



FROM THE HEART HOME HEALTH CARE

PATIENT HANDBOOK

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THANK YOU

EMERGENCY INFORMATION

Welcome to From the Heart Home Healthcare

From The Heart Home Healthcare would like to extend a warm welcome to you and your family. We are committed to providing the highest level of quality services.

We are dedicated to improving quality of life through the delivery of compassionate care and uncompromising service.

Because of this commitment, we strive to demonstrate our belief in the dignity and worth of each individual. Our goal is to make you as independent as possible, as quickly as possible.

We employ compassionate people with the experience and skills to deliver the quality care you deserve. These individuals will work closely with your "personal" healthcare team, which may include a number of different individuals and services.

This booklet is designed to help you understand the home healthcare process, your rights and responsibilities as a patient and the state and federal regulations, which govern homecare. Also included is safety information for your home as the safety of you and your loved ones is important to us.

If you have additional questions, please do not hesitate to call us. Our healthcare team joins in wishing you a rapid recovery.

Service Hours: Services are available 24 hours a day 7 days a week. The office is open from 9:00a.m. to 5:00p.m. M-F. If you need to contact us after these hours an on-call coordinator is available to coordinate the care you need. A qualified nurse is on-call to accept patient referrals and to handle patient emergencies as needed.

Mission

Our mission is to provide consistent high quality care to the community that involves caring and compassion for the aging, ill and disabled that will enhance the care of the lives we provide service for.

Vision

Our vision is to create innovative, effective and efficient solutions, leading clinical outcomes and extraordinary service experiences that meet the needs of all who have a stake in high- quality healthcare and our success.

Values

- High integrity, ethical leadership and strength in governance
- Respect, trust, discipline and open communication
- Teamwork, collaboration and learning
- An environment where dedicated people are passionate about their roles in the delivery of exceptional care and service
- Leading change toward better practices, solutions, outcomes and efficiencies
- A culture of growth, opportunity, recognition and continuous improvement
- Relationships that reward all those who place their trust in us

About our Services

Services Available:	
» Home Health	» Monitoring of acute conditions
» Respiratory/HME	» Pharmacy Assessment
» Assessment	» Teaching Ostomy management
» Catheter care / changes	» Wound care / dressing changes
» Enteral / parenteral therapies	» Education on disease management
» Infusion therapies	» Venipuncture
» Medication instruction	» Nutrition counseling
» Medical Social Services	» Therapies:
	<ul style="list-style-type: none"> • Physical Therapy • Occupational Therapy • Speech Therapy

We have the ability to handle a wide range of cases, from the simple to the complex.

Common Diagnoses Include:	
» Angina	» Dysphasia
» Burns	» Hypertension
» Coronary Artery Disease	» Incontinence
» Chronic Airway Obstruction	» Neurogenic Bladder
» Congestive Heart Failure	» Osteoarthritis
» Cerebrovascular Accident	» Peripheral Vascular Disease
» Diabetes	» Senile Osteoporosis
» Depression	» Ortho- Total knee / hip
» Cardiac Care	» Ulcers / open wounds

Interdisciplinary Treatment Teams

Under the direction of a clinical team leader, highly trained caregivers provide interdisciplinary services to our patients. Team members include: Registered Nurses, Licensed Practical Nurses, Physical Therapists, Occupational Therapists, Speech/Language Pathologists, Home Health Aides, Social Workers, Certified Nursing Assistants, Physicians and other medical specialists.

Unique Approach

-);> One-to-one patient care in the home
-);> Treatment delivered through Briggs Clinical Care Protocols, based on best practices
-);> Streamlined referral process and easy access to all services, including:
 - o Nursing, Intravenous Therapy, Home Medical Equipment
-);> Emphasis on patient and family education
-);> Focus on functional outcomes and maximum patient independence
-);> Ongoing communication with case managers, payer, family and physician

Benefits Realized

-);> Predictable outcomes because of standardized delivery processes
-);> Flexibility for individual care
-);> Healing process accelerated in familiarity and safety of home setting
-);> Significant cost savings due to efficient and aggressive management of resources

Measurable Outcomes

-);> Treatment decisions based on objective data and protocols decided upfront care
-);> Patient and family education improves compliance and clinical outcomes
-);> Goals geared toward predetermined outcomes
-);> Using sophisticated Information Technology system, ability to track and trend cases, collect information and share best practices to continually improve protocols and practices

Sustainable Results

-);> Decreased recidivism and readmission rates
-);> Increased productivity and better quality of life for patients

Section I: Home Health Admission

Admission

Patients will be accepted for care regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.

Homecare services are provided when...

Adequacy and suitability of personnel and resources to provide service in accordance with the needs of the patient and the physician's Plan of Treatment if required.

Attitudes and coping ability of the patient and/or family towards providing care at home.

Reasonable expectation that the patient's overall needs can be adequately met in his/her place of residence, including a plan to meet any medical emergencies that may arise.

Adequate physical facilities in the patient's residence for the safe delivery of service. Availability and willingness of a primary physician, or other authorized professional to provide an overall Plan of Treatment if physician orders are required. Availability and willingness of family members or other support services to follow through with the overall plan of care as necessary.

Patient agrees to pay for services directly or through a third party that covers services.

