

# **CIVIL RIGHTS Patient's Bill of Rights**

**INSERVICE**

**EXPERT HOME CARE, INC.**



*www.pnsystem.com*

*305.818.5940*

# EXPERT HOME CARE, INC.



## POLICY ON & COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACT OF 1964

Our Agency does not and will not discriminate against any person (patient or employee) on the grounds of race, color, or national origin. No person shall be excluded from participation in or be denied the benefits of or be otherwise subjected to discrimination of any kind under any of the programs we offer.

## POLICY ON & COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973

Our Agency does not and will not discriminate against any person from participation in any of our programs or services on the basis of handicap. Persons with any type of handicap will be given equal treatment as given all other participants in our programs and services.

## POLICY ON & COMPLIANCE THE AGE DISCRIMINATION ACT OF 1975

Our Agency does not and will not discriminate against any person on the basis of that person's age. No one who wishes to participate in our program and services will be excluded or discriminated against on account of their age.

## NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, Our Agency does not exclude, deny benefits to or otherwise discriminate against any person on the grounds of race, color, national origin, disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Our Agency directly or through a contractor or any other entity with which Our Agency arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of question, please contact:

Provider Name: **EXPERT HOME CARE, INC.**



Contact Person/Section 504 Coordinator: \_\_\_\_\_, Administrator

Telephone number: \_\_\_\_\_

TTD or State Relay Number: 711, 1-800-955-8771 (TTY), 1-800-955-8770 (Voice), 1-800-955-1339 (ASCII), 1-877-955-8260 (VCO-Direct), 1-800-955-5334 (STS), 1-877-955-8773 (Spanish), 1-877-955-8707 (French Cr)

## **Dissemination of Nondiscrimination Notice(s) of Policy Statement**

All nondiscrimination notices will be displayed in a public area in the Home Health Agency (through a poster in the main entrance).

Our Nondiscrimination policy will be published in the local newspaper (if any add is placed), and included on all brochures and fact sheet marketing materials.

The distribution of Brochures, Pamphlets, Publications and letters are done through:

- \* To patients/clients, including in our Admission Package, in the part of Client Information, and inserts of Brochures, that is delivery to all admitted patients in the first (sign up) visit explained to them by our admission nurse or therapist.
- \* To referral sources, hospital, doctor's office through hand delivery by our marketing staff, when the visit that offices.

A notice of interpretation services will be posted for those with Limited English Proficiency. Verbal translation services will be provided through a contracted vendor or written translation via the internet. A reader will be provided to communicate all notices to the blind. Qualified sign language interpreters or TDD services will be supplied for the deaf and hard of hearing clients with whom written materials are not sufficient. Writing materials, TDD, computer or a communication board will be provided for persons with speech impairments. (All these services FREE of charges).

For use in Brochures, Pamphlets, and Publications, Letters, etc:

Our Agency does not discriminate against any persons on the basis of race, color, national origin, disability, or age, in admission, treatment, or participation in our programs, services and activities, or in employment.

For further information about this policy, contact: \_\_\_\_\_,  
Administrator, section 504 coordinator, at \_\_\_\_\_, TTD,  
State relay 711, 1-800-955-8771 (TTY), 1-800-955-8770 (Voice), 1-800-955-1339 (ASCII), 1-877-  
955-8260 (VCO-Direct), 1-800-955-5334 (STS), 1-877-955-8773 (Spanish), 1-877-955-8707 (French  
Cr))

In case of questions and concerning this policy, or in the event of a desire to file a complaint alleging violation of the above, please contact:

Section 504 Coordinator: \_\_\_\_\_ Title: Administrator

Phone: \_\_\_\_\_

# EXPERT HOME CARE, INC.



## POLICY ON ADMISSION

It is the policy of Our Agency that employees will be hired, and patients are admitted to this facility and are rendered services without distinction due to race, color, national origin, disability condition, or age. This facility complies fully with:

1. Title VI of the Civil Rights Act of 1964.
2. Section 504 of the Rehabilitation Act of 1973.
3. The Age Discrimination Act of 1975.
4. Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health and social needs can be met safely and adequately by the agency in the patient's place-of residence.
5. The Agency shall consider the medical, nursing and social aspects of the client's condition in making the decision to accept the client for care. Considerations relevant to the acceptance of clients shall include, but not necessarily be limited to:
  - a. Adequacy and suitability of Agency personnel and resources to provide the services required by the client.
  - b. Attitudes of client and his family toward his care at home. If at any time during the course of treatment of client, because of the client's general attitude towards care, i.e., client can be discharged upon reasonable written notice to him and the attending physician and proper community agencies notified.
  - c. Reasonable expectation that the client's medical, nursing and social needs can be met adequately in his residence, including a plan to meet medical emergencies.
  - d. Adequate physical facilities in the client's residence for his proper care.
6. The R.N. will determine type, appropriateness, and adequacy of requested services including at a minimum an initial home visit for assessment of the client's needs and development of the client care plan within 24 hours of the start of service.
7. Types of Patients Admitted
  - a. Patients with acute, non-chronic, episodic type disease or disability who will return to pre-illness level of functioning.
8. NON-ADMISSION

If for non-covered services, or any other reason a patient is not admitted to our Agency, after cover all possible ways, he or she will be informed the reason immediately, following the procedures established:

- a. The Admission nurse will fill out the Notice of Non-Covered Services
- b. Correct and verifiable delivery of the Notice to Patient or Patient Caregiver.
- c. Notification of Patient's Physician
- d. If possible, coordinate with any other local or county program, possible service for the Client.
- e. Explain Client other possible source for service.

### REDUCED AND NO-FEE SERVICES

The Agency will not discriminate due to a patient's financial status. If, at the time of admission, it is determined that the patient may be unable to meet their financial responsibility for payment for services, the patient will be consulted to determine their eligibility for reduced or no-fee services. If there are questions regarding eligibility, the Administrator may request a medical social worker visit to verify the patient's situation. Approval from the Administrator for reduced or no-fee service will be required. If the Agency is unable to admit the patient, appropriate referrals will be made.



# EXPERT HOME CARE, INC.



## Section 504. Grievance Procedures that Incorporates Due Process Standards

### Section 504 GRIEVANCE PROCEDURE

It is the Policy of Our Agency not to discriminate on the basis of disability. Our Agency Has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that “no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives of benefits from Federal financial assistance”. The Law and regulations may be examined in the office of \_\_\_\_\_, Administrator, phone number \_\_\_\_\_, Section 504 Coordinator, who has been designated to coordinate the efforts of Our Agency to comply with Section 504.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for Our Agency To retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

#### **Procedure:**

Grievance must be submitted to the Section 504 Coordinator within 30 days of the date the person filing the grievance becomes aware of the alleged discrimination action.

A complaint must be in writing or by phone, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

The section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The section 504 Coordinator will maintain the files and records of Our Agency relating such grievances.

The Section 504 Coordinator will issue a written decision of the grievance no later than 30 days after filing.

The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the Administrator/Chief Executive Officer/Board of Director within 15 days of receiving the section 504 Coordinator's decision.

The Administrator/CEO/Board of Directors shall issue a written decision in response to the appeal no later than 30 days after is filing.

The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S. department of Health and Human Services. Office for Civil Rights.

Our Agency Will make appropriate arrangement to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The section 504 Coordinator will be responsible for such arrangements.

# EXPERT HOME CARE, INC.



## Section 504 Notice of Program Accessibility:

About our patients, please note that this does not apply to Our Agency Clients do not come to our office. Employees of Our Agency meet clients in their homes.

Reference to our equal opportunity employment:

This apply to our potential employees/applicant, Our Agency and all of its activities and programs are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments.

Access features include:

- \* Convenient off-street parking designate specifically for disabled persons.
- \* Curb cuts and ramps between parking areas and building
- \* Level access into first floor (Building with elevator if applicable)
- \* Fully accessible offices, meeting rooms, bathrooms, waiting area.
- \* A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
  - \* Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - \* A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
  - \* Readers and taped material for the blind and large print materials for the visually impaired.
  - \* Flash Cards, Alphabet boards and other communication boards.
  - \* Assistive devices for persons with impaired manual skills.

If the patient require any of the aids listed above, we will encourage them to let us know.

## **POLICY AND PROCEDURES FOR COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY**

### **POLICY:**

Our Agency will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Our Agency is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Our Agency will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

### **PROCEDURES:**

#### **1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE**

Our Agency will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at [www.lep.gov](http://www.lep.gov)) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

#### **2. OBTAINING A QUALIFIED INTERPRETER**

\_\_\_\_\_, Administrator, phone: \_\_\_\_\_  
is/are responsible for:

(a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff;

(1) \_\_\_\_\_, Administrator, Spanish,  
\_\_\_\_\_ 24 hrs/day 7days/week

(b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

(c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

**3. PROVIDING WRITTEN TRANSLATIONS**

(a) When translation of vital documents is needed, each unit in Our Agency will submit documents for translation into frequently-encountered languages to \_\_\_\_\_, Administrator (responsible staff person). Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

(b) Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

(c) Our Agency will set benchmarks for translation of vital documents into additional languages over time.

**4. PROVIDING NOTICE TO LEP PERSONS**

Our Agency will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notice and signs will be posted and provided in reception areas and other points of entry, including but not limited to the conference room, employee meeting area, etc. Notification will also be provided through one or more of the following: outreach documents, telephones voice mails menus, local newspapers, radio and television stations, and/or community-based organizations.

**5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION**

On an ongoing basis, Our Agency will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, *Our Agency* will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc.

**NON DISCRIMINATION NOTICE STATEMENT:**

Our Agency does not discriminate against any persons on the basis of race, color, national origin, disability, or age, in admission, treatment, or participation in our programs, services and activities, or in employment.

In case of questions or concerns please contact:

**SECTION 504 COORDINATOR:**

\_\_\_\_\_, Administrator, phone:  
\_\_\_\_\_

# EXPERT HOME CARE, INC.



## AUXILIARY AIDS AND PERSONS WITH DISABILITIES (page 1)

Our Agency will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedure also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, service agreements, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

### PROCEDURES:

#### 1. IDENTIFICATION AND ASSESSMENT OF NEED

Our Agency provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our brochures, handbooks, letters, print/radio/television advertisements, etc. When an individual self-identifies as a person with disability that affects the ability to communicate or to access or manipulate written materials or request an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide communication in particular situations.

#### 2. PROVISION OF AUXILIARY AIDS AND SERVICES

Our Agency shall provide the following services or aids to achieve effective communication with persons with disabilities.

a) For persons who are Deaf or Hard of Hearing

b) For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, \_\_\_\_\_, Administrator responsible staff person, with phone \_\_\_\_\_, is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, \_\_\_\_\_, Administrator, is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability, list of available interpreters for Deaf or Hard of Hearing.

Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret, or

Obtaining an outside interpreter if a qualified interpreter on staff is not available.

c) Communicating by telephone with Persons who are Deaf or Hard of Hearing

### **The Florida Coordinating Council for the Deaf and Hard of Hearing**

4052 Esplanade Way, Bin #A06

Tallahassee, FL 32399-1707

Voice: 850-245-4913

Toll Free Voice: 866-602-3275

TTY: 850-245-4914

Toll Free TTY: 866-602-3276

E-mail: [info@fccdhh.org](mailto:info@fccdhh.org)

Florida Telecommunications Relay, Inc. (FTRI) is a statewide not-for-profit organization that administers the Specialized Telecommunications Equipment Distribution Program for citizens of Florida who are Deaf,



**AUXILIARY AIDS AND PERSONS WITH DISABILITIES (Continuation, page 2)**

Hard of Hearing, Deaf/Blind and Speech Impaired.

**Equipment Distribution Program**

The equipment distribution program operated by FTRI distributes specialized equipment for residents of Florida who are Deaf, Hard of Hearing, Deaf/Blind or Speech Impaired. The equipment is on loan to the individual for as long as they need it. Types of equipment distributed include:

Text Telephone

Volume Control Phone for Hearing Impaired

Volume Control Phone for Speech Impaired

Voice Carry-Over and Hearing Carry-Over Phone

LVD: Large Visual Display for deaf and sight impaired

Gewa-Jupiter Phone or RC200: both for individuals who are hearing or speech impaired and mobility impaired.

Telitalk Speech Aid Phone: for laryngectomy patients

CapTel: voice carry-over with computer assisted captioning.

Visual, Audible or Tactile Ring Signalers

In-Line Amplifier

FTRI have made arrangements with 20 nonprofit organizations throughout the state to be Regional Distribution Centers (RDCs) to meet the needs of hearing and speech impaired residents. At the RDC, you can have your equipment application processed, see a demonstration of your equipment, pick up your requested FTRI equipment, receive equipment training, receive ongoing equipment maintenance service, and obtain other local support services.

