheelchair safety:
  - Install ramps; 12 foot ramp for 1 foot rise.
  - Rearrange furniture placement and always lock wheels.

**Fire Safety:**
- Make an escape plan; then practice it.
- Keep at least one fire extinguisher; check the charge often.
- Be aware that nylon catches fire.
- Do not every smoke in bed!
- Be very careful with space heaters; do not tip them!
- Make sure your electrical wiring is not frayed and is free of shorts.
- Keep electrical appliances away from water and unplug after use.
- Have smoke detectors properly located; check battery monthly.
- Store flammables properly.
- Turn off oven and stove; clearly mark controls on stove.
- Be cautious around any open flame heater or fireplace.
- Do not use lighted matches or lighters around any suspected natural gas leaks.

**Burn Prevention:**
- Always check hot water for temperature; label hot and cold faucets.
- Keep pot handles turned to the back of the stove.
- Keep flammable towels away from the stove.
- Open lids away from you to avoid steam burns.
- Use heating pads with caution:
  - Use only on low (unless Doctor/Nurse states otherwise)
  - Check area frequently for redness
  - Do not apply directly to skin.

**Medical Equipment Safety:**
- The company that supplies your medical equipment should instruct you in the safe use of each item.
- If you have question or need assistance with any item, please ask your nurse!
- If a piece of equipment breaks or seems not to work correctly, notify the company that brought the item to you immediately!
- Do not use an item unless you are sure it is working properly.
- Never smoke when Oxygen is in use.

**Cold Weather Precautions:**
- Avoid icy sidewalks and porch steps.
- Always cover head, hands and feet if you are going out.
- Use warm blankets, clothes and socks.
VIII. INFECTION CONTROL AT HOME

Infectious illnesses are caused by germs—usually bacteria or viruses. Germs can be spread by touching, eating, drinking, or breathing something that contains a germ. Germs can also spread by animal and insect bites, kissing, or sexual contact.

- Stop the spread of germs:
  - Wash your hands often. This is especially important before and after preparing food, before eating, and after using the toilet.
  - Cover your mouth and nose when sneezing or coughing.
    - Use a tissue! Keep tissues hand at home, at work and in your pocket. Be sure to throw away used tissues and then clean your hands.
    - If you don’t have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, wash them right away.
  - Prepare and store foods properly
  - Keep your pets healthy
  - Control pests that can transmit disease, such as insects and rodents, by using fewer pesticides

- Help your body fight germs:
  - Eat well, stay fit, and get enough sleep.
  - If you are sick, avoid close contact.
  - Get vaccinated. Both children and adults need immunizations. Check with your doctor or nurse to see what shots you and your family might need.

- Prevent antibiotic resistance:
  - Antibiotics cure bacterial infections, not viral infections such as:
    - Colds or flu;
    - Most coughs and bronchitis;
    - Sore throats not caused by strep; or
    - Runny noses.
  - Taking antibiotics for viral infections, such as a cold, cough, the flu, or most bronchitis, will not:
    - Cure the infections;
    - Keep other individuals from catching the illness; or
    - Help you feel better.

IX. HEARING AND SPEECH IMPAIRED

Assurance HealthCare, Inc. will ensure that qualified persons who are sensory impaired receive effective notice concerning benefits of services or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice are provided without cost to the person being served. The identification of special needs and disabilities is a part of the referral process.

For Persons with Hearing Impairments: Qualified sign-language interpreters for person who are deaf/hearing impaired are available. The following state agency offers the needed services.


For Person with Visual Impairments: Our staff will communicate the content of written materials concerning the benefits, services, waivers of rights and consent to treatment forms by reading them out loud to visually impaired persons.
Home Health Agency
Outcome and Assessment Information Set (OASIS)

STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

• **You have the right to know why we need to ask you questions.**
  
  We are required by law to collect health information to make sure:
  
  1) you get quality health care, and
  
  2) payment for Medicare and Medicaid patients is correct.

• **You have the right to have your personal health care information kept confidential.**
  
  You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

• **You have the right to refuse to answer questions.**
  
  We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

• **You have the right to look at your personal health information.**
  
  - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
  
  - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.
Home Health Agency
Outcome and Assessment Information Set (OASIS)
NOTICE ABOUT PRIVACY
For Patients Who Do Not Have Medicare or Medicaid Coverage

• As a home health patient, there are a few things that you need to know about our collection of your personal health care information.

  l Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
  l We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
  l We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.