Patient resides within the geographical area served by the location.

Staff personal safety is not at risk.

The following patients are ineligible for admission to homecare services (appropriate referrals to treatment facilities or other community resources will be made):

- Patients with a history of intractable violent behavior or homicidal ideation;
- Patients exhibiting active suicidal behavior or considered a danger to themselves or others;
- Patients unable to obtain food or shelter;
- Patients/families persisting in discriminatory job orders.

Medicare-Certified Agency Information

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

Home health admission, continued

Non-Certified Agency Information:

This agency is also surveyed and licensed by the State 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 (nursing or therapy) still require a licensed physician's order before care can be provided.

The determination of which agency a patient will be admitted depends on the type of service needed, the insurance requirements, whether the patient meets the insurer's coverage requirements, and state regulations.

Consent for treatment

The patient consents to treatment from the Agency consistent with their established plan of care. The patient confirms that he/she has been informed and has participated in planning the care and procedure(s) to be carried out by the Agency and signs the Home Care Consent form willingly and voluntarily. The patient understands that their consent is valid from the date of the initial visit by the Agency's personnel and that they may withdraw the consent at any time by notice to the Agency, and, if they choose to do so, the services will not thereafter be provided. The patient understands that for admission to and continuation of services is subject to the Agency's policies and procedures.

Authorization for payment/assignment of insurance benefits

The patient will provide the agency with the insurance company (including Medicare, Medicaid, TriCare and other governmental programs) benefits information. The patient authorizes their insurance company to furnish any agent of the Agency any and all information pertaining to their insurance benefits and status of claims submitted by the Agency.

In the event that their insurance carrier does not accept 'assignment of benefits', or any other payments are sent directly to patient, the patient will hold them in trust for the Agency for payment of their bill. Patient understands that they must promptly make payment for services by either personal check or by endorsing the insurance payment by writing "Pay to the order of the Agency" and their signature.

Services

The Agency can provide a service or a combination of services in the patient's home. Services are provided under the direction of your physician. Services offered through our office include skilled nursing, physical/occupational/speech therapy, medical social worker, home health aides and other medical specialists.

Skilled Nursing

Provides skilled nursing services and admits patients to services completing appropriate clinical documentation under the Clinical Manager's direction. Skilled nursing is provided by Registered Nurses and Licensed Practical Nurses under the direction of a Registered Nurse. The nurse will assess individual status and provide care and instruction as needed by the patient. The nurse will implement the care plan in conjunction with patient and family to assist them in achieving optimal resolution of needs/problems. The nurse will provide skilled nursing care per the physician's plan of care/treatment and in compliance with Nurse Practice Act. The nurse will provide instructions to various healthcare personnel regarding patient medication, diets, disease process and patient self-care.

Therapy Program

These services are provided by licensed therapists and licensed therapy assistants such as physical therapist assistants (PTAs) and certified occupational therapist assistants (COTAs) who practice under the direction of the therapists. This program includes Physical, Occupational and Speech Language therapy services. These services include the planning and administration of prescribed skilled therapy treatment and training for patients suffering from various injuries, illnesses and functional disabilities to attain highest level of physical function.

Home Health Aides (HHAIDE)

The Agency provides personal care services for those patients who require assistance. A Registered Nurse or Therapist supervises the HHAIDE's. All care provided by the HHAIDE will be directed by the Registered Nurse or Therapist.

The primary duties and responsibilities of the Home Health Aide (per visit) are:

- Bathe/shower or assist with bath or shower, perform skin care, give back rubs
- Assist with or perform mouth care
- Feed or assist with feeding
- Comb/shampoo hair as needed
- Clean bedside area, change linens
- Assist patient on/off bedpan, bedside commode or toilet
- Straighten/lightly clean bathroom or bedroom area where the patient's care was provided
- Assist with exercises if ordered/trained by the Registered Nurse or Therapist
- File fingernails and toenails
- Shave patient
- Catheter care if necessary

home health aides (HHAIDE), continued

As time permits, after personal care, the Home Health Aide may perform the following:

- Laundry essential to the comfort and cleanliness of the patient
- Prepare a light meal or snack for the patient
- Shop for food if no one else is available

The Home Health Aide MAY NOT perform the following:

- 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
- Sit for the patient if the family is out. If an errand must be done, please return prior to the usual time the Aide leaves
- Receive gifts, gratuities, or be personally employed while the patient is a client of the Agency
- Cut or trim fingernails, toenails, or hair
- General housekeeping

Scheduling visits

Visits are scheduled according to physician orders and patient needs, and we make an effort to meet individual patient preferences. The agency will make every effort to provide uninterrupted services, however sometimes unanticipated interruptions are unavoidable including, but not limited to, inclement weather or other natural disasters. If a visit is missed due to patient's decline, patient not at home, physician appointments, unsafe weather conditions, etc., we will try to make up the visit if possible unless the patient's care needs can safely be met by the patient and/or family/significant others. Please help us with scheduling and coordinating visits by:

Notify the branch office as soon as you know you need to cancel or reschedule a visit day or time (preferably call us the day before)

Notify the branch office if you go into the hospital (or have your family call for you) Let us know before the day of your doctor's appointments so that we can schedule our visits around that day and time as needed

Let us know about other medical appointments that we need to work around such as dialysis, chemotherapy, or radiation treatments

Notify the branch office if you no longer want to continue all or part of the homecare services

The agency will make every effort to provide uninterrupted services, however sometimes unanticipated interruptions are unavoidable including, but not limited to, inclement weather or other natural disasters.