Florida Relay is the communications link for people who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired. Through the Florida Relay, people who use specialized telephone equipment can communicate with people who use standard telephone equipment.

To call Florida Relay, dial 7-1-1, or use the toll free numbers

1-800-955-8771 (TTY)

1-800-955-8770 (Voice)

1-800-955-1339 (ASCII)

1-877-955-8260 (VCO-Direct)

1-800-955-5334 (STS)

1-877-955-8773 (Spanish)

1-877-955-8707 (French Cr)

iii) For the following auxiliary aids and services, staff will contact \_\_\_\_\_, Administrator, responsible staff person, phone number \_\_\_\_\_, who is responsible to provide the aids and services in a timely manner:

Note-takers, computer-aided transcription services, telephone handset amplifiers, written copies of oral announcements, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunication devices for deaf persons (TDDs), videotext displays, or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

**AUXILIARY AIDS AND PERSONS WITH DISABILITIES (Continuation, page 3)**

- iv) Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreter unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

**b) For Persons who are Blind or who Have Low Vision**

- i) Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.

**THE FOLLOWING POINTS SHOULD BE REMEMBERED IN DEALING WITH THE BLIND PERSON or who have low vision:**

1. In acting as the blind person's guide, offer your arm and let him hold it. Walk slightly ahead of him so that he can notice when you step up or down in time to be warned himself. To be sure, you might tell him that he has to step up or down and see how well he manages, and then indicate by a slight hesitation that a step will have to be taken.
2. If you want a blind person to sit down on a chair, place his hand on the back of the chair and he will sit down by himself. Also, if he enters a car, put his hand on top of the door frame and he will do the rest.
3. In talking with a blind person, use your ordinary voice, he can hear all right. Also, relax and do not hesitate to use your regular vocabulary. Including "see" or "look", which to them and in most cases to you also, substitute for "understand".
4. In entering or leaving a room, speak to the blind person so that he knows whether you are present. Also, do this when you sit down so that he knows where you are sitting.
5. Keep doors either closed or wide open flush with the wall. Half-open doors are serious obstacles.
6. If he smokes, give him an ashtray either into his hands, or tell him that there is one on the desk in front of him. Don't move the ashtray or other things he is using since he will count on having them in the same place for his use.
7. If you want to shake hands with a blind person, you may have to take hold of his hand since he cannot see you move toward him. On the other hand, you can see if he stretches out his hand to shake yours.
8. Be natural, kind, and thoughtful, and do not hesitate to ask the blind person himself when in doubt about what would be the right thing to do. He will be glad to inform you about his preference, and both of you will feel greatly at ease.

- ii) The following auxiliary aids and services, the responsible staff will contact \_\_\_\_\_, Administrator, phone \_\_\_\_\_, who is responsible to provide the aids and services in a timely manner.

Qualified readers, reformatting into large print, taping or recording of print materials not available in alternate format, or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

**AUXILIARY AIDS AND PERSONS WITH DISABILITIES (Continuation, page 4)**

**c) For Persons with Speech Impairments**

To ensure effective communication with persons with speech impairments, staff will contact \_\_\_\_\_, Administrator, phone \_\_\_\_\_, who is responsible to provide the aids and services in a timely manner.

Written materials, typewriters, TDDs, computers, flashcards, alphabet boards, communication boards, and other communication aids.

**d) For Persons with Manual Impairments**

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:

Note-takers, computer-aided transcription services, speakers phones, or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact \_\_\_\_\_, Administrator, phone \_\_\_\_\_, who is responsible to provide the aids and services in a timely manner.

## **AGE DISCRIMINATION POLICY**

Our Agency does not have a policy or practice restricting or limiting admissions based on age.

### **POLICY ON & COMPLIANCE THE AGE DISCRIMINATION ACT OF 1975**

Our Agency does not and will not discriminate against any person on the basis of that person's age. No one who wishes to participate in our program and services will be excluded or discriminated against on account of their age.

**EXPERT HOME CARE, INC.**



# EXPERT HOME CARE, INC.



## CLIENT'S BILL OF RIGHTS / RESPONSIBILITIES

### **POLICY**

Home Health Care Agency staff members implement the Client's Bill of Rights and Responsibilities. The Client Bill of Rights statement and other written admission documents, Advance Directives information, written information concerning our policies on Advance Directives, are provided to the client or the client's representative prior to the start of care or at the time of initiation of care (included in the Admission package), and ensure organizational compliance with the Client Bill of Rights and 42 CFR 484.10 . The admission nurse/therapist will explain to our clients that, **AS OUR CLIENT THEY HAVE THE RIGHT TO EXERCISE THEIR RIGHTS, AND/OR TO DESIGNATE A REPRESENTATIVE TO EXERCISE THEM FOR THEM.** If a patient cannot read the statement of rights and responsibilities, it is read and copy given to the patient in a language the patient understands. For a minor or a patient needing assistance, or adjudged incompetent in understanding these rights and responsibilities, both the patient and the parent, legal guardian, or other responsible person are fully informed of these rights and responsibilities.

### **PURPOSES**

1. To promote client interests and well-being.
2. To ensure that client civil and religious liberties are not infringed.

### **PROCEDURES**

1. Each client admitted to the Home Health Care Agency is given information regarding the Client's Bill of Rights and Responsibilities in language the client can reasonably be expected to understand.
2. The Home Health Care Admission Nurse/Therapist:
  - a. Reviews the Home Health Care Client's Bill of Rights and Responsibilities form (See Bill of Rights and Responsibilities Form in the Admission package or Agency Form Book).
  - b. Explain to a client/family the Client's Bill of Rights and Responsibilities form.
  - c. Gives a copy of the signed by our staff Client's Bill of Rights and Responsibilities form to the client.
  - d. Places the original signed by our staff Client's Bill of Rights and Responsibilities form in the client's clinical records.
  - e. Documents any client refusal to the Client's Bill of Rights and Responsibilities form.
3. Clients are given prompt written information regarding changes in the Client's Bill of Rights and Responsibilities form.
4. Client's Bill of Rights and Responsibilities forms are available upon request.
5. Clients are encourage to complete a Client Concerns/Grievance form if they believe that their rights have been infringed (See Client Grievance form in the admission package)
6. Completed Client's Grievance forms are processed according to the Home Health Care Agency's client grievance policy and procedures.
7. Clients are encouraged to complete a Satisfaction Questionnaire (See Satisfaction Questionnaire).
8. Completed Satisfaction Questionnaire forms are filed in the Home Health Care Agency's Client Satisfaction/Evaluation file.
9. Receive information about the care/services covered under the Medicare Home Health benefit (included in the Service Agreement)
10. Receive information about the scope of services that the Agency will provide and specific limitations on those services (included in the Service Agreement)
11. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent, the following explanation is included in the Bill of Rights: **"AS OUR CLIENT YOU HAVE THE RIGHT TO EXERCISE YOUR RIGHTS, AND/OR TO DESIGNATE A REPRESENTATIVE TO EXERCISE THEM FOR YOU"**
12. The right to choose an attending physician (included in the Bill of Right form)
13. Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act (Included in the Admission Package, OASIS Privacy information)



# EXPERT HOME CARE, INC.



**BILL OF RIGHTS STATEMENT** *(As Our Client You Have the Right to Exercise Your Rights, and/or to Designate a Representative to Exercise them for you)*

Patient Name: \_\_\_\_\_

*Nombre del Paciente*

**Rights of the patient.** The patient has the right to:

- (1) Have his or her property and person treated with respect; Choose a health care provider, including an attending physician
- (2) Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;
- (3) Make complaints to our Agency regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of our Agency; Be able to identify visiting personnel members through agency-generated photo identification.
- (4) Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to
  - (i) Completion of all assessments;
  - (ii) The care to be furnished, based on the comprehensive assessment;
  - (iii) Establishing and revising the plan of care;
  - (iv) The disciplines that will furnish the care;
  - (v) The frequency of visits;
  - (vi) Expected outcomes of care, including patient identified goals, and anticipated risks and benefits;
  - (vii) Any factors that could impact treatment effectiveness; and
  - (viii) Any changes in the care to be furnished.
- (5) Receive all services outlined in the plan of care. Be fully informed of one's responsibilities.
- (6) Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with regulations *(An OASIS privacy notice to all patients for whom the OASIS data is collected will be provided).*
- (7) Be advised orally and in writing of
  - (i) The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the Agency. The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the Agency,
  - (iii) The charges the individual may have to pay before care is initiated; and
  - (iv) Any changes in the information provided when they occur. Our Agency will advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit.
- (8) Receive proper written notice, in advance of a specific service being furnished, if our Agency believes that the service may be non covered care; or in advance of our Agency reducing or terminating on going care. Be informed of any financial benefits when referred to an HHA.
- (9) Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs. *(If applicable we will provide the Accreditation Body phone number also).*
- 10) Be advised of the names, addresses, and telephone numbers of the following Federally funded and state funded entities that serve the area where the patient resides:
  - (i) Agency on Aging,
  - (ii) Center for Independent Living,
  - (iii) Protection and Advocacy Agency,
  - (iv) Aging and Disability Resource Center; and
  - (v) Quality Improvement Organization.
- (11) Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to our Agency or an outside entity.
- (12) Be informed of the right to access auxiliary aids and language services, and how to access these services, free of charge.

**Transfer and discharge:** The patient and representative (if any), have a right to be informed of the HHA's policies for transfer and discharge. The HHA may only transfer or discharge the patient from our Agency if:

- (1) The transfer or discharge is necessary for the patient's welfare because our Agency and the physician who is responsible for the home health plan of care agree that our Agency can no longer meet the patient's needs, based on the patient's acuity. Our Agency must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the HHA's capabilities;
- (2) The patient or payer will no longer pay for the services provided by our Agency;
- (3) The transfer or discharge is appropriate because the physician who is responsible for the home health plan of care and our Agency agree that the measurable outcomes and goals set forth in the plan of care have been achieved, and our Agency and the physician who is responsible for the home health plan of care agree that the patient no longer needs the HHA's services;
- (4) The patient refuses services, or elects to be transferred or discharged;
- (5) Our Agency determines, under a policy set by our Agency for the purpose of addressing discharge for cause that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of our Agency to operate effectively is seriously impaired. Our Agency must do the following before it discharges a patient for cause:
  - (i) Advise the patient, represent for the home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from our Agency (if any) that a discharge for cause is being considered;
  - (ii) Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;
  - (iii) Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and
  - (iv) Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records;
- (6) The patient dies; or
- (7) Our Agency ceases to operate.

**Investigation of complaints. Our HHA must:**

- (i) Investigate complaints made by a patient, the patient's representative (if any), and the patient's caregivers and family, including, but not limited to, the following topics:
  - (A) Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately; and
  - (B) Mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of our Agency.
- (ii) Document both the existence of the complaint and the resolution of the complaint; and
- (iii) Take action to prevent further potential violations, including retaliation, while the complaint is being investigated.

(2) Any HHA staff (whether employed directly or under arrangements) in the normal course of providing services to patients, who identifies, notices, or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of patient property, must report these findings immediately to our Agency and other appropriate authorities in accordance with state law. *(Contact information for our Agency administrator, including the name, business address, and business phone number will be provided in order to receive complaints)*

**Accessibility. Information must be provided to patients in plain language and in a manner that is accessible and timely to:**

- (1) Persons with disabilities, including accessible Web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- (2) Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

*(Service Agreement, signed by the patient, or legal representative, acknowledges that he/she received the Notice of the Bill of Rights)*

Staff Name/ Title / Signature *(Nombre/Firma):* \_\_\_\_\_

# ***HIPAA IMPLEMENTATION***

**Health Information Technology for Economic  
and Clinical Health (HITECH) Act  
Breach Notification**

## ***STAFF TRAINING***

**EXPERT HOME CARE, INC.**



[www.pnsystem.com](http://www.pnsystem.com)

305.818.5940

# HIPAA

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Health Information Technology for Economic and Clinical Health (HITECH) Act

*Breach Notification*

Agency: **EXPERT HOME CARE, INC.** 

### I. INTRODUCTION:

HIPAA, or "Health Insurance Portability and Accountability Act" is an act passed by Congress in 1996 addressing a number of health care issues. A provision of this act directed the US Department of Health and Human Services to develop requirements for the security of health care information. These requirements are the "Security and Electronic Signature Standards."

Although the security standards are mandated for all health care providers, health plans, and health care clearinghouses that utilize computers to store or transmit patient information, they are a comprehensive and vendor-neutral set of requirements that can be used by any organization to assess its security.

#### **Patient Safety Confidentiality**

The regulation implementing the Patient Safety and Quality Improvement Act of 2005 (PSQIA) was published on November 21, 2008, and became effective on January 19, 2009.