• We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) assessment, it is protected under the federal Privacy Act of 1974 and the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- Support litigation involving the Centers for Medicare & Medicaid Services;
- Support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- Study the effectiveness and quality of care provided by those home health agencies;
- Survey and certification of Medicare and Medicaid home health agencies;
- Provide for development, validation, and refinement of a Medicare prospective payment system;
- Enable regulators to provide home health agencies with data for their internal quality improvement activities;
- Support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- Support constituent requests made to a Congressional representative.

III. ROUTINE USES

These routine uses specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. The Federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services.
2. Contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. An agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. Another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care.
6. An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. A congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records: Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager. TTY for the hearing and speech impaired: 1-877-486-2048

11/13
CMS Face-to-Face Requirement
A FACT SHEET FOR INDIVIDUALS WHO WILL RECEIVE MEDICARE HOME HEALTH SERVICES

The Affordable Care Act mandates that as of January 1, 2011, all patients receiving Medicare homecare services must have a face-to-face encounter with a Physician or Non-Physician Practitioner (NPP).

- Ideally the face-to-face encounter will occur between the patient and the Physician who will certify and sign the Medicare home health Plan of Treatment (POT).
- However, Nurse Practitioners (NP) and Clinical Nurse Specialist (CNS) in collaboration with the “certifying” Physician can perform the face-to-face encounters, along with Physician Assistants (PA) who practice under the supervision of the certifying Physician.
- All Non-Physician Practitioners would need to communicate their findings to the “certifying” Physician prior to the signing of the POT.
- Hospitalists may also perform the encounter prior to discharge while a patient resides in the hospital. However, the hospitalist would need to identify the primary physician (by name) who will be following the patient after discharge and who will sign the POT.
- The primary Physician would be expected to update the encounter information as needed if changes had occurred post hospital discharge.

When Must the Face-to-Face Encounter Occur?
- The face-to-face encounter can take place up to 90 days before the patient is admitted to homecare services (the start of care visit). If the face-to-face encounter does not occur prior to the start of care visit, it must be completed within 30 days from the date on which homecare services were initiated.
- The face-to-face encounter and the documentation of the encounter is a requirement for reimbursement of all Medicare home health services.

Required Documentation
CMS strongly encourages physicians to document the following in the patient’s clinical record, signifying that the topics below were discussed with the patient during the face-to-face encounter:
- The date that the encounter took place.
- The primary condition for which home health services are needed, including the “medical necessity” that requires

Frequently Asked Questions

Does this apply to me?
If you are currently receiving Medicare home health services on or before January 1, then it does not. If you have never received home health services or you have been discharged from home care prior to January 1, then on or after January 1, 2011, you would need to see your doctor before or shortly after your first home care visit.

Can I receive home care services without a face-to-face encounter?
No! A face-to-face encounter is a condition of payment for all Medicare home health fee for service patients. The encounter must occur before home care services are initiated (up to 90 days before) or not more than 30 days after the first home care visit.

Can the face-to-face encounter be completed during a regularly scheduled physician office visit?
Yes, as long as the primary condition for which home care will be seeing you for is discussed with you during that visit.

Will I be charged extra for the face-to-face visit?
No, there should be no additional cost beyond what you currently pay for a normal physician visit.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES
intermittent skilled nursing and/or skilled therapy services to be provided in the patient’s home.

- Determination of a patient’s eligibility to receive Medicare home health services with their homebound status being clearly established and documented during the encounter.
- The home health provider/agency is required to provide documentation to CMS that the face-to-face encounter did occur and all the elements listed above were included in the encounter.
- The verification must be placed on a separate document that will be submitted to the certifying Physician on or attached to the patient’s initial home health Plan of Treatment (POT).
- The “certifying” Physician is required to “attest” in writing that a face-to-face encounter occurred and that the topics listed above where discussed with the patient on a specific date. The certifying Physician would need to sign and date the additional document or section pertaining to the face-to-face encounter, as well as the POT.
- Please remember that no standardized language is allowed. The law requires that the Physician document the face-to-face encounter in his/her own words.
- Non-Physician Practitioners performing face-to-face encounters should document the encounter in the medical record and communicate findings of the encounter to the certifying Physician so that he/she can certify/sign that the required face-to-face encounter occurred.

Payment

- CMS will not provide separate payment for a patient's face-to-face encounter in your physician's office. Physician payment is allowed only for normal medically necessary services rendered under the fee schedule that might occur in conjunction with the face-to-face encounter. In addition, there is no change to reimbursement for care plan certification & oversight.
- CMS specifically states that physicians and non-physician providers may not certify or recertify, and a plan of care may not be established and reviewed, by any physician who has a financial relationship that is not a Stark exception or an anti-kickback safe harbor.
- A non-physician practitioner may not perform the face-to-face encounter if prohibited by anti-kickback laws.