Plan of care

The Agency involves key professionals and other staff members in developing your individual plan of care, which is based on admission information, your physician's specific treatment/medication orders, our observations and assessments. The plan is reviewed and updated based on your changing needs. Our patient care goals are aimed to assist the individual to become as independent in health and self-care as quickly as possible.

The care plan will include, but is not limited to:

Individualized specific goals for each skilled discipline
Implementation plans including the discipline to provide services
Frequency/duration of home visits for each discipline

The agency staff must advise the patient, caregiver or guardian that:

The patient has the right to be informed of the plan of care.

The patient has the right to participate in the development of the plan of care.

The patient may have a copy of the plan of care if requested.

Special Medicare home health information

Homebound requirements

One of the coverage requirements for Medicare and Medicaid 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 services. 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 nursing visits
- Home health aide services
- Physical therapy
- Speech and language pathology
- Occupational therapy
- Medical social services
- Covered routine and non-routine medical supplies
- Outpatient therapy arranged by the home health agency because needed equipment cannot be taken to your home.

If you receive services from other providers such as covered medical supplies or outpatient therapy not arranged by the home health agency, 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 even when you are receiving home health visits.

It is very important that you remind your physician and tell any other provider of services or supplies that you are receiving Medicare covered home healthcare from our Agency.

This will enable your physician or other providers to whom your physician refers you to check with our Agency's office about Medicare coverage restrictions for other providers.

Section II: Your Rights and Responsibilities

The Agency exists for the purpose of providing high-quality care that meets or exceeds accepted standards for care. The Agency believes that each patient is worthy of respect and understanding and has certain rights and responsibilities related to the care he/she receives. In accordance with this philosophy, The Agency wishes to advise you of the following rights and responsibilities and to assist you in understanding and exercising these rights:

As a patient of the Agency, you have the right to:

1. Be treated with dignity, courtesy, and respect.
2. Have your property treated with respect.
3. Know the name and title of the Agency's personnel who are providing service and supervision and to expect that they are properly qualified to provide your care.
4. Receive competent, individualized quality services from the Agency regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.
5. Make informed decisions about your care, to receive information to help you make such decisions and to participate in developing, planning and changing your care plan.
6. Your reports of pain to be believed, to be given information about pain and pain relief measures, to have a concerned staff committed to pain prevention and management, and have health professionals who respond quickly to reports of pain, and effective pain management.
7. Be informed of the nature, purpose, and frequency of service and what discipline will be performing the care, prior to the initiation of care and before changes in the care you will receive.
8. Refuse all or part of the care from the Agency, to be told the consequences of that decision and to initiate a "living will", durable power of attorney and other advance directives about your care consistent with applicable law and regulations. In the absence of an appropriate "do not resuscitate" order, all patients will be resuscitated if the caregiver staff is CPR certified. If not, Emergency Medical Services will be contacted.
9. Expect reasonable continuity of care, timely delivery of service, and to have your personal, cultural and ethnic preferences considered in planning and delivering care to the extent that they do not conflict with physician orders, regulations and standards of practice.
10. Receive prior notice and to make an informed decision before participating in experimental treatment or research.

Your rights and responsibilities, continued

11. Receive information regarding community resources and to be informed regarding any financial relationships between the Agency and other providers to which you are referred by the Agency.
12. Expect the Agency to coordinate care through regular communication with your physician, caregivers and other providers.
13. Receive timely notice of impending discharge or transfer to another organization or to a different level of intensity of care, and to be advised of the consequences and alternatives to such transfers.
14. Expect confidentiality of all clinical and financial records and access to your records on request. Information will not be released to anyone other than your physician without your written consent or unless required by law.
15. Notification verbally and in writing regarding your financial liability for any/all services provided by the Agency, including the extent of payment anticipated from all payer sources, charges for services not covered by Medicare and charges which will be made to you for the services. You also have the right to written and verbal notice of changes in sources of payment and your financial responsibility within 30 calendar days after the Agency becomes aware of the change. You have the right to appeal payment decisions.
16. Exercise these rights or have family or guardian exercise these rights on your behalf if you are unable to do so yourself.
17. Voice grievances about care which is or is not provided, recommend policy/service changes, have grievances investigated by the Agency and make complaints without fear of reprisal or unreasonable interruption of care.

Complaints, recommendations or grievances about agency services should be reported to our Administrator:

Administrator: Lori Hernandez
M – F 9am – 5pm
Telephone Number: (419) 724-9512

18. To have ethical issues related to the care you receive (or do not receive) referred to the Agency's Ethics Committee for review and response by contacting the office administrator at the telephone number listed above.