The Patient Safety and Quality Improvement Act (PSQIA) establishes a voluntary reporting system designed to enhance the data available to assess and resolve patient safety and health care quality issues. (See Patient Safety Events Incident Report Form)

To encourage the reporting and analysis of medical errors, PSQIA provides Federal privilege and confidentiality protections for patient safety information, called patient safety work product. PSQIA authorizes HHS to impose civil money penalties for violations of patient safety confidentiality. PSQIA also authorizes the Agency for Healthcare Research and Quality (AHRQ) to list patient safety organizations (PSOs). PSOs are the external experts that collect and review patient safety information.

The confidentiality provisions will improve patient safety outcomes by creating an environment where providers may report and examine patient safety events without fear of increased liability risk. Greater reporting and analysis of patient safety events will yield increased data and better understanding of patient safety events.

Enforcement of the confidentiality of patient safety work product is crucial to maintaining an environment for providers to discuss and analyze patient safety events, identify causes and improve future outcomes.

#### **HITECH Breach Notification**

HHS issued regulations requiring health care providers, health plans, and other entities covered by the Health Insurance Portability and Accountability Act (HIPAA) to notify individuals when their health information is breached.

These breach notification regulations implement provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act, passed as part of American Recovery and Reinvestment Act of 2009 (ARRA).

The regulations, developed by OCR, require health care providers and other HIPAA covered entities to promptly notify affected individuals of a breach, as well as the HHS Secretary and the media in cases where a breach affects more than 500 individuals. (See Notification Form) Breaches affecting fewer than 500

individuals will be reported to the HHS Secretary on an annual basis. The regulations also require business associates of covered entities to notify the covered entity of breaches at or by the business associate.

This new federal law ensures that covered entities and business associates are accountable to the Department and to individuals for proper safeguarding of the private information entrusted to their care. These protections will be a cornerstone of maintaining consumer trust as we move forward with meaningful use of electronic health records and electronic exchange of health information.

The regulations were developed after considering public comment received in response to an April 2009 request for information and after close consultation with the Federal Trade Commission (FTC), which has issued companion breach notification regulations that apply to vendors of personal health records and certain others not covered by HIPAA.

To determine when information is unsecured and notification is required by the HHS and FTC rules, HHS is also issuing in the same document as the regulations an update to its guidance specifying encryption and destruction as the technologies and methodologies that render protected health information unusable, unreadable, or indecipherable to unauthorized individuals. Entities subject to the HHS and FTC regulations that secure health information as specified by the guidance through encryption or destruction are relieved from having to notify in the event of a breach of such information. This guidance will be updated annually.

### **Definition of Breach**

A breach is, generally, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information such that the use or disclosure poses a significant risk of financial, reputational, or other harm to the affected individual.

There are three exceptions to the definition of a breach. The first exception applies to the unintentional acquisition, access, or use of protected health information by a workforce member acting under the authority of a covered entity or business associate. The second exception applies to the inadvertent disclosure of protected health information from a person authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the covered entity or business associate. In both cases, the information cannot be further used or disclosed in a manner not permitted by the Privacy Rule. The final exception to breach applies if the covered entity or business associate has a good faith belief that the unauthorized individual, to whom the impermissible disclosure was made, would not have been able to retain the information.

### **Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals**

1. Electronic PHI has been encrypted as specified in the HIPAA Security Rule by the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key (45 CFR 164.304 definition of encryption) and such confidential process or key that might enable decryption has not been breached. To avoid a breach of the confidential process or key, these decryption tools should be stored on a device or at a location separate from the data they are used to encrypt or decrypt.

2. The media on which the PHI is stored or recorded has been destroyed in one of the following ways:

(i) Paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction.

(ii) Electronic media have been cleared, purged, or destroyed consistent with NIST Guidelines for Media Sanitization such that the PHI cannot be retrieved.



## The Security Rule

The HIPAA Security Rule establishes national standards to protect individuals electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

In order to administer their programs, the Department of Health and Human Services, other Federal agencies, State Medicaid agencies, private health plans, health care providers, and health care clearinghouses must assure their customers (such as patients, insured, providers, and health care plans) that the confidentiality and privacy of health care information they electronically collect, maintain, use, or transmit is secure. Security of health information is especially important when health information can be directly linked to an individual. Confidentiality is threatened not only by the risk of improper access to electronically stored information, but also by the risk of interception during electronic transmission of the information.

In addition to the need to ensure electronic health care information is secure and confidential, there is a potential need to associate signature capability with information being electronically stored or transmitted.

An electronic signature must do the following:

- Identify the signatory individual,
- Assure the integrity of a document's content, and
- Provide for nonrepudiation; that is, strong and substantial evidence that will make it difficult for the signer to claim that the electronic representation is not valid. Currently, the only technically mature electronic signature meeting the above criteria is the digital signature.

There is no national standard for security or electronic signatures. Of necessity, we defined our own security requirements, by individual assigned User Names and Password to access all of our Patient's Electronic Records.

The security standard is organized into four broad areas:

- **Administrative Procedures**, covering such activities as contingency planning, security procedures, risk management, audit, and security awareness training;
- **Physical Safeguards**, which involve security of the facility and controls over access to workstations and computer hardware;
- **Technical Security Services**, covering the application of computer-based security mechanisms, such as password, token, and biometric authentication methods;
- **Technical Security Mechanisms**, involving the production of audit trails, reporting and investigation of intrusion attempts, and message authentication.

The implementation of HIPAA's Security involve more than technical control mechanisms, such as firewalls, intrusion detection and virus protection. They emphasize the need for system users to understand and carry out their security-related responsibilities. Consequently, early and visible management support is essential for successful implementation. It calls for the same planning and control disciplines that would be appropriate to any other significant organization-wide change.

### **Responsibilities:**

#### **Administrator:**

Manage HIPAA/HITECH implementation totally in-house:

1. Designate a privacy official/Compliance Officer;
2. Designate assigned physical security responsibility;
3. Form a HIPAA Steering Committee;



4. Form Privacy, Security, Education, Business Associates, Transactions and Operations Teams;
5. Make sure your HIPAA Teams will understand all appropriate HIPAA regulations.
6. Establish Breach Notification Form/Procedures

**Director of Nursing / Professional Services:**

- Assist with training staff regarding confidential/privacy issues
- Assists with the HIPAA/HITECH Implementation Plan as requested by the Administrator
- Implements removal and safe storage of vital equipment and information
- Acts as Administrator in his or her absence.

**Education Coordinator**

- Assist with updated coordinating staff training, inservices.
- Provide update HIPAA/HITECH information/regulations to staff
- Secures education records and removes for safe keeping.

**Medical Records**

- Secures patient records
- Coordinates removal and safe keeping of records if indicated.
- Maintain "Up to date" records move Log.
- Guarantee Patient's records access only to authorized Personnel
- Paste approved "CONFIDENTIAL" label to all Patient's records, Sign Up packages
- Maintain records always in "locked" cabinet as required by the regulations.

**Clerical/Clinical/General Staff**

- Assist with all scheduling activities
- Develops, prints and copies all schedules and other pertinent and important information for agency HIPAA operations
- Assist in delivering all communications to and from staff, patients and administration
- Work in secured assigned areas, using each private assigned "Password" to access the "Computer Patient's Management System"
- Sign and comply with all "Confidential" forms introduced with the Agency.

**Field Staff**

- Maintain communication with Director of Nursing / Education Coordinator for HIPAA training, regulations updates.
- Explain to patients under our care, regarding HIPAA plans for maintaining adequate privacy for patient's clinical records, caregiver instructions.
- Develop in conjunction with Nursing Supervisor, Patient Privacy Rights (Explained in the first Service visit)

Patients will be instructed that in the event of an emergency the records will be maintained secured and private.

**Standard:**

The minimum necessary standard, a key protection of the HIPAA Privacy Rule, is derived from confidentiality codes and practices in common use today. It is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The minimum necessary standard requires to evaluate our practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information. The Privacy Rule's requirements for minimum necessary are designed to be sufficiently flexible to accommodate the various circumstances of any covered entity.

## **How the Rule Works**

The Privacy Rule generally requires to take reasonable steps to limit the use or disclosure of, and requests for, protected health information to the minimum necessary to accomplish the intended purpose. The minimum necessary standard does not apply to the following:

- Disclosures to or requests by a health care provider for treatment purposes.
- Disclosures to the individual who is the subject of the information.
- Uses or disclosures made pursuant to an individual's authorization.
- Uses or disclosures required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) and HITECH Act administrative Simplification Rules.
- Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the Privacy Rule for enforcement purposes.
- Uses or disclosures that are required by other law.

## **PERSONAL REPRESENTATIVES**

Our Agency shall comply with the HIPAA Privacy Rule and HITECH Act who establishes a foundation of Federally-protected rights which permit individuals to control certain uses and disclosures of their protected health information. Along with these rights, the Privacy Rule provides individuals with the ability to access and amend this information, and the right to an accounting of certain disclosures.

General Provisions. We will treat an individual's personal representative as the individual with respect to uses and disclosures of the individual's protected health information, as well as the individual's rights under the Rule.

The personal representative stands in the shoes of the individual and has the ability to act for the individual and exercise the individual's rights. For instance, we will provide the individual's personal representative with an accounting of disclosures, as well as provide the personal representative access to the individual's protected health information, if such information is relevant to such representation. In addition to exercising the individual's rights under the Rule, a personal representative may also authorize disclosures of the individual's protected health information.

In general, the scope of the personal representative's authority to act for the individual under the Privacy Rule derives from his or her authority under applicable law to make health care decisions for the individual. Where the person has broad authority to act on the behalf of a living individual in making decisions related to health care, such as a parent with respect to a minor child or a legal guardian of a mentally incompetent adult, the covered entity must treat the personal representative as the individual for all purposes under the Rule, unless an exception applies.

We will not treat that person as the individual for other purposes, such as to sign an authorization for the disclosure of protected health information for marketing purposes. Finally, where the person has authority to act on the behalf of a deceased individual or his estate, which does not have to include the authority to make decisions related to health care, the covered entity must treat the personal representative as the individual for all purposes under the Rule. State or other law should be consulted to determine the authority of the personal representative to receive or access the individual's protected health information.

Who Must Be Recognized as the Individual's Personal Representative. The following chart displays who must be recognized as the personal representative for a category of individuals:

If the Individual Is:  
An Adult or

The Personal Representative Is:  
A person with legal authority to make health

An Emancipated Minor	care decisions on behalf of the individual  <i>Examples:</i> Health care power of attorney, Court appointed legal guardian, General power of attorney
An Unemancipated Minor	A parent, guardian, or other person acting <i>in loco parentis</i> with legal authority to make health care decisions on behalf of the minor child
<i>Exceptions:</i>	See parents and minors discussion below.
Deceased	A person with legal authority to act on behalf of the decedent or the estate (not restricted to health care decisions)  <i>Examples:</i> Executor of the estate, Next of kin or other family member, Durable power of attorney

Parents and Unemancipated Minors. The Privacy Rule defers to State or other applicable laws that address the ability of a parent, guardian, or other person acting *in loco parentis* (collectively, “parent”) to obtain health information about a minor child. In most cases under the Rule, the parent is the personal representative of the minor child and can exercise the minor’s rights with respect to protected health information, because the parent usually has the authority to make health care decisions about his or her minor child. Regardless of whether a parent is the personal representative, the Privacy Rule permits a covered entity to disclose to a parent, or provide the parent with access to, a minor child’s protected health information when and to the extent it is expressly permitted or required by State or other laws (including relevant case law). Likewise, the Privacy Rule prohibits a covered entity from disclosing a minor child’s protected health information to a parent, or providing a parent with access to, such information when and to the extent it is expressly prohibited under State or other laws (including relevant case law). Thus, State and other applicable law governs when such law explicitly requires, permits, or prohibits the disclosure of, or access to, the health information about a minor child.

The Privacy Rule specifies three circumstances in which the parent is not the “personal representative” with respect to certain health information about his or her minor child. These exceptions generally track the ability of certain minors to obtain specified health care without parental consent under State or other laws, or standards of professional practice. In these situations, the parent does not control the minor’s health care decisions, and thus under the Rule, does not control the protected health information related to that care. The three exceptional circumstances when a parent is not the minor’s personal representative are:

- **When State or other law does not require the consent of a parent or other person before a minor can obtain a particular health care service, and the minor consents to the health care service;**  
*Example:* A State law provides an adolescent the right to obtain mental health treatment without the consent of his or her parent, and the adolescent consents to such treatment without the parent’s consent.
- **When a court determines or other law authorizes someone other than the parent to make treatment decisions for a minor;**  
*Example:* A court may grant authority to make health care

decisions for the minor to an adult other than the parent, to the minor, or the court may make the decision(s) itself.

- **When a parent agrees to a confidential relationship between the minor and the physician.**

*Example:*

A physician asks the parent of a 16-year-old if the physician can talk with the child confidentially about a medical condition and the parent agrees.