Face-to-Face Encounters via Telehealth

- Face-to-face patient encounters may occur through telehealth, but only if the telehealth encounter occurs at a Medicare-approved originating site (i.e. hospitals, skilled nursing facilities etc.). CMS at this time does not include the patient’s home as an approved originating site.

Effective Date

- Applies to all Medicare fee for service patients admitted to home health on or after January 1, 2011. Current patients who are receiving Medicare home health services on January 1 will not be required to have a face-to-face encounter.

There are additional updates due out from CMS on the Face to Face Encounter requirement. Find the complete CMS Final Rule online at http://edocket.access.gpo.gov/2010/pdf/2010-27778.pdf, note pages 57-63.
## Medical Emergency Information

### Personal Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Sex</th>
<th>Height/Weight</th>
<th>Blood Type</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Insurance Co.</th>
<th>Secondary Insurance Co.</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Insurance Numbers &amp; Group</th>
<th>Secondary Insurance Numbers &amp; Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Past Medical History

#### Allergies
- [ ] None
- [ ] Unknown

#### Medical Allergies:
- ___________________________________________________________________
- ___________________________________________________________________
- ___________________________________________________________________
- ___________________________________________________________________
- ___________________________________________________________________

#### Cardiac
- [ ] None
- [ ] Unknown
- [ ] Angina
- [ ] Arrhythmia
- [ ] Cardiomyopathy
- [ ] CHF
- [ ] Congenital
- [ ] Implanted Defib
- [ ] MI
- [ ] Other ________________

#### Surgery
- [ ] None
- [ ] Unknown
- [ ] Abdominal
- [ ] Heart
- [ ] Lung
- [ ] Neurological
- [ ] Other __________________________

#### Chronic Illnesses
- [ ] None
- [ ] Asthma
- [ ] Bleeding Disorder
- [ ] Cancer
- [ ] COPD
- [ ] CVA / TIA
- [ ] Diabetic
- [ ] Dialysis/Renal
- [ ] Gastrointestinal
- [ ] Headaches
- [ ] Hepatitis
- [ ] HIV +
- [ ] Hypertension
- [ ] Paralysis
- [ ] Psychological
- [ ] Seizures
- [ ] Substance Abuse
- [ ] TB
- [ ] Unknown
- [ ] Other __________________________

#### Current Medications
- [ ] None
- [ ] Unknown
- ___________________________________________________________________
- ___________________________________________________________________
- ___________________________________________________________________

### Emergency Contact Information

<table>
<thead>
<tr>
<th>Primary Physician</th>
<th>Physician Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Contact Name &amp; Relationship</th>
<th>Primary Contact Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Contact Name &amp; Relationship</th>
<th>Secondary Contact Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Update information regularly! Use a separate sheet for additional information.
<table>
<thead>
<tr>
<th>WHAT TO DO?</th>
<th>CALL MY HOME HEALTH AGENCY WHEN:</th>
<th>CALL 911 WHEN:</th>
</tr>
</thead>
</table>
| **I hurt**  | • New pain OR pain is *worse* than usual  
  • Unusual bad headache  
  • Ears are ringing  
  • My blood pressure is above: _____/_____  
  • Unusual low back pain  
  • Chest pain or tightness of chest RELIEVED by rest or medication  | • Severe or prolonged pain  
  • Pain/discomfort in neck, jaw, back, one or both arms, or stomach  
  • Chest discomfort with sweating/nausea  
  • Sudden severe unusual headache  
  • Sudden chest pain or pressure & medications don’t help (e.g. Nitroglycerin as ordered by physician), OR  
  • Chest pain went away & came back  |
| **I have trouble breathing** | • Cough is worse  
  • Harder to breathe when I lie flat  
  • Chest tightness RELIEVED by rest or medication  
  • My inhalers don’t work  
  • Changed color, thickness, odor of sputum (spit)  | • I can’t breathe!  
  • My skin is gray OR fingers/lips are blue  
  • Fainting  
  • Frothy sputum (spit)  |
| **I have fever or chills** | • Fever is above ________ F  
  • Chills/can’t get warm  | • Fever is above ________ F with chills, confusion or difficulty concentrating  |
| **Trouble moving or fell** | • Dizziness or trouble with balance  
  • Fell and hurt myself  
  • Fell but didn’t hurt myself  | • Fell and have severe pain  |

This plan is a guide only and may not apply to all patients and/or situations. This plan is not intended to override patient/family decisions in seeking care.