Your rights and responsibilities, continued

19. Report any complaints or grievances concerning the Agency, the office's implementation of your advance directives (if any) and to request information about homecare providers by contacting the state home health hotline at:

Ohio Department of Health Compliant Unit (M – F)

Telephone Number: 1-800-342-0553
Between the hours of 8:00 am and 4:30 pm

ACHC (M – F)

Telephone Number: 1-855-937-2242
Between the hours of 8:00 am and 4:30 pm

As a patient, I also understand I have a responsibility to:

1. Provide accurate and complete information to the Agency regarding my medical history and current condition, any payers which may cover my care, financial information and to promptly inform the Agency of changes in this information.
2. Agree to accept caregivers regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law.
3. Select a physician; remain under medical supervision and to notify the Agency of changes in my physician, medication, treatment or symptoms (When medical supervision is required).
4. Maintain an adequate and safe environment for homecare.
5. Protect my valuables by storing them carefully in an appropriate manner.
6. Participate in planning, evaluating and revising my care plans to the degree that I am able to do so.
7. Adhere to the plan of care which I participated in developing.
8. Ask the Agency's personnel what to expect regarding pain and pain management, discuss pain relief options with them, work with them to develop a pain management plan, ask for pain relief when pain begins, help the Agency's personnel assess your pain, tell them if your pain is not relieved, and tell them about any worries you have about taking pain medications.
9. Arrange for supplies, equipment, medications and other services which the Agency cannot provide which are necessary for provision of care and my safety.
10. Notify the Agency prior to the scheduled visit if I will not be available, do not want service or wish to discontinue with the Agency.
11. Treat the Agency's staff with respect, courtesy and consideration.
12. Pay for services as agreed in my Home Care Consent.
13. Accept the consequence for any refusal of treatment or choice of noncompliance, including, changes in reimbursement eligibility.

Notice of Information & Privacy Practice (HIPAA)

This notice describes how medical information about your care may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Understanding your health record/information:

Each time you visit a hospital, physician, or each time a healthcare professional visits your home a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your health information rights:

Unless otherwise required by law your health record is the physical property of the healthcare practitioner or facility that compiled it, but the information belongs to you. You have the right to:

Request in writing a restriction on certain uses and disclosures of your information. The Agency is not required to agree to comply with your requested restriction. Request in writing amendments to your health record, either clinical or demographic. Inspect and request in writing a copy of your health record.

Obtain an accounting of disclosures of your health information.

Request communications of your health information by alternative means or at alternative locations.

Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our responsibilities:

The Agency is required to maintain the privacy of your health information. In addition, we will:

Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you and will abide by the terms of this notice

Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

For more information or to report a problem:

If you have questions and would like additional information, you may contact the chief compliance officer at 1 (888) 9-NOTIFY. If you believe your privacy rights have been violated, you can also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

We will use your health information for treatment:

Information obtained by the assessment professional will be recorded in your record and used to determine the course of treatment that should work best for you. By way of example, members of your healthcare team will then record the actions they took, their observations and education provided. We will also provide other practitioners involved with your care with copies of various reports that should assist them in treating you as well as enabling your physician to provide orders for your homecare.

We will use your health information for payment:

Your information will be utilized to obtain payment for services provided. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, services provided and supplies used. Outside collection agencies may also be utilized.

We will use your health information for regular healthcare operations:

We may use and disclose health information in order to facilitate operations and as necessary to provide quality care to all patients. Examples include:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce healthcare costs.
- Protocol development, case management and care coordination.
- Employee performance and evaluation.
- Training programs including those in which students, trainees or practitioners in healthcare learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development.
- Patient satisfaction surveys.
- In coordination of emergency and disaster planning and implementation.

For treatment alternatives:

We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may interest you.

Business Associates:

There may be some services provided in our organization through contracts with Business Associates. Examples may include: therapy services, laboratory tests, supply distribution, and audit services. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however we require the Business Associate to appropriately safeguard your information.

Communication with family:

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research:

We may disclose information to researchers when a review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information has approved their research.

Marketing:

We may contact you to provide information about your treatment alternatives or other health related benefits and services that may be of interest to you.

Food and Drug Administration (FDA):

As required by law we may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers compensation:

We may disclose health information to the extent authorized by state or other laws and to the degree necessary to comply with those laws relating to workers compensation or other similar laws.

Public health:

As required by law, we may disclose your health information to public health or legal authorities charged with tracking birth and deaths, as well as preventing or controlling disease, injury or disability.

Law enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notice of Privacy Practices availability:

This notice will be prominently posted in the office. Patient will be provided a hard copy.

Authorization to use or disclose health information: Other than stated in this document, the Agency will not disclose your health information without your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke such authorization in writing at any time.

Section III: Advance Directives

Our Policy on Advance Directives

1. All adult patients (18 and over) have the right to participate in and direct their healthcare decisions.
2. All adult patients admitted for services will be advised of this right prior to the provision of services and will be provided with written information related to this right, Company policies, and state-specific information about advance directives and withholding or forgoing life-sustaining care issued by the respective state.
3. This right may be expressed verbally or in writing using a "living will", healthcare proxy, power of attorney or other provisions in state law and regulation.
4. The patient will not be discriminated against in admission or services based on the presence or absence of an advance directive, or decision to forego or withhold life sustaining care.
5. Company associates will not initiate the withholding of life sustaining treatment/care once it has been established. (Care will be provided to patients who decide to withhold/withdraw life-sustaining care/treatment. Associates will not withdraw the care/treatment. This must be performed by the patient's physician, family member, or other appropriate person.)
6. All staff will be educated regarding advance directives requirements.