Even in these exceptional circumstances, where the parent is not the “personal representative” of the minor, the Privacy Rule defers to State or other laws that require, permit, or prohibit the covered entity to disclose to a parent, or provide the parent access to, a minor child’s protected health information. Further, in these situations, if State or other law is silent or unclear concerning parental access to the minor’s protected health information, a covered entity has discretion to provide or deny a parent with access to the minor’s health information, if doing so is consistent with State or other applicable law, and provided the decision is made by a licensed health care professional in the exercise of professional judgment.

Abuse, Neglect, and Endangerment Situations. When a physician or other covered entity reasonably believes that an individual, including an unemancipated minor, has been or may be subjected to domestic violence, abuse or neglect by the personal representative, or that treating a person as an individual’s personal representative could endanger the individual, the covered entity may choose not to treat that person as the individual’s personal representative, if in the exercise of professional judgment, doing so would not be in the best interests of the individual. For example, if a physician reasonably believes that disclosing information about an incompetent elderly individual to the individual’s personal representative would endanger that individual, the Privacy Rule permits the physician to decline to make such disclosure.

## **CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION (PHI) POLICY:**

### **PURPOSE:**

To ensure that personal health information is protected so that individuals are not afraid to seek health care or to disclose sensitive information to health professionals.


To also ensure that personal health information is protected during its collection, use, disclosure, storage and destruction within Our Agency (hereinafter "**EXPERT HOME CARE, INC.**  in accordance with the provisions of state and federal regulations.

### **DEFINITIONS:**

**Personal health information** means all information, paper, electronic, recorded or exchanged verbally about an identifiable individual that relates to:

The individual's health, or health care history, including genetic information about the individual or the individual's family.

Conduct or behavior which may be a result of illness or the effect of treatment.

The provision of healthcare to the individual. Individuals include co-workers or families of co-workers when they are patients of **EXPERT HOME CARE, INC.** .

Payment for health care provided to the individual, and includes:

The Personal Health Identification Number and any other identifying number, symbol or particular assigned to an individual, and

Any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

The patient's personal information, including financial position, home conditions, domestic difficulties or any other private matters relating to the patient which have been disclosed to staff or persons associated with Our Agency.

**Compliance Officer** - an employee, designated by Our Agency, whose responsibilities include dealing with requests from individuals who wish to examine and copy or to correct personal health information collected and maintained by Our Agency and facilitating Our Agency's compliance with applicable state and federal law.

**Persons Associated with Our Agency**— includes all employees, and members of the Board of Directors of Our Agency, contracted individuals, volunteers, students, information managers, or agents of any of the above.

**Information Manager** means an individual, corporate organization, business, or association that processes, stores or destroys personal health information for Our Agency, or provides information management or information technology for Our Agency

**Data Aggregation:** shall mean, with respect to the PHI created or received by Business Associate in its capacity as the Business Associate of our Agency, the combining of such PHI received by Business Associate in its capacity as a Business Associate of another covered entity, to permit data analyses that relate to the Health Care Operations of the respective Covered Entities.

**Designated Record set:** shall mean a group of records maintained by or for our Agency that is (1) the medical records and billing records about individuals maintained by our Agency, (2) the admission, payment, claims adjudication, and case or medical management record system maintained by our Agency, or (3) used, in whole or in part, by or for our Agency to make decisions about individuals.

**Electronic Media:** shall mean (1) electronic storage media including memory devices in computer (such hard disks), and any removable/transportable digital memory medium (such as magnetic tape, backup disk, optical disk, memory card, or (2) transmission media used to exchange information already storage media (such as internet



(wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before transmission.

Electronic PHI: shall mean PHI that is transmitted by or maintained in Electronic Media, and must be protected by password, encoding process, encryption, security backup maintained in secured protected area, under the responsibility of the Administrator or Designee.

“HITECH Act” shall mean the Health Information Technology for Economic and Clinical Health (HITECH) Act and its implementing guidance and regulations, all as may be amended from time to time.

### **POLICY:**

All Our Agency employees and Persons Associated with Our Agency are responsible for protecting the security of all personal health information (oral or recorded in any form) that is obtained, handled, learned, heard or viewed in the course of his or her work or association with Our Agency

Personal health information shall be protected during its collection, use, storage and destruction within Our Agency. Persons/positions authorized to release PHI/EPHI and confidential information of the Agency and agent acting on behalf of our Agency in accordance with a written contract must ensure the confidentiality of all patient identifiable information contained in the clinical record including OASIS data, and may not release patient identifiable information to the public.

Use or disclosure of personal health information is acceptable only in the discharge of one’s responsibilities and duties (including reporting duties imposed by legislation) and based on the need to know. Discussion regarding personal health information shall not take place in the presence of persons not entitled to such information or in public places (elevators, lobbies, cafeterias, off premises, etc.)

The execution of a Personal Health Information Pledge of Confidentiality ("Confidentiality Pledge") attached hereto as Appendix A-1 is required as a condition of employment or contract or association or appointment with Our Agency. All Our Agency employees and Persons Associated with Our Agency shall sign the Confidentiality Pledge at the commencement of their relationship with Our Agency. The Confidentiality Pledge shall also be signed each time there is a substantial change in an individual’s position, as determined by the department, program or division responsible for the individual. Discretion is also available to require a re-signing of a Confidentiality.

Unauthorized use or disclosure of confidential information shall result in a disciplinary response up to and including termination of employment or contract or association or appointment. A person convicted of an offense may be required to pay a fine as provided by law. A confirmed breach of confidentiality may be reported to the individual’s professional regulatory body.

All individuals who become aware of a possible breach of the security or confidentiality of personal health information shall follow the procedures outlined in Section 5.0 below.

### **PLEDGE PROCEDURE:**

All employees of Our Agency as a condition of employment, shall sign a Confidentiality Pledge. The administration of this pledge shall be handled by Our Agency employee’s supervisor and the original forwarded to the employee’s file.

All Agency students, registered in educational programs, as a condition of utilizing Our Agency’s resources to learn, shall sign a Confidentiality Pledge. The administration of this pledge shall be handled by designated staff and the original shall be retained within Our Agency at a place designated by Our Agency Compliance Officer.

All volunteers shall sign a Confidentiality Pledge. The administration of this pledge shall be handled by the Volunteer Services Department of Our Agency and the original retained in Volunteer Services of Our Agency.

All persons contracted under a Purchase Service Agreement, as a condition of acceptance of the contract, shall sign a Purchase Service Agreement that provides, *inter alia*, for protection of confidential information including

personal health information. The administration of this agreement shall be handled by the department responsible for the agreement and shall retain the original.

All contractors engaged in providing a service for Our Agency, where the service provided would expose them to confidential information shall sign a Confidentiality Pledge. The administration of this pledge shall be handled by the contracting department and the original retained in that department.

All Our Agency Board Members shall sign a Confidentiality Pledge. The administration of this pledge shall be handled by the Administrator who shall retain the original.

All agents of Our Agency, who are regularly associated with Our Agency, shall sign a Confidentiality Pledge. The administration of this pledge shall be handled by the personnel department and the original retained in personnel.

All employees of other agencies, who regularly associate with Our Agency, shall sign a Confidentiality Pledge. The administration of this pledge shall be handled by the Department with whom the agency has an association and the original retained in that Department.

All information managers shall sign an agreement that provides, *inter alia*, for protection of personal health information. The administration of this agreement shall be handled by the department responsible for retaining the information manager. The department shall retain the original.

#### **PROCEDURE IF A BREACH IS ALLEGED:**

An allegation of a breach of confidentiality of personal health information may be made to any staff member or volunteer of Our Agency. Any individual receiving an allegation of a breach of confidentiality, or having knowledge or a reasonable belief that a breach of confidentiality of personal health information may have occurred, shall immediately notify his/her supervisor or where this is not possible, shall notify Our Agency Compliance Officer, or designate. The person so notified shall in turn, notify the supervisor of the alleged violator of this policy.

The Supervisor and/or Personnel, in consultation with the Compliance Officer, or designate, shall decide whether to proceed with an investigation. It may be decided that a complaint does not require investigation if, after consultation, the consultees are of the opinion that:

- the length of time that has elapsed since the date that the subject matter of the complaint arose makes an investigation no longer practicable or desirable;
- the subject matter of the complaint is trivial or the complaint is not made in good faith or is frivolous; or
- the circumstances of the complaint do not require investigation.

If the decision is made to proceed with an investigation, it shall be the responsibility of the supervisor, in consultation with a Compliance Officer, or designate, to investigate the allegation (this process will include obtaining the alleged violator's version of events), consult with the appropriate resources, document findings and make a determination as to whether there has been a breach of confidentiality of personal health information.

If it is determined that a breach of confidentiality of personal health information has occurred disciplinary action shall be taken. Such action may include termination of employment or contract or association or appointment with Our Agency. The supervisor shall consult with the designated representative in Personnel to establish the appropriate level of disciplinary action to be applied.

Our Agency Compliance Officer shall be informed in writing of all allegations that have been made and their outcome and shall maintain a database of this information.

#### **BUSINESS ASSOCIATES**

The Privacy Rule allows us to disclose protected health information to these "business associates" and

their associates if we obtain satisfactory assurances that the business associate or their associates/contractor will use the information only for the purposes for which it was engaged by the covered entity, will safeguard the information from misuse, and will help the covered entity comply with some of the covered entity's duties under the Privacy Rule. We may disclose protected health information only to an entity in our role as a business associate *only* to help us carry out its health care functions – not for the business associate's independent use or purposes, except as needed for the proper management and administration of the business associate.

General Provision. We will obtain satisfactory assurances from our business associate and their associates that the business associate will appropriately safeguard the protected health information it receives or creates on behalf of the covered entity. The satisfactory assurances must be in writing, whether in the form of a contract or other agreement between us and the business associate.

What Is a "Business Associate?" A "business associate" is a person or entity and their associates that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to us.

- A staff member workforce is not a business associate.
- A covered health care provider, health plan, or health care clearinghouse can be a business associate of another covered entity.

The Privacy Rule lists some of the functions or activities, as well as the particular services, that make a person or entity a business associate, if the activity or service involves the use or disclosure of protected health information. The types of functions or activities that may make a person or entity a business associate include payment or health care operations activities, as well as other functions or activities regulated by the Administrative Simplification Rules.

- *Business associate functions and activities include:* claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; and repricing.
- *Business associate services are:* legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial.

#### Examples of Business Associates.

- A third party administrator that assists a health plan with claims processing.
- A CPA firm whose accounting services to a health care provider involve access to protected health information.
- An attorney whose legal services to a health plan involve access to protected health information.
- A consultant that performs reviews for us.
- A health care clearinghouse that translates a claim from a non-standard format into a standard transaction on behalf of a health care provider and forwards the processed transaction to a payer.
- An independent medical transcriptionist that provides transcription services.
- A Data Entry services, or electronic records process, computer backup services

Business Associate Contracts. We shall have a written arrangement with our business associate that contain the elements specified. For example, the contract must:

- Describe the permitted and required uses of protected health information by the business associate;
- Provide that the business associate will not use or further disclose the protected health information other than as permitted or required by the contract or as required by law; and
- Require the business associate to use appropriate safeguards to prevent a use or disclosure of the protected health information other than as provided for by the contract.

Where we know of a material breach or violation by the business associate of the contract or agreement, we will take reasonable steps to cure the breach or end the violation, and if such steps are unsuccessful, to terminate the contract or arrangement. If termination of the contract or agreement is not feasible, we will report the problem to the Department of Health and Human Services (HHS) Office for Civil Rights (OCR).

Exceptions to the Business Associate Standard. The Privacy Rule includes the following exceptions to the business associate standard. In these situations, we are not required to have a business associate contract or other written agreement in place before protected health information may be disclosed to the person or entity.

- Disclosures by a covered entity to a health care provider for treatment of the individual.
- Disclosures to a health plan sponsor, such as an employer, by a group health plan, or by the health insurance issuer or HMO that provides the health insurance benefits or coverage for the group health plan, provided that the group health plan's documents have been amended to limit the disclosures or one of the exceptions have been met.
- The collection and sharing of protected health information by a health plan that is a public benefits program, such as Medicare, and an agency other than the agency administering the health plan, such as the Social Security Administration, that collects protected health information to determine eligibility or enrollment, or determines eligibility or enrollment, for the government program, where the joint activities are authorized by law.

Other Situations in Which a Business Associate Contract Is NOT Required.