Developed by Quality Insights of Pennsylvania in conjunction with Carol Siebert, MS, OTR/L, FAOTA, American Occupational Therapy Association and Karen Vance, OTR/L, BKD Healthcare Group and American Occupational Therapy Association. Based on MyEmergency Plan created by Delmarva in conjunction with OASIS Answers, Inc.
“CALL ME FIRST”

CALL 911 WHEN:

- Bleeding that won’t stop
- Bleeding with confusion, weakness, dizziness and fainting
- Throwing up bright red blood or it looks like coffee grounds

<table>
<thead>
<tr>
<th>WHAT TO DO?</th>
<th>CALL MY HOME HEALTH AGENCY WHEN:</th>
<th>CALL 911 WHEN:</th>
</tr>
</thead>
</table>
| I see blood | • Bloody, cloudy, or change in urine color or foul odor  
               • Gums, nose, mouth or surgical site bleeding  
               • Unusual bruising | |
| Trouble thinking | • Confused  
                   • Restless, agitated  
                   • Can’t concentrate | • Sudden difficulty speaking |
| My weight or appetite changed | • I don’t have an appetite  
                                      • Lost ____ lbs in ______ days  
                                      • Gained ____ lbs in 1 day OR ____ lbs in ____ days  
                                      • Feet/ankles/legs are swollen | |
| I don’t feel right | • Weaker than usual  
                       • Dizzy, lightheaded, shaky  
                       • Very tired  
                       • Heart fluttering, skipping or racing  
                       • Blurred vision | • Sudden numbness or weakness of the face, arm or leg  
                                          • Sudden difficulty speaking/slurred words  
                                          • Suddenly can’t keep my balance |
| I feel sick to my stomach | • Throwing up  
                          • New coughing at night | • Can’t stop throwing up  
                                           • Throwing up blood |

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## WHAT TO DO?

### Bowel troubles
- Diarrhea
- Black/dark OR bloody bowel movement
- No bowel movement in _____ days
- No colostomy/ileostomy output in ______ hours/days

### Trouble urinating
- Leaking catheter
- No urine from catheter in _____ hours
- Have not passed water in _____ hours
- Urine is cloudy
- Burning feeling while urinating
- Belly feels swollen or bloated

### I am anxious or depressed
- Always feeling anxious
- Loss of appetite
- Unable to concentrate
- Trouble sleeping
- Loss of hope
- Constant sadness

### My wound changed
- Change in drainage amount, color or odor
- Increase in pain at wound site
- Increase in redness/warmth at wound site
- New skin problem
- Fever is above ________F

### CALL MY HOME HEALTH AGENCY WHEN:

### CALL 911 WHEN:
- I have a plan of hurting myself or someone else
- Fever is above ________ F with chills, confusion or difficulty concentrating
- Bleeding that won’t stop

This plan is a guide only and may not apply to all patients and/or situations. This plan is not intended to override patient/family decisions in seeking care.
### WHAT TO DO?  CALL MY HOME HEALTH AGENCY WHEN:  CALL 911 WHEN:

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Advice</th>
<th>Conditions</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thirsty or hungry more than usual</td>
<td>• Shaky</td>
<td>Fruity breath</td>
<td>• Low blood sugar not responding to treatment</td>
</tr>
<tr>
<td>Urinating a lot</td>
<td>• Sweating</td>
<td>Nausea/throwing up</td>
<td>• Unable to treat low blood sugar at home</td>
</tr>
<tr>
<td>Vision is blurred</td>
<td>• Extreme tiredness</td>
<td>Difficulty breathing</td>
<td>• Unconsciousness</td>
</tr>
<tr>
<td>I'm feeling weak</td>
<td>• Hungry</td>
<td>Blood sugar greater than _______mg/dl</td>
<td>• Seizures</td>
</tr>
<tr>
<td>My skin is dry and itchy</td>
<td>• Have a headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeated blood sugars greater than _______mg/dl</td>
<td>• Confusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Thirsty or hungry more than usual</td>
<td>• Heart is beating fast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Urinating a lot</td>
<td>• Trouble thinking, confused or irritable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vision is blurred</td>
<td>• Vision is different</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I'm feeling weak</td>
<td>• Repeated blood sugars less than _______mg/dl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• My skin is dry and itchy</td>
<td>• Feeding Tube clogged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Repeated blood sugars greater than _______mg/dl</td>
<td>• Problems with my IV/site</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Take:** 3 glucose tablets, OR ½ glass of juice, OR 5-6 pieces of hard candy, OR

**Wait:** 15 minutes & re-check blood sugar

**IF** your blood sugar is still low and symptoms do not go away: Eat a light snack:

½ peanut butter OR meat sandwich, ½ glass milk

**Wait:** 15 minutes & re-check blood sugar

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