Patient Rights & Advance Directives

We recognize that you have the right to participate in and to make decisions regarding your healthcare including the right to refuse medical or surgical treatment as allowed by state law and regulation.

You have the right to express your wishes related to your care through "advance directives" as provided by state law and regulation. "Advance Directives" are written statements which specify what kind of treatment you want or do not want under special, serious circumstances when you may not be able to tell your doctor or other caregiver how you want to be treated.

The Agency does not discriminate against patients in admission to care or services offered on the basis of the presence or absence of advance directives and will comply with state law. However, it is important that we know if you formulate an advance directive so your wishes can be honored.

If you have already formulated an advance directive, if you execute an advance directive in the future, or if you change or revoke an advance directive, it is important that your physician and the Agency be informed. We request that you provide the office a copy of your advance directive so that your wishes are clear. If you choose not to provide a copy or are unable to do so, we will ask you for information about the content of your advance directive and how it can be obtained if needed. The office will retain information about your advance directive in your clinical record.

advance directives, continued

If you advise us that you have formulated an advance directive, and there is reason to believe that it may be necessary for the office to implement your advance directive, we will contact your physician for the orders necessary to comply with the terms of your advance directive.

If your physician will not provide orders to implement your advance directive, we will advise you of this and request further direction from you. You may choose to discuss this with your physician, to change physicians, to select another homecare provider or to remain with the Agency. We will honor your choice in such matters.

If any of the Agency's staff assigned to you cannot implement your Advance Directive as a matter of conscience, alternate staff will be assigned to provide your care.

You may file complaints regarding the office's implementation of your advance directives with the state hotline at the number listed on the Patient Bill of Rights.

If you have questions regarding developing or changing advance directives, please contact your attorney or call our office for information about community resources to assist you. If you have any questions about our policies regarding implementation of advance directives, please contact the Office Administrator at the number identified on the Patient Bill of Rights.

Section IV: Patient Financial Obligations

It is our policy to inform patients of established financial obligations. Set forth below are patients' financial obligations under various programs.

1. **Medicare part A/B*:** Each of these entitlement programs reimburses at 100% reasonable costs. We will accept assignment. Therefore, there is no patient liability involved as long as criteria for admission are met.
2. **Medicare part B outpatient, home medical equipment and pharmacy:** This program reimburses at 80% of reasonable and customary charge. Therefore, there is a patient liability for the remaining 20% coinsurance. The 20% may be billed to Medicaid or private insurance company, if applicable. The annual Medicare deductible must also be satisfied under the program.
3. **Medicaid:** Each state has different entitlements. Co pays and deductibles may apply. In addition, there are limitations as to the types and amounts of services covered that you may be eligible to receive. If you have received home health services during the calendar year already, please notify us immediately. If you are uncertain of your state entitlement, please consult your home health representative.
4. **Private pay patients:** The patient will be responsible for any amounts not reimbursed by the insurance company, unless Medicare or Medicaid are secondary payers. If the insurance company does not pay within sixty (60) days, the patient must pay for services and then obtain reimbursement from the insurance company.
5. **Self-pay patients:** Based on the information you provided, it appears you do not have third party payer (Insurance, Medicare or Medicaid) to pay for any of your medical expenses. All expenses related to your home health services will be billed directly to you each month. If you think you will have a problem paying your healthcare bills, you must call From the Heart Home Health Care, LLC to discuss a reduced payment plan. All clients asking for a reduced payment plan will be reviewed for application of the Agency's sliding fee scale. After we have reviewed your information, we will call or write you letting you know if you will receive reduced payments and how much, if any, you will be billed for services.

**The patient/caregiver will inform the agency of any vendor from which they are currently receiving supplies and/or outpatient therapy. During the episode(s) in which this agency is providing care/services, we will also provide necessary supplies and therapy services. If the patient/caregiver chooses to use another vendor, he/she will be responsible for the cost of supplies obtained from that vendor.*

Payment is expected at the time the statement is received unless arrangements for payment have been previously arranged.

Section V: Your Right to Pain Management

You have an important role in managing your pain!

Our policy is to respect and support your right to appropriate pain assessment and management.

As a patient of this agency you can expect:

That we will believe and take action on reports of pain.

Information about pain and pain relief measures, including possible risks, benefits and side effects of treatment.

Concerned staff members committed to pain prevention and management.

Knowledgeable health professionals who will assist you to obtain effective pain management while considering your personal, cultural, spiritual and/or ethnic beliefs. Opportunities to discuss pain relief options and fears as part of developing a pain management plan.

Open, direct communication between you, your family or support system and your home health agency staff regarding your needs related to pain management.

Why worry about pain?

Severe pain is harmful, triggering the stress response, which prevents your body from healing wounds and fighting infections. Severe pain may steal all your energy causing you to not think straight, eat, sleep, relax, be yourself, take care of yourself and perform activities for your recovery.

Facts about pain medication

Using pain medication promotes comfort and allows you to function at your full potential.

"Toughing it out" and not using pain medication may aggravate more health problems and cause further discomfort.