- When a health care provider discloses protected health information to a health plan for payment purposes, or when the health care provider simply accepts a discounted rate to participate in the health plan's network. A provider that submits a claim to a health plan and a health plan that assesses and pays the claim are each acting on its own behalf as a covered entity, and not as the "business associate" of the other.
- With persons or organizations (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of protected health information, and where any access to protected health information by such persons would be incidental, if at all.
- With a person or organization that acts merely as a conduit for protected health information, for example, the US Postal Service, certain private couriers, and their electronic equivalents.
- Among covered entities who participate in an organized health care arrangement (OHCA) to make disclosures that relate to the joint health care activities of the OHCA.
- Where one covered entity purchases a health plan product or other insurance, for example, reinsurance, from an insurer. Each entity is acting on its own behalf when the covered entity purchases the insurance benefits, and when the covered entity submits a claim to the insurer and the insurer pays the claim.
- To disclose protected health information to a researcher for research purposes, either with patient authorization, pursuant to a waiver under 45 CFR 164.512(i), or as a limited data set pursuant to 45 CFR 164.514(e). Because the researcher is not conducting a function or activity regulated by the Administrative Simplification Rules, such as payment or health care

operations, or providing one of the services listed in the definition of “business associate” at 45 CFR 160.103, the researcher is not a business associate of the covered entity, and no business associate agreement is required.

- When a financial institution processes consumer-conducted financial transactions by debit, credit, or other payment card, clears checks, initiates or processes electronic funds transfers, or conducts any other activity that directly facilitates or effects the transfer of funds for payment for health care or health plan premiums. When it conducts these activities, the financial institution is providing its normal banking or other financial transaction services to its customers; it is not performing a function or activity for, or on behalf of, the covered entity.

## **USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The HIPAA Privacy Rule establishes a foundation of Federal protection for personal health information, carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. As such, the Rule generally prohibits us from using or disclosing protected health information unless authorized by patients, except where this prohibition would result in unnecessary interference with access to quality health care or with certain other important public benefits or national priorities.

Ready access to treatment and efficient payment for health care, both of which require use and disclosure of protected health information, are essential to the effective operation of the health care system. In addition, certain health care operations—such as administrative, financial, legal, and quality improvement activities—conducted by or for health care providers and health plans, are essential to support treatment and payment. Many individuals expect that their health information will be used and disclosed as necessary to treat them, bill for treatment, and, to some extent, operate the covered entity’s health care business. To avoid interfering with an individual’s access to quality health care or the efficient payment for such health care, the Privacy Rule permits a covered entity to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities.

- “Treatment” generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.
- “Payment” encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care.

In addition to the general definition, the Privacy Rule provides examples of common payment activities which include, but are not limited to:

- ▶ Determining eligibility or coverage under a plan and adjudicating claims;
- ▶ Risk adjustments;
- ▶ Billing and collection activities;
- ▶ Reviewing health care services for medical necessity, coverage, justification of charges, and the like;
- ▶ Utilization review activities; and
- ▶ Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the

covered entity).

- “Health care operations” are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. These activities include:
  - ▶ Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination;
  - ▶ Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
  - ▶ Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims;
  - ▶ Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
  - ▶ Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and
  - ▶ Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fund-raising for the benefit of the covered entity.

We can without the individual’s authorization:

- Use or disclose protected health information for its own treatment, payment, and health care operations activities.
- Disclose protected health information for the treatment activities of any health care provider (including providers not covered by the Privacy Rule).
  - For example:
    - ▶ A primary care provider may send a copy of an individual’s medical record to a specialist who needs the information to treat the individual.
- Disclose protected health information to another covered entity or a health care provider (including providers not covered by the Privacy Rule) for the payment activities of the entity that receives the information.
- Disclose protected health information to another covered entity for certain health care operation activities of the entity that receives the information if:
  - ▶ Each entity either has or had a relationship with the individual who is the subject of the information, and the protected health information pertains to the relationship; and
  - ▶ The disclosure is for a quality-related health care operations activity or for the purpose of health care fraud and abuse detection or compliance.

For example:

- ▶ A health care provider may disclose protected health information to a health plan for the plan’s Health Plan Employer Data and Information Set (HEDIS) purposes, provided that the health plan has or had a relationship with the individual who is the subject of the information.
- Participates in an organized health care arrangement (OHCA) may disclose protected health information about an individual to another covered entity that participates in the OHCA for any

joint health care operations of the OHCA.

## **MARKETING**

The HIPAA Privacy Rule gives individuals important controls over whether and how their protected health information is used and disclosed for marketing purposes. With limited exceptions, the Rule requires an individual's written authorization before a use or disclosure of his or her protected health information can be made for marketing. So as not to interfere with core health care functions, the Rule distinguishes marketing communications from those communications about goods and services that are essential for quality health care.

What is "Marketing"? The Privacy Rule defines "marketing" as making "a communication about a product or service that encourages recipients of the communication to purchase or use the product or service." Generally, if the communication is "marketing," then the communication can occur only if the covered entity first obtains an individual's "authorization." This definition of marketing has certain exceptions, as discussed below.

Examples of "marketing" communications requiring prior authorization are:

- ▶ A communication from a hospital informing former patients about a Health Care facility, that is not part of the hospital, that can provide a baseline EKG for \$39, when the communication is not for the purpose of providing treatment advice.
- ▶ A communication from a health insurer promoting a home and casualty insurance product offered by the same company.

Marketing also means: "An arrangement between a covered entity and any other entity whereby the covered entity discloses protected health information to the other entity, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service." This part of the definition to marketing has no exceptions. The individual must authorize these marketing communications before they can occur.

Simply put, a covered entity may not sell protected health information to a business associate or any other third party for that party's own purposes. Moreover, covered entities may not sell lists of patients or enrollees to third parties without obtaining authorization from each person on the list.

What is NOT "Marketing"? The Privacy Rule carves out exceptions to the definition of marketing under the following three categories:

- (1) A communication is not "marketing" if it is made to describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits of, the covered entity making the communication, including communications about:
  - ▶ The entities participating in a health care provider network or health plan network;
  - ▶ Replacement of, or enhancements to, a health plan; and
  - ▶ Health-related products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits.

This exception to the marketing definition permits communications by a covered entity about its own products or services.

- (2) A communication is not "marketing" if it is made for treatment of the individual.
- (3) A communication is not "marketing" if it is made for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual.



For any of the three exceptions to the definition of marketing, the activity must otherwise be permissible under the Privacy Rule, and a covered entity may use a business associate to make the communication. As with any disclosure to a business associate, the covered entity must obtain the business associate's agreement to use the protected health information only for the communication activities of the covered entity.

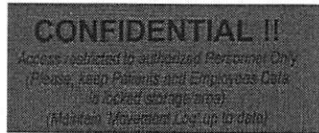
A communication does not require an authorization, even if it is marketing, if it is in the form of a face-to-face communication made by a covered entity to an individual; or a promotional gift of nominal value provided by the covered entity.

For example, no prior authorization is necessary when:

- A hospital provides a free package of formula and other baby products to new mothers as they leave the maternity ward.
- An insurance agent sells a health insurance policy in person to a customer and proceeds to also market a casualty and life insurance policy as well.

**LABELS:**

To use a preventive measures, all of our records will be labeled for restrict its access only to authorized personnel, including: Patient's Medical Records charts, Sign Up package, and Employee Chart. The label will be:



**CONFIDENTIALITY STATEMENT**

I have been formally instructed in maintaining the confidentiality and privacy of the medical records and understand that the medical information regarding the patient may not be discussed with anyone, either inside or outside the agency (except as needed to conduct the business of the day). I understand that no medical records are to be removed from the home health agency unless a "Release of Information" form has been completed and signed by the patient. It is my understanding that such discussion or release of information is cause for dismissal. I have been formally instructed in the policies and procedures of the Agency regarding full compliance with all HIPAA regulations.

I will carry at all working time my Identification Card.

EMPLOYEE'S SIGNATURE

DATE

DATE OF HIRE

# STATEMENT OF PATIENT PRIVACY RIGHTS: **EXPERT HOME CARE, INC.**



As a home health patient, our patients have the right to know why we need to complete all Clinical Forms, and be informed that their personal health care information will be kept confidential, and restricted. Access only to authorized personnel, also they have the right to refuse answer any question, and look at any time, by previous request, their personal health information. All admissions will include the AHCA OASIS's STATEMENT OF PATIENT PRIVACY RIGHTS, which will be left at the Client's home for further consult/review by Patient or Patient's family.

Also our Patients will be informed about the Authority for Collection, Principal Purposes for which their information is intended to be used, and effects if they do not provide the information requested. The AHCA's PRIVACY ACT STATEMENT-HEALTH CARE RECORDS, is also included in our Admissions, and will be left at Patient's home for further reference.

For Patients who don't have Medicare/Medicaid coverage, all needed information will be available to them, included Federal/State requirements for collection, purposes and use of the information, and remark that we keep anything we learn about them confidential, the AHCA's NOTICE ABOUT PRIVACY, is incorporated in our Admissions, and left at the Client's home for further reference.

## **CLINICAL RECORDS/HIPAA Compliance**

A clinical record must be maintained for each patient receiving nursing, therapy, or any other discipline, that includes all the services provided directly by the employees of the home health agency and those provided by contracted individuals or agencies. No information may be disclosed from the patient's file without the written consent of the patient or the patients guardian. Our Agency is in fully compliance with all HIPAA regulations. All information received by any employee, contractor, or AHCA employee regarding a patient of the home health agency is confidential and exempt from Chapter 119, F.S. If the patient transfers to another home health agency, a copy of his record must be transferred at his request and authorization.

## **PROTECTION OF RECORDS/HIPAA COMPLIANCE**

Specific bylaws governing the protection of records are as follows:

- (a) All records (patient files, personnel files, administrative files) shall be filed under a generally accepted principle of HIPAA filing.
- (b) Every file shall be filed in a file cabinet, or room setup for them with locked door.
- (c) All file cabinets (if applicable) shall be protected and be equipped with a lock system, and keys to the cabinets shall be accessible only to designated staff personnel.
- (d) A file movement register shall be maintained to monitor the movement of files. Such a register shall have columns showing the date, time, number of file, name of staff removing file from the cabinet, date/time returned and signature of staff making entry.
- (e) No information regarding any aspect of contents of office files shall be released to any person who is not a staff member of this agency without prior approval from the Administrator or the Director of Nursing.
- (f) In relation to patient clinical records, no such information concerning those records shall be released to any person without the written consent of the patient concerned.
- (g) On no account shall information on any protected record be released to anyone over the telephone.
- (h) All records of this agency shall remain a jealously guarded secret of this agency. This is the language of the medical profession.
- (i) Electronic PHI must be protected by password, encoding process, encryption, security backup maintained in secured protected area, under the responsibility of the Administrator or Designee.

**EXPERT HOME CARE, INC.**  
**PERSONAL HEALTH INFORMATION**  
**PLEDGE OF CONFIDENTIALITY**



Employee Name: \_\_\_\_\_

I, the undersigned, have read and understand the Our Agency (hereinafter "Our Agency") policy on confidentiality of personal health information (PHI) as described in the Confidentiality Policy which is in accordance with relevant state and federal legislation.

I also acknowledge that I am aware of and understand the Policies of the Our Agency regarding the security of personal health information including the policies relating to the use, collection, disclosure, storage and destruction of personal health information.

In consideration of my employment or association with Our Agency, and as an integral part of the terms and conditions of my employment or association, I hereby agree, pledge and undertake that I will not at any time, during my employment or association with Our Agency, or after my employment or association ends, access or use personal health information, or reveal or disclose to any persons within or outside Our Agency, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable Legislation, and Our Agency policies governing proper release of information.

I understand that my obligations outlined above will continue after my employment/contract/association/appointment with Our Agency ends.

I further understand that my obligations concerning the protection of the confidentiality of PHI relate to all personal health information whether I acquired the information through my employment or contract or association or appointment with Our Agency or with any of the entities, which have an association with Our Agency.

If for any reason I must complete any clinical documentation of any of my patient at later time, or at my residence, I assure that no Protected Health Information will be left unattended in my vehicle. In my residence, it will be placed in a secure location where children or any family member will not have access to it at any time. All family members will be alerted about the Confidentiality status of such records.

I also understand that unauthorized use or disclosure of such information will result in a disciplinary action up to and including termination of employment or contract or association or appointment, the imposition of fines pursuant to relevant state and federal legislation, and a report to my professional regulatory body.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL MAKING PLEDGE  
I have been informed of the contents of Our Agency's  
Personal Health Information Confidentiality Policy  
and the consequences of a breach.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL ADMINISTERING PLEDGE  
I have discussed the Personal Health  
Information Confidential Policy and  
the consequences of a breach with the above named.

\_\_\_\_\_  
Date

## **FAX PRIVACY POLICY**

To ensure patient confidentiality when using a fax machine to transmit individually identifiable health information. "Health information", under HIPAA regulations, is defined as any recorded information relating to the health of an individual, the health care provided to an individual, or the payment for health care provided to an individual. Such health information is referred to as PHI (personal health information) in this policy.

Our Agency employees shall follow the procedures set forth below when faxing PHI.

### **PROCEDURES:**

#### **1. Limit Faxing of PHI**

- a. Utilize the mail for routine transmittal of PHI and mark it "confidential."
- b. PHI needed for emergent Our Agency may be faxed.
- c. Do not fax PHI regarding substance/alcohol abuse, AIDS, HIV or other information that is strictly controlled by federal and/or state law.

#### **2. Use of Fax Machine**

- a. Do not fax or receive PHI on a fax machine that is accessible to the public.
- b. Numbers on the Patient Fax Sheet will be verified as communicating with a confidential fax machine before being added to the sheet.
- c. Frequently dialed fax numbers should be programmed into the fax machine and reviewed as needed to assure the number is current.

#### **3. Faxing Confidential Patient Information**

- a. The Our Agency Fax Transmission Cover Page shall be used each time PHI is faxed.
- b. The following information shall be completed on the Cover Page:
  - Date of fax transmission
  - Recipient's name
  - Recipient's fax number
  - Recipient's telephone number
  - Sender's name and telephone number
  - Total number of pages, including the Cover Page
  - Any special instruction that may be needed
  - Fax operator's name and telephone number
- c. Mark each sheet of the faxed document "confidential."
- d. Always verify the digital display of the fax number before hitting the fax send button when transmitting PHI
- e. Notify the recipient before faxing to a number that is not listed on the Patient Fax Sheet to be sure that someone is there to receive, file, or deliver the PHI.

f. Do not fax PHI if the receiving fax is not in a confidential location, or if no one is physically present at the receiving end.

g. Always check the fax confirmation slip to be sure that the PHI went to the proper recipient.

#### 4. Correcting a misdirected fax.

a. If confidential patient information is faxed to the wrong party:

- Contact the incorrect recipient immediately and ask to have the document destroyed or returned to Our Agency

- Document on the Our Agency Problem Report Form. Immediately review the process to identify problems, using the following sample questions, and submit the report form and process review to the Privacy Officer.

- What occurred that caused the fax to go to the wrong recipient?

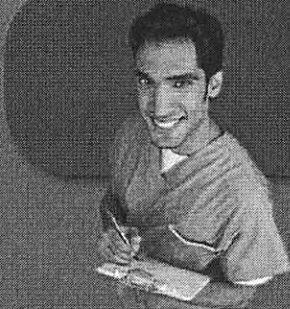
- Was the problem human error, machine error, or both?

- Does staff need additional or review of training?

#### 5. Disciplinary Consequences for Violations

a. Any employee who violates this policy shall be subject to a disciplinary review and, if warranted, shall be disciplined up to, and including, discharge for a willful, egregious offense.

b. Any violation shall be immediately reported to the Our Agency Privacy Officer at telephone extension \_\_\_\_\_.



## Your Health Information Privacy Rights

### Privacy is important to all of us

You have privacy rights under a federal law that protects your health information. These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think your rights are being denied or your health information isn't being protected.

#### Who must follow this law?

- ▶ Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers
- ▶ Health insurance companies, HMOs, most employer group health plans
- ▶ Certain government programs that pay for health care, such as Medicare and Medicaid

### Providers and health insurers who are required to follow this law must comply with your right to...

#### Ask to see and get a copy of your health records

You can ask to see and get a copy of your medical record and other health information. You may not be able to get all of your information in a few special cases. For example, if your doctor decides something in your file might endanger you or someone else, the doctor may not have to give this information to you.

- ▶ In most cases, your copies must be given to you within 30 days, but this can be extended for another 30 days if you are given a reason.
- ▶ You may have to pay for the cost of copying and mailing if you request copies and mailing.

#### Have corrections added to your health information

You can ask to change any wrong information in your file or add information to your file if it is incomplete. For example, if you and your hospital agree that your file has the wrong result for a test, the hospital must change it. Even if the hospital believes the test result is correct, you still have the right to have your disagreement noted in your file.

- ▶ In most cases the file should be changed within 60 days, but the hospital can take an extra 30 days if you are given a reason.

#### Receive a notice that tells you how your health information is used and shared

You can learn how your health information is used and shared by your provider or health insurer. They must give you a notice that tells you how they may use and share your health information and how you can exercise your rights. In most cases, you should get this notice on your first visit to a provider or in the mail from your health insurer, and you can ask for a copy at any time.

#### Decide whether to give your permission before your information can be used or shared for certain purposes

In general, your health information cannot be given to your employer, used or shared for things like sales calls or advertising, or used or shared for many other purposes unless you give your permission by signing an authorization form. This authorization form must tell you who will get your information and what your information will be used for.







## Your Health Information Privacy Rights

**Providers and health insurers who are required to follow this law must comply with your right to...**

### **Privacy is important to all of us**

#### **Other privacy rights**

You may have other health information rights under your state's laws. When these laws affect how your health information can be used or shared, that should be made clear in the notice you receive.

#### **For more information**

This is a brief summary of your rights and protections under the federal health information privacy law. You can ask your provider or health insurer questions about how your health information is used or shared and about your rights. You also can learn more, including how to file a complaint with the U.S. Government, at the website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).

### **Published by:**



U.S. Department of  
Health & Human Services  
Office for Civil Rights

#### **Get a report on when and why your health information was shared**

Under the law, your health information may be used and shared for particular reasons, like making sure doctors give good care, making sure nursing homes are clean and safe, reporting when the flu is in your area, or making required reports to the police, such as reporting gunshot wounds. In many cases, you can ask for and get a list of who your health information has been shared with for these reasons.

- ▶ You can get this report for free once a year.
- ▶ In most cases you should get the report within 60 days, but it can take an extra 30 days if you are given a reason.

#### **Ask to be reached somewhere other than home**

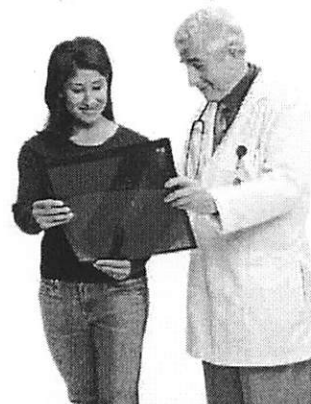
You can make reasonable requests to be contacted at different places or in a different way. For example, you can have the nurse call you at your office instead of your home, or send mail to you in an envelope instead of on a postcard. If sending information to you at home might put you in danger, your health insurer must talk, call, or write to you where you ask and in the way you ask, if the request is reasonable.

#### **Ask that your information not be shared**

You can ask your provider or health insurer not to share your health information with certain people, groups, or companies. For example, if you go to a clinic, you could ask the doctor not to share your medical record with other doctors or nurses in the clinic. However, they do not have to agree to do what you ask.

#### **File complaints**

If you believe your information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a complaint with your provider or health insurer. The privacy notice you receive from them will tell you who to talk to and how to file a complaint. You can also file a complaint with U.S. Government.





## Información sobre su salud: Derecho a la confidencialidad

### La confidencialidad nos importa a todos

Según la ley federal que protege la información sobre su salud, usted tiene derecho a la confidencialidad. Es importante que conozca estos derechos. Puede ejercerlos, informarse y presentar una queja si considera que no se están respetando o que no se protege la información sobre su salud.

#### ¿A quién va dirigida esta ley?

- A la mayoría de los médicos, enfermeros, farmacias, hospitales, clínicas, hogares de ancianos y muchos otros proveedores de atención médica.
- A las aseguradoras de salud, las organizaciones de conservación de la salud y la mayoría de los planes de salud grupales de los empleadores.
- A algunos programas gubernamentales que pagan la atención médica, como Medicare y Medicaid.

### Los proveedores y aseguradores de salud a quienes se dirige esta ley deben respetar su derecho a...

#### Leer su historia clínica y obtener una copia

Puede solicitar autorización para ver su historia clínica y otra información sobre su salud y obtener una copia. Es posible que en algunos casos particulares no pueda acceder a todos los datos. Por ejemplo, si su médico considera que algo que figura en su expediente puede resultar peligroso para usted o para otra persona, es posible que no le entregue esa información.

- En la mayoría de los casos, se le deben entregar las copias antes de que transcurran 30 días, pero el plazo se puede extender por otros 30 días si hay una razón que lo justifique.
- Es posible que deba pagar los gastos de las copias y el envío si lo solicita.

#### Que se corrija la información sobre su salud

Puede solicitar que se modifique la información errónea de su expediente o que se agregue información si está incompleto. Por ejemplo, si el hospital y usted coinciden en que el resultado de un análisis que figura en su expediente es incorrecto, el hospital debe modificarlo. Incluso si el hospital considera que el resultado es correcto, usted tiene derecho a que se incluya su disconformidad en el expediente.

- En la mayoría de los casos, el expediente debe modificarse antes de que transcurran 60 días, pero el plazo puede extenderse por otros 30 días si hay una razón que lo justifique.

#### Que se le notifique sobre cómo se usa y comparte la información sobre su salud

Usted tiene derecho a saber cómo su proveedor o asegurador de salud usa y comparte la información sobre su salud. Se le debe entregar una notificación en la que se indique de qué forma se empleará y compartirá la información sobre su salud y la manera en la que puede ejercer sus derechos. En la mayoría de los casos, deberá recibir la notificación en la primera consulta a un proveedor, o su asegurador de salud se la enviará por correo. Usted puede solicitar una copia en cualquier momento.

#### Decidir si autoriza que su información se utilice o comparta con ciertos fines

Por lo general, no se le puede brindar información sobre su salud a su empleador, usarla o compartirla con fines tales como llamadas de ventas o publicidad, ni para muchos otros propósitos, a menos que usted firme un formulario de autorización. Este formulario de autorización debe indicar quién recibirá su información y para qué la utilizará.







## Información sobre su salud: Derecho a la confidencialidad

### La confidencialidad nos importa a todos

#### Otros derechos relacionados con la confidencialidad

Es posible que, de acuerdo con las leyes de su estado, le correspondan otros derechos en cuanto a la información sobre su salud. Se le debe notificar claramente si esas leyes afectan a la manera de utilizar o divulgar datos sobre su salud.

#### Para más información

Éste es un breve resumen de los derechos y protecciones que le corresponden según la ley federal de confidencialidad de la información sobre la salud. Puede preguntarle a su proveedor o asegurador cómo emplea o divulga la información sobre su salud y cuáles son sus derechos. También podrá encontrar más información, incluso sobre cómo presentar una queja ante el gobierno de EE.UU., en la página Web [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

### Publicado por:

U.S. Department of  
Health & Human  
Services Office for  
Civil Rights



### Los proveedores y aseguradores de salud a quienes se dirige esta ley deben respetar su derecho a...

#### Recibir un informe sobre cuándo y por qué se compartió información sobre su salud

Según la ley, la información sobre su salud puede utilizarse y compartirse por razones específicas, como garantizar que los médicos brinden una atención adecuada y que los hogares de ancianos sean limpios y seguros, realizar informes sobre los brotes de gripe en su región, o presentar informes obligatorios a la policía, como los referidos a heridas de bala. En muchos casos, puede solicitar un listado de quienes recibieron información sobre su salud por esas razones.

- Puede recibir este informe gratuitamente una vez al año.
- En la mayoría de los casos, recibirá el informe antes de que transcurran 60 días, pero el plazo se puede extender por otros 30 días si hay una razón que lo justifique.

#### Solicitar que se lo contacte en otro lugar que no sea su casa

Usted puede solicitar, dentro de los límites razonables, que se lo contacte en otro domicilio o de un modo diferente. Por ejemplo, puede pedir que el enfermero lo llame a su lugar de trabajo en vez de a su casa, o que le envíe la información en un sobre cerrado y no en una postal. Si recibir información en su casa puede resultar peligroso, su asegurador de salud debe contactarlo, llamar o escribir adonde usted lo solicite y de la forma que usted prefiera, dentro de los límites razonables.

#### Pedir que no se divulgue su información

Usted puede solicitarle a su proveedor o asegurador de salud que no comparta datos sobre su salud con determinadas personas, grupos o empresas. Por ejemplo, si usted va a una clínica, puede pedirle al médico que no comparta su historia clínica con otros médicos o enfermeros. Sin embargo, no necesariamente deberán satisfacer su solicitud.

#### Presentar quejas

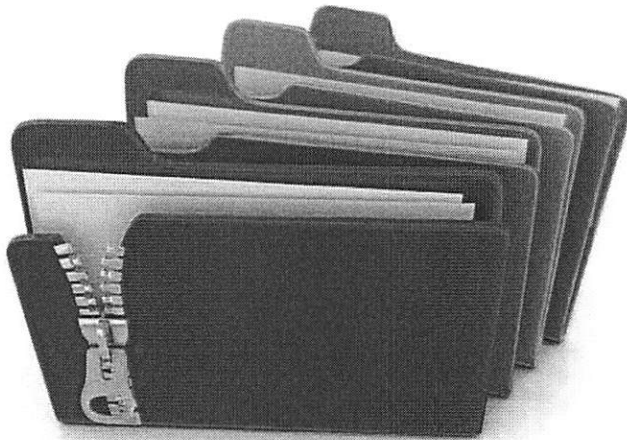
Si usted considera que al utilizar o divulgar su información no se respetó la ley de confidencialidad, o que no pudo ejercer sus derechos, puede presentar una queja ante su proveedor o asegurador de salud. En la notificación de confidencialidad se le informará sobre cómo presentar una queja y a quién debe ir dirigida. También puede presentar una queja ante el gobierno de EE.UU.