You may develop a "tolerance" to pain medication- this is normal and does not mean you are becoming addicted.

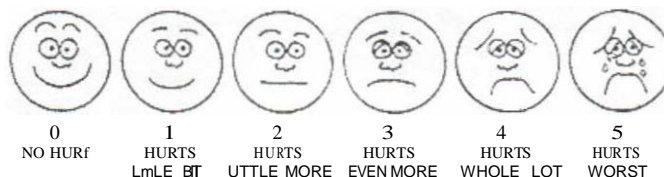
Pain, in a sense, absorbs the medication so that you feel relief.

Take pain medications as prescribed by your doctor. It usually works best when taken "around the clock", which keeps it at an even level in your body.

Keep track of your pain medication and the effect it has on your pain- Report the results to your doctor, nurse or therapist.

Pain medications are generally constipating. Discuss starting some type of bowl regimen with your health professional.

Other side effects of pain medications can also be controlled or prevented.



Section VI: Emergency and Disaster Preparedness

Personal disaster plan

As part of your care, your admission caregiver will help you develop a personal disaster plan. Since agency personnel are not available to visit patients in their homes from the issuance of a disaster warning until conditions permit, it is imperative to be prepared BEFORE a disaster occurs. Your plan may include one of the following options:

- Go to the home of a friend or relative
- Have a friend or relative stay with you in your home
- Go to a hotel or motel
- Go to a Nursing Home/ACLF (if prearranged)
- Go to a shelter (General or People with Special Needs)

The Agency participates in the local Emergency Management system for evacuation of the special needs assistance population in your area. Upon admission, your evacuation needs will be assessed for such an emergency. It is the responsibility of the patient or patient's caregiver or the Office of Emergency Management to evacuate clients should evacuation be necessary.

In case of emergency

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

Emergency preparedness

If you are involved in a natural disaster, such as a hurricane, tornado, flood, earthquake or fire, follow these instructions:

If you must leave your home, call the home health agency. Be ready to give the new address and phone number where you can be reached.

If you decide to remain at home, let your nurse know if she can reach your home by car. If not, your home health agency or pharmacy will work with you to arrange for delivery of your supplies by other means or to another location.

If you need emergency medical care or medical supplies, go to the nearest hospital outside the disaster area.

Emergency and disaster preparedness, continued

If you have no electricity, your home health agency or pharmacy may give you an emergency "gravity" method of infusing fluids for therapy, if approved by your doctor. Infusion pumps generally have a battery back-up which will only last for a limited amount of time.

Patients who use standard electric oxygen machines: These units do not have internal batteries. Use oxygen tanks in the event of a power outage. Hint: Always keep at least 8 hours of tank oxygen on hand. If the power will be out for long periods, patient and their machine should go to a family member, neighbor or facility where power is available. Please tell the equipment provider where you will be.

If your water is contaminated, you and/or your caregiver should wash your hands with alcohol (rubbing alcohol or isopropyl alcohol) or hydrogen peroxide prior to doing any sterile procedures. **DO NOT EXPOSE YOUR INFUSION CATHETER OR CATHETER SITE TO ANY DIRTY WATER.**

Your pharmacy and home health agency will try to contact you. However, calling into an area struck by a natural disaster is usually very difficult; telephone lines are often jammed. Therefore, please call or try to contact your home health agency so they can assist you with your specific emergency needs.

Emergency checklist

Medical Care:

Call 911 if you need emergency care. Select an "emergency contact" to provide transportation if you need skilled medical care.

Medications

Be prepared in advance with at least 7 days worth of medications on hand. If you use insulin, pre-fill enough syringes for 3 days. If you use oxygen, arrange for a back-up unit.

Food and Water:

Store at least 3 days of food and water.

Money:

Have cash on hand to help you make it through the emergency period.

Flashlight and Radio:

Store a flashlight, battery operated radio and extra batteries in case of power loss.

Plan Ahead:

Don't be afraid to ask for help from neighbors, friends, or family.

Shelters:

If you are going to a shelter, take the above items with you along with clothing and bedding.

Health Information:

Take your home health agency folder and any health information along with you.

Emergency and disaster preparedness, continued

Fire evacuation plan

During the admission process, your admission caregiver will establish a fire evacuation plan with you and all household members present to include: evacuation routes, location of doors and windows, locations of smoke detectors/fire extinguishers and a meeting place outside the home.

Hazardous materials

Do not approach the scene of a hazardous materials accident.

Go inside and close all doors and windows. Use masking tape or damp towels to seal the openings.

Turn off all heating, cooling and ventilation systems. Do not use fireplaces. Close the dampers.

Listen to your local radio or television stations for further instructions. If told to evacuate, gather your Disaster Survival Kit, turn off lights and household appliances.

Leave your refrigerator and freezer on. Move to the place designated by public authorities.

People with special needs shelter

In an emergency or disaster, if you have minor "medical needs" you should go to a Persons with Special Needs shelter. A family member/caregiver must accompany a patient to stay in this type of shelter. If you need assistance from the County Emergency Management system to evacuate (special transportation, etc.) or if you plan to stay in a shelter during a disaster, your admission caregiver can assist you in completing a registration form and you will be asked to sign it consenting that this information be released to the county emergency management team.

For information call

- American Red Cross
- Emergency Management

Section VII: Infection Control in the Home

Signs of infection

- Rise in body temperature above 100° F
- Tenderness, pain, swelling, redness or drainage around any catheter site (s), wound(s), or tube(s)
- Rashes, spots or other skin disorders
- Feeling of tiredness, lethargy or confusion

Hand washing guidelines

Washing your hands is the most effective means of preventing disease transmission. Improved adherence to hand washing (or use of alcohol-based hand rubs) has been shown to terminate outbreaks in healthcare environments, to reduce transmission of antimicrobial resistant organisms (E.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates. Alcohol-based hand rubs are effective unless your hands are visibly soiled – then you should use soap and water.

Hands should be cleansed before and after contact with another person, and:

- Before and after all procedures and dressing changes.
- Whenever hands are soiled.
- Before touching your face and mouth.
- Between care and contact with other people.
- After personal use of the toilet
- After blowing/wiping your nose
- After handling soiled equipment or dressings
- After removal of gloves
- Hands should be cleansed whether or not gloves are worn.
- Hands should be washed with soap and water when visibly soiled.

If running water is not available or in emergency situations, a helper may pour water over hands held over a sink/wash basin or an alcohol-based hand rub may be used (following directions for the specific product used).

Storing medical supplies

Store any disposable medical supplies in their original packages (or in other protective, closed plastic packages) in a clean, dry place. If the package becomes wet or soiled, discard it immediately. Wash your hands with soap and water before touching clean supplies.

Take supplies from the box or package only when they will be used.

Infection Control in the Home, continued

Contaminated waste

Items that have been exposed to blood or body fluids should be handled minimally with bare hands and in such a manner to prevent splash, spray and clothing or environmental contamination. Disposable items such as used sanitary pads, tissues, paper cups, dressings, bandages, plastic equipment, urinary catheters, disposable diapers, chux, plastic tubing, etc., should be disposed of in a plastic bag. Securely close the bag then dispose of it in the normal trash in a closed garbage container located outside of the home while awaiting garbage pick-up.

Certain contaminated waste generated by your homecare provider may have to be placed in a "biohazardous" bag and transported off site for disposal. Your homecare staff will advise you of any materials that must be handled in this manner.

Sharps disposal guidelines

"Sharps" are any device with physical characteristics capable of puncturing, lacerating or otherwise penetrating the skin. Examples of sharps are lancets, needles and syringes. Sharps are considered biohazardous and must be disposed of properly to protect your family and other personnel from needle stick injuries and infections.

Do not place needles, syringes or lancets directly into your trash! Follow your county program as identified below. If no specific sharps program exists in your county/state, use a HEAVY PLASTIC LIQUID DETERGENT BOTTLE with a screw on top.

Do not use a glass container. Label the container "Do Not Recycle." When the container is 3/4 full, secure the lid tightly and reinforce with heavy-duty tape. Place in regular trash for pick-up.

Section VIII: Safety

Home accidents are a major cause of injury and death. The threat is greater with decreased mobility, strength, vision and perception. Most accidents can be prevented by the elimination of hazards. The following is a list of areas of concern and ways to make your home safer:

Medical equipment

Never reset, bypass or cover alarms.

Always use safety locks and be sure they are locked in position. Plug electrical devices into properly grounded outlets.

Be sure equipment ventilation or air circulation is not obstructed by drapery or rugs. Only responsible individuals familiar with the operation of equipment/devices should operate them. Children and incompetent adults should not operate these devices.

Safety in the bathroom

Use only non-skid rugs.

Install grab bars in the shower and bath tub.

Cover the floor of the tub/shower with non-slip material.

Install raised toilet seat for safety in sitting and rising from the toilet.

Consider purchasing a shower seat for safety and comfort while bathing.

Safety in the kitchen

Arrange cabinets so that frequently used items are nearby.

Keep a fire extinguisher near the stove. Know the location, type and how it operates.

Use two hands when lifting heavy pots.

Install smoke detectors and test weekly. Keep kitchen free of grease.

Safety in the bedroom

Do not use scatter rugs or other loose floor covering.

Make sure the bed is adjusted to height for easy entry. An adjustable hospital bed allows the patient to change position easily.

Safety, continued

Safety on the stairs

Install handrails on all stairs, inside and out. Install adequate lighting on stairs.
Use non-slip carpeting on stairs.
Consider installing ramp on steep outside stairs. Keep stairways free of objects.

Electrical hazards

Keep all electrical devices at a distance from sinks, tubs, etc. Do not place wiring under rugs, doors, or movable furniture. Do not touch electrical devices with wet hands.
Replace any frayed wiring.

Medication safety

Read all labels on medicine containers. Never guess the contents or dating of medication.

Maintain a list of all your medications including non-prescription drugs, vitamins, and herbs -and take the list with you to all doctor appointments, clinic visits, and when you go to the hospital.

Take all medications exactly as prescribed by your doctor/pharmacist. Store medicines safely according to instructions on the label.

Throw away all medicines that you no longer use or that is out of date.

Keep and follow manufacturer's instructions for specialized medical equipment.
Perform routine and preventative cleaning and maintenance according to the manufacturer's instructions.