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## Notification of Privacy Practices



### **Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

#### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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##### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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##### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

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##### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

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*continued on next page*

## Your Rights *continued*

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

**EXPERT HOME CARE, INC.**



# ROM and Contracture Prevention

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## OBJECTIVES

Upon completion of this program, the home health aide (HHA) will be able to:

- Define a contracture
  - Describe the four different types of joints
  - Differentiate between types of range of motion (ROM)
  - Identify three injuries or diseases that predispose patients to contractures
  - Identify the general guidelines for ROM exercises
- 

## OVERVIEW

Contractures are a common complication of neurological and musculoskeletal conditions and are characterized by a reduction in joint mobility. No muscle is completely relaxed while the body is in a conscious or nonparalyzed state. Muscle tone keeps the bones in place and allows us to maintain posture. When there is shortening of a muscle or tendon—a contraction—this results in moderate to severe dysfunction in ROM. The most common contractures are found in the ankle/foot, hip, knee, elbow, and wrist/hand/finger areas of the body.

There are many reasons that a contracture can develop. The primary reasons are stroke and prolonged immobilization, such as bed rest. Because of significant muscle weakness and muscle spasms, stroke victims are particularly vulnerable to contractures. Other causes for contractures include neurologic complications, birth defect, deformity, and burn scarring. Patients with a long coma duration and immobility, poor positioning, severe brain injury, and trauma leading to paralysis are also at risk for the development of contractures. Loss of ROM in a joint of the limbs, to the extent that activities of daily living (ADL) are impeded, is probably the most common musculoskeletal complication.

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## CONTENT

Read the Lesson	20 minutes	Complete the Posttest	15 minutes
Read the Case Study	5 minutes	Feedback Session	10 minutes
Complete "Think About It"	10 minutes		

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## SUPPLEMENTAL LEARNING ACTIVITIES

- Go on a routine visit with a physical therapist and observe the evaluation and teaching of ROM exercises
- Perform ROM exercises on another staff member, using information from handouts
- Read the articles related to contractures at [www.ninds.nih.gov](http://www.ninds.nih.gov)

## FACTS

There are many causes for contractures. Following are some of the common causes.

**Immobilization:** Joints are usually immobilized in a shortened position, resulting in changes within the joint's connective tissue, the length of the muscle, and the associated tendon. This prolonged immobilization increases tissue growth, which impinges on the joint space. Fibrous adhesions form and loss of flexibility results.

**Spasticity:** Spasticity is when the patient has stiff or rigid muscles. He or she may complain of muscles cramping. Reflexes are exaggerated. Spasticity can interfere in walking, movement, and even speech. Patients with spinal cord injury, multiple sclerosis, or cerebral palsy may exhibit spasticity.

**Muscle weakness:** Reduced strength in one or more muscles results in muscle weakness. A physical therapist or the patient's doctor will perform a series of tests to diagnosis muscle weakness and will develop a series of exercises to help increase the strength of the muscles. Muscle atrophy (a wasting of the muscle) is a result of continual muscle weakness leading to continuous disuse.

Most muscles are attached to bones and are the force that moves joints. A joint is where two or more bones join together. Most joints have specific movement and are categorized by the way they move. There are some joints in the body, such as the skull, that do not move. The four primary joint types are:

- **Gliding joints:** A joint is referred to gliding when the boney surfaces are flat or slightly rounded. When the motion of sliding one bone past another involves a wide ROM, it is a gliding joint. Examples of gliding joints are the

## Key Terms to Aid Your Understanding

### Abduction

Moving away from the middle of the body

### Active assistive

Action that requires the use of an assistive device or a minimal amount of assistance from the clinicians

### Adduction

Moving toward the middle of the body

### AROM

Active range of motion; those actions that the patient can perform without assistance

### Circumduction

Moving in a circular motion

### Extension

Straightening, extending

### Flexion

Bending

### Hyperextension

Extending beyond a straight line

### Lateral

To the side

### Muscle tone

A slightly contracted state of a muscle; muscle tone keeps the bones in place and allows us to maintain posture.

### Orthotic device

Devices that are applied to the human body to align, support, or correct deformities or to improve the movement of the joints, spine, or limbs

### PROM

Passive range of motion; those actions that the clinician must perform

### ROM

Range of motion; action that moves muscles, joints, and soft tissue through a full, usual degree of body movement

### Rotation

Turning in one direction and then the other



vertebrae of the spine and the small bones that form the wrist and ankle. The ROM in these joints is slight, with the joints sliding or gliding on each other.

- **Ball and socket joints:** The hip and the shoulder are examples of ball and socket joints. In this type of joint, the rounded or ball-shaped surface of one bone fits into the concave or cup-shaped area of another bone. This type of joint allows 360-degree movement.
- **Hinge joints:** Examples of hinge joints are joints in the elbow and knees. In this type of joint, a hinge extends and bends in only one direction.
- **Pivot:** A pivot joint is where two ends of a bone meet. One end is made up of bone and ligament and is a ring-like structure. The other end is a long cylinder. The cylinder will rotate around the ring, or the ring will rotate around the cylinder. The ROM occurs in a half circle. One example of a pivot joint is at the base of the skull, joining the first vertebra of the spine to the second vertebra, allowing the head to rotate. Another example is the ulna and radius bones in the forearm.

The principal symptom of contracture is loss of normal movement that can impede daily activities. It can be quite painful and cause the skin to break down. The major focus of patients at risk for contractures is prevention. Management and prevention of contractures can prevent further complications. The loss of strength and muscle control tends to be greater in some muscles than in others, leading to an imbalance between the various muscle groups around specific joints.

ROM exercises are used to prevent contractures and maintain joint movement that might become limited due to immobility, injury, or disease. Examples of injuries or diseases that might result in contractures include strokes, osteoarthritis, quadriplegia, as well as Parkinson's disease. ROM exercises might be indicated in order to prevent contractures.

Assistive devices used in the prevention and treatment of contractures include orthotics such as braces or splints. The physical therapist will assess the patient for need for orthotics and will coordinate with the physician and a durable medical equipment company to ensure the device is both comfortable and user-friendly. Stroke patients can particularly benefit from the use of orthotics. Many devices today are produced so that they can be easily adjusted for a custom fit and disassembled for washing. If the patient is using an orthotic, assessment and prevention of skin breakdown is part of the plan of care.

## General ROM guidelines

The following guidelines will help patients obtain the most benefit from ROM exercises and reduce the risk of injury:

- If any movement causes the patient pain, stop the exercises
- Exercises should be performed daily or as ordered and directed by a physical therapist
- Each exercise should be performed three to five times or as many times as ordered
- Movements should be slow, smooth, and gentle
- It is not necessary to perform all the exercises at the same time of day

# ROM and Contracture Prevention

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- While assisting the patient with ROM exercises, explain what you are doing throughout the procedure
- Start with the head and work down to the feet

## ***Examples of ROM exercises***

The exercises performed by the HHA are under the supervision of a skilled nurse or a physical therapist. The exercises should be discontinued if the patient verbalizes or exhibits pain. The most common ROM exercises involve the shoulder, hip, knee, ankle, and foot.

### **Shoulder:**

- Flexion and extension: Each arm is moved forward from the side of the body, without bending the elbow, and up beside the head. Return the arm to the side.
- Hyperextension: Each arm is moved from the side of the body to behind the body. Return the arm to the side of the body.
- Abduction and adduction: Each arm is moved laterally to beside the head, with the palm facing outward. The arm is lowered and continued until it is in front of the body. Return the arm to the side of the body.
- Circumduction: Each arm is moved forward, up, over, and down behind the body in a full circle.
- Rotation: With the arm held out from the body at shoulder level and the elbow bent at a right angle, turn the arm so the fingers point down.

### **Hip:**

- Flexion and extension: Each leg is moved forward and upward. The knee can be straight or bent. Return the leg to the original position.
- Hyperextension: Each leg is moved behind the body and returned to the original position.
- Abduction and adduction: Each leg is moved out to the side. Return, moving the leg in front of the other leg. Return to the original position.
- Rotation: Each leg is turned so that the toes point inward as far as possible. Each leg is then turned so the toes point outward as far as possible.
- Circumduction: Each leg is moved forward, out to the side, backward, and back into position.

### **Ankle:**

- Flexion and extension: Point the toes of each foot upward and then downward.

### **Foot:**

- Rotation: Turn each foot so the toes point outward and then turn the foot so that the toes point inward.

**Knee:**

- Flexion and extension: Bend leg, bringing the heel to back of the thigh. Return to the normal position.
- 

**THE AIDE'S ROLE**

The HHA performs exercises under the direction of a physical therapist and follows the care plan as directed by the therapist. This would include a home exercise program that is specific for the patient. The HHA is not permitted to perform ROM exercises that the physical therapist has not endorsed.

HHA's can help patients retain their flexibility in their muscles and joints by the use of active ROM in their ADLs, such as bathing and dressing. When patients comb their hair and dress themselves, they benefit from various elements of ROM exercises.

The HHA must observe and report any complications related to the exercises, including increased pain.

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**OUTCOMES AND THE HHA**

The major outcome for patients at risk of contractures is prevention. Maintaining flexibility and use of joints and muscles will decrease the incidence of complications. HHAs using best practices in positioning patients and using assistive devices as directed also have positive outcomes in prevention of contractures.

**CMS' EXPECTATIONS**

As a result of the OASIS assessment, the Centers for Medicare & Medicaid Services (CMS) reviews the quality outcomes and processes regarding the care an HHA provides. It also reviews potentially avoidable events. It is its expectation that HHAs use the information available for their quality-improvement programs. CMS expects an agency's quality improvement to take a multi-disciplinary approach in meeting and improving the care needs of its patients.

## CASE STUDY

Mr. How is a 48-year-old male who was in a motor vehicle accident at age 16 that resulted in paralysis of his lower extremities. He recently had surgery for replacement of rods in his spine in order to keep his spine in proper alignment. He is in a back brace for a minimum of six weeks and is unable to get out of bed but can use an overhead trapeze to move his upper body. He is alert and oriented and very strong in his upper body movements. He cannot bend at the waist while the brace is in place, so he has to keep correct body alignment with his spine. He is not able to assist with showers or transfers in and out of bed. While he has no feeling in his lower extremities, he does have muscle spasms in his midabdomen area. He is very motivated and knowledgeable about his condition and what needs to happen to keep him mobile. He was able to transfer himself, do most of his ADLs, and manipulate a power wheelchair and was fully employed prior to this recent surgery. He lives in a one-story home with his wife. His wife travels frequently as a result of her job, so he frequently is alone. He employs an assistant to help him during the day. His home health team consists of a home health nurse, physical therapist, and an HHA.

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## THINK ABOUT IT

1. What joints would benefit from ROM exercises?
2. How will you observe skin breakdown?
3. What suggestions do you have to help him maintain his independence during the six weeks that he needs to be immobile in bed?
4. What type of ROM would you suspect the physical therapist will suggest?
5. What techniques will you use to help him bathe and keep his spine in correct body alignment?
6. What major joints would benefit from abduction and adduction?

## OBJECTIVES

Upon completion of this program, the home health aide will be able to:

- Define how to feed a patient safely
- Describe methods that will assist in performing personal hygiene safely at home
- Discuss ambulating and using mobility devices safely in the home

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## OVERVIEW

Assisting with activities of daily living (ADLs) is a fundamental role of the home health aide. For patients in their home, it is imperative that they be able to safely perform their ADLs. Home health aides will be the primary teachers of this important information to patients and their families.

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## CONTENT

Read the Lesson	20 minutes
Read the Case Study	5 minutes
Complete "Think About It"	10 minutes
Complete the Posttest	15 minutes
Feedback Session	10 minutes

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## SUPPLEMENTAL LEARNING ACTIVITIES

- Suggest to your educator that you have a skills lab annually to help you keep up your skills in using equipment safely in the home
- Review the information on the following website for items to teach caregivers regarding home safety:  
*[www.caregiver.com/articles/homecare/home\\_care\\_safety.htm](http://www.caregiver.com/articles/homecare/home_care_safety.htm)*
- This website will help you refresh your ADL knowledge and skills: *[www.caring.com/articles/how-to-give-a-bed-bath](http://www.caring.com/articles/how-to-give-a-bed-bath)*
- Make up a checklist to give patients to identify safety issues in their home

**FACTS**

Many patients whom home health aides will work with will have some difficulty in performing their ADLs independently. Your role is to support and assist them in these activities with the hopes that they will be able to independently perform as much of them as possible. However, in the process, safety is an important consideration as you assist with ADLs. With relation to all ADLs, there are several categories that patients will fit in:

- They can take care of their own personal care needs without help
- They need a little help
- They need a lot of help
- They can do nothing on their own and need help with all of their personal care

In this module, we will take each ADL and look at the potential safety issues related to it as well as review measures that you can take to perform them safely and protect patients when they are doing it on their own or with assistance.