Keep emergency phone numbers posted by each telephone in the home so that you can notify the company and obtain necessary assistance in case of equipment problems or equipment failure.

Follow manufacturer's instructions for providing a safe environment for specialized equipment (such as adequate ventilation and storage).

Ensure that you have adequate electrical power for medical equipment such as ventilators and oxygen concentrators. Contact the provider of the equipment if you have any questions.

Oxygen Equipment

Keep all oxygen equipment away from open flames. This includes burning candles, gas space heaters and stoves, open fires, kerosene lamps, matches, lighters, fireplaces, or other sources of flame.

Do not smoke around oxygen.

Register with your local utility if you have electrically powered equipment such as an oxygen concentrator or ventilator.

Post a NO SMOKING sign in the home.

Do not allow oxygen to freeze or overheat.

Remove electrical equipment such as a hair dryer or electric razor from the room since these items may generate sparks which can lead to a fire hazard.

Keep electrical equipment at least three feet from the oxygen source.

Avoid the use of synthetic or wool blankets or clothing since they may cause static electricity and pose a fire hazard. Use cotton blankets and clothing.

Never handle oxygen tubing or equipment with oily rags or hands.

Avoid use of "petrolatum" and alcohol products on the skin near oxygen.

Change oxygen cannulas every 1 – 2 weeks to prevent infection. Notify your oxygen equipment provider if you run out.

Have a plan for power outages. Keep oxygen tank back up supplies – usually 3 – 5 days worth on hand. Discuss concerns about this especially during Hurricane season with your equipment provider.

Fall Prevention

Have your vision checked regularly to avoid tripping over something you could have seen.

Do not rush when doing a task. Accidents are more likely to occur when you are in a hurry.

Turn on lights whenever you are walking in your home

Refrain from drinking alcoholic beverages, as alcohol can impair balance and slow reflexes.

Wear supportive shoes that have low and non-slip heels.

Never use a chair as a step stool.

Be sure clothing is short enough to avoid tripping over the hem when walking.

Repair or remove items such as loose rugs or mats that might increase your chance of falling.

Avoid walking on wet or icy streets - if you must do so, be very cautious.

If you feel unsteady when walking, do not be embarrassed to use a cane, walking stick or walker.

Keep phones in as many rooms as possible in case of an emergency.

Ask your doctor if you may start a regular exercise program to increase your strength and improve your flexibility.

Ask your doctor and pharmacist how your medications should be taken.

What to do if you fall at home

Don't panic!!

Stay quiet for a moment and assess the situation. Make a decision whether or not to try to get up.

If you try to get up, use stable furniture to help you and take time to recover. Tell someone you have fallen. You may need a medical check up even though you seem okay at the time.

If you cannot get up, try sliding or crawling to seek help. If you have a medical alert within reach, push the button. If you can reach a phone, dial for help. Make yourself comfortable and warm until help arrives.

If you have fallen and a family member is present but cannot help you get up, call 911.

Section IX: Hearing and Speech Impaired

Do you have trouble hearing on the telephone?

Special telephone services and equipment are available for people with special communication needs. For example, Telecommunications Devices for the Deaf, called "TDDs", help those with hearing and/or speech impairments communicate over standard phone lines. Volume and frequency control telephone receivers and special ring signaling devices are also available to meet patients' needs.

Patients who are deaf, hard of hearing, dual sensory impaired or speech impaired may qualify for free equipment such as TDDs, volume control telephones and ring signaling devices from your state Telecommunications Relay Inc. (FTRI). Information is available on these services by calling your local telephone company in your state (Voice or TDD).

Section X: Discharge Planning

Discharge planning includes all activities on your behalf as you prepare for management of your condition with or without the assistance of family, friends or other healthcare providers.

Discharge planning activities are integrated into the plan of care from day one to the day of discharge and are an integral part of each visit, which involves each clinical team member, the patient, the physician and the family. As discharge planning is implemented, you and your family will be prepared for discharge having met the goals of the homecare services.

MEDICARE NOTICES

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 healthcare information.
 - Federal and State governments oversee home healthcare to be sure that we furnish quality home healthcare services, and that you, in particular, get quality home healthcare services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality healthcare services.
 - 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.

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 healthcare, and
- 2) payment for Medicare and Medicaid patients is correct.

- You have the right to have your personal healthcare 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 & Medicare Services, the federal Medicare and Medicaid agency, to correct our information.

You can ask the Center for Medicare & Medicare 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 - HEALTHCARE RECORDS.

This is a Medicare & Medicaid Approved Notice.



PRIVACY ACT STATEMENT- HEALTHCARE 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 HEALTHCARE 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 healthcare 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 healthcare 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 of 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 healthcare 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 XVII 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 Service to see, review, copy, or correct your personal 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.

Thank You

Thank you for choosing From The Heart Home Healthcare as your preferred homecare provider. Our highly skilled team of caring professionals looks forward to working with you, your family and your physician to provide you with the best home health services possible.

You and your family are encouraged to participate in your home healthcare. Your nurse or therapist will be teaching and guiding you and your family to achieve your home healthcare goals.

We are dedicated to improving the health and well being of our patients and families, while providing value to our associates, patients and shareholders.

Again, thank you for letting us meet your home health needs.