**Bathing and personal care**

It is important when doing bathing and personal care to maintain the safety of the patient at all times. Privacy is important in personal care. However, if your patient is an infant, child, or confused, never leave him or her in a bathtub alone. He or she could drown even in a little bit of water.

Always check the temperature of the bath water before you use it. The temperature of all bath and shower water should be 110° and not hotter. Hot water causes burns. Some homes may have their hot water set high. If you do not have a thermometer, test the temperature of the water on your wrist before you use it.

If it is too hot for you, it is too hot for them. Patients with neurological disorders or neuropathy from diabetes or other problems may not have good feeling in their legs or feet. They could easily get burned if the temperature of the water is too hot. They wouldn't feel it, and even after their skin is burned, they might not know it.

For showering, make sure that grab bars are in place and that they are strong enough to hold the weight of the person. When doing showers or bathing in the bathroom, put nonskid bath mats or towels down on the floor to keep it dry. Wet floors lead to slips and falls. Place nonskid mats in the shower to prevent falls. Remember, many patients with dementia do not like showering or bathing. Special considerations may need to go into planning a bath or shower for a patient with dementia.

**Bed baths**

The following are some special considerations for giving a bed bath:

- Never leave the bed in a high position when you are not next to it.
- Get all the supplies together beforehand so you can stay at the bedside while the rails are down. If there are no rails or it is a regular bed, use good body mechanics to complete the bath.

- Keep the rail up on the side you are not using.
- Keep the patient covered so he or she does not get chilled during the bath.

### **Personal care for the patient with dementia**

Pain may be present and movement may make the pain worse. A patient with dementia may not be able to adequately convey this pain. Be aware of nonverbal signs of pain during movement with bathing and report this to your supervising nurse. One study showed that for people with dementia, water dripping in the face and having the head wet are generally the most upsetting parts of the bath; this causes distress at the beginning of the bath. One alternative is to wash the face and hair at the end of the bath or at another time. Another is to use no-rinse products that can shorten and simplify bathing. Infection control concerns can be addressed by the caregiver washing his or her hands and using a fresh, clean cloth after cleansing a part of the body that might cause contamination. Although many have been taught to cover the person during a shower or tub bath, few actually do this, possibly leaving the person cold and feeling exposed, embarrassed, and without dignity. Covering the person with a towel and washing beneath it alleviates this distress. These changes are simple, practical, and do not increase the length of bathing time.

For patients with dementia, incorporate their comfort and preferences into the bathing methods. Home health aides can begin to think about resistance and other behavioral symptoms as expressions of unmet needs. Look at how you can change or adapt your communication techniques and apply problem-solving approaches to identify causes of and potential solutions for behavioral symptoms and adapt the environment to the patient's comfort and security.

Think about things like modifying the shower spray and providing choices (e.g., whether hair is washed first, last, or not at all) may help. Try to get to know the patient by communicating clearly (e.g., by reassuring or apologizing for any discomfort caused) and thinking creatively. Studies have shown that these interventions may help decrease behavioral resistance to bathing.

### **Eating and drinking**

The first thing the home health aide will need to do related to eating and drinking is to assess what activities the patient

Physical problem	May lead to...
Vision problems	Inability to see their food, plate, and utensils
Stroke, neurological diseases such as amyotrophic lateral sclerosis (ALS)	Swallowing difficulties
Neurological diseases such as Parkinson's disease, ALS, neuropathy, or other muscle disorders; cancer	Inability to lift the fork or place the fork in their mouth; inability to cut food or place food on the utensil
Dementia, disease progression, nausea, fatigue	Lack of desire to eat; lack of knowledge that they should eat

can do independently. Patients should be encouraged to do as much as they can for themselves, but eating and drinking without help for some patients can be potentially very serious issues.

Patients may encounter some problems attempting to eat and drink independently. The table at left shows the kinds of problems that patients may exhibit as a result of a variety of disease processes.

When assisting patients with eating, there are some general principles that apply for all patients. They are:

- Wash your hands before handling any food or drink for the patient.
- Position the patient in a way that facilitates swallowing. This is usually as upright as is possible for the patient.
- Try to make the environment as pleasant as possible. Cover their clothing with towels or napkins to prevent soiling their clothing with food.
- All food temperature should be checked—both hot and cold. Foods that are too hot could potentially cause a burn.
- Meals need to be placed within close proximity so that the patient can safely and comfortably eat and not have to reach long distances to get the food.
- Tell patients what they are eating if they cannot discern it themselves.
- Alternate foods as you feed them. Give some meat, some vegetables, and then a drink unless patients specifically request to eat all of one food at a time. If they cannot tell you what they want, try to feed them as you would want to eat the meal.
- Use a different straw for each liquid food so as not to mix the tastes together.
- Encourage patients to eat the foods but do not force them to eat anything.
- Keep the patient in an upright position for at least 30 minutes after eating.
- Be sure you are aware of how to do the Heimlich maneuver in case a patient chokes when eating or drinking.

### **Assisting with mobility**

Many patients receiving homecare, despite their age, will find themselves in need of an assistive device for ambulating or getting from one place to another. Safety in using these devices is paramount to the effectiveness of the devices for the patient. The following are some safety tips for patients using a walker:

- Always wear good supporting shoes.
- Check that the walker's rubber tips are not worn. Replace them when needed.
- When walking, assist patients to place the walker about a step in front of them.
- Encourage them to not step too far into the walker and to stay close enough to the walker so that their hips line up with the back of the walker.
- Avoid wet surfaces when using a walker.
- Don't lean on the walker when getting up or sitting down. It could tip over.
- When walking, keep both hands on the walker at all times for balance.
- Use ramps with caution.
- Stand tall and avoid walking bent over.
- Remove any throw rugs or unnecessary objects on the floor of the home.



- Arrange furniture to allow the patient to move freely about the home using the walker.
- When using a folded walker, make sure the walker is locked into the open position.
- Move all extension cords in the walkways of the home.
- Avoid using the walker on stairs if at all possible.
- With a rolling walker, be careful not to push it too far ahead of patients when they are walking. Stay close to keep balance.
- When using a standard walker, remember to pick it up and move it about a step in front of patients. Use caution on thick surfaces, such as shag carpet.

The following are safety measures when transferring patients from their bed to a wheelchair or bedside commode:

- Use a transfer belt and pivot transfer technique
- Keep the wheelchair or commode close to the bedside
- Lock the wheelchair before the transfer and move the footrests out of the way
- Make sure the bedside commode has rubber stops on each of the legs
- Make sure the patient has nonskid footwear on before moving them from the bed
- Place the patient's feet flat on the floor before standing him or her up
- Use good body mechanics when doing the pivot turn

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## THE AIDE'S ROLE

The home health aide plays a key role in maintaining safety during ADLs regardless of whether the patient needs assistance. Maintaining a safe environment as well as safety measures for procedures will allow patients to do all they can for themselves and protect patients when doing those things they need assistance with.

### CMS' EXPECTATIONS

As a result of the OASIS assessment, the Centers for Medicare & Medicaid Services (CMS) reviews the quality outcomes and processes regarding the care a home health agency (HHA) provides. It also reviews potentially avoidable events. It is its expectation that HHAs use the information available for their quality improvement programs. CMS expects an agency's quality improvement to take a multidisciplinary approach in meeting and improving the care needs of its patients.

**CASE STUDY**

Certified nursing assistant (CNA) Sharon has been caring for Mrs. Alston, an 83-year-old diabetic, for three weeks in her home. Mrs. Alston recently had a hip replacement. Sharon has been helping her with her ADLs while she is recovering. Mrs. Alston needs help getting out of bed and needs to use a walker around the house. She also needs assistance with her shower. Sharon notices that Mrs. Alston has a number of throw rugs in her walking paths throughout the house. She asks her to remove these to help prevent falling over them or slipping on them as they slide underneath her. Sharon also notices that the bath mats in her bathroom are not nonskid and recommends that she get one of her children to replace them to prevent falling in the bathroom. Sharon also has helped Mrs. Alston learn how to transfer herself from her bed into a wheelchair. She reminds her to lock the wheelchair first and put her feet firmly on the floor before standing up. She has helped her rearrange the furniture in her home to make a clear path for her to walk with her walker and move with her wheelchair.

Although Mrs. Alston can pretty much manage her shower on her own, Sharon stays in the bathroom while she is showering. Last week, Mrs. Alston got the water too hot and didn't know it until blisters developed on her feet two days later. When Sharon came to assist her, she noted them and immediately called her supervising nurse. She taught Mrs. Alston to test the water with her arm, which has good feeling, before getting into the shower.

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**THINK ABOUT IT**

1. Sometimes elderly people are reluctant to move things around or adjust clutter in their house. How could Sharon approach Mrs. Alston to get her to reconsider this?
2. What other potential problems does Mrs. Alston's lack of sensation in her feet predispose her to?
3. Have you recently taken a look in your patient's home to view it with a fresh eye for safety?

**DIRECTIONS: READ EACH QUESTION CAREFULLY AND CHOOSE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. PLEASE DO NOT WRITE ON THIS POSTTEST.**

1. It's okay to leave an adult patient with dementia alone while bathing because the patient will just call for you when he or she needs you.
  - a. True
  - b. False
  
2. Bath water temperature for most patients should be at \_\_\_\_\_.
  - a. 98.6°F
  - b. 110°F
  - c. 120°F
  - d. 150°F
  
3. Patients with diabetic neuropathy may not be able to feel water that is too hot for bathing.
  - a. True
  - b. False
  
4. Agitated behavior from a patient with dementia during a bath likely represents \_\_\_\_\_.
  - a. some unmet need
  - b. anger at the CNA
  - c. need for medication
  - d. acting out
  
5. Developing a relationship with a patient with dementia can help to minimize difficult behaviors.
  - a. True
  - b. False

6. As a measure of patient safety, when feeding a patient who has had a stroke, it is important to remember they may have difficulty \_\_\_\_\_.
- a. selecting food choices
  - b. swallowing
  - c. having a conversation with the person who is feeding them
  - d. eating their vegetables
7. One straw can be used for all liquid foods when feeding a patient.
- a. True
  - b. False
8. Patients should remain upright for at least \_\_\_\_\_ minutes following a meal.
- a. 15
  - b. 20
  - c. 30
  - d. 45
9. Walkers are safe to use on wet surfaces.
- a. True
  - b. False
10. \_\_\_\_\_ will help prevent falls in the home and shower area.
- a. Walkers
  - b. Nonskid mats/rugs
  - c. Decluttering
  - d. All of the above

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**DIRECTIONS:** READ EACH QUESTION IN THE POSTTEST CAREFULLY. THEN, DETERMINE THE BEST ANSWER.  
CHECK THE CORRESPONDING BOX ON THIS ANSWER SHEET. DO NOT WRITE ON THE POSTTEST.

**MULTIPLE CHOICE ANSWER SHEET**

- 1.     a         b
- 2.     a         b         c         d
- 3.     a         b
- 4.     a         b         c         d
- 5.     a         b
- 6.     a         b         c         d
- 7.     a         b
- 8.     a         b         c         d
- 9.     a         b
- 10.    a         b         c         d

**INSTRUCTOR'S COMMENTS/SIGNATURE**

Signature \_\_\_\_\_ RN    Date \_\_\_\_\_



**OASIS-E tool for classifying high-risk meds**

Use this guide for answering N0415 (High-Risk Drug Classes: Use and Indication). Below are examples of types of medications that are included in each drug class. Keep in mind that some agents may belong to more than one classification. Assign the ICD-10 diagnosis code in the right column if the medication is pertinent to the plan of care. (See related story, p. 1.)

<b>A. Antipsychotic</b>	Z79.899
<b>Used for:</b> Psychoses, schizophrenia, schizoaffective disorder, personality disorder, bipolar disorder	
<b>Common name:</b> Abilify, Clozapine, Haldol, Invega, Latuda, Risperdal, Risperidone, Seroquel, Vraylar, Zyprexa	<b>Also known as:</b> <b>Common Antipsychotics: First generation (Typical):</b> Benperidol (Anquil), Chlorpromazine (Largactil), Flupentixol (Depixol), Fluphenazine (Modecate), Haloperidol (Haldol), Levomepromazine (Nozinan), Pericyazine, Perphenazine (Fentazin), Pimozide (Orap), Promazine, Sulpiride (Dolmatil, Sulpor), Trifluoperazine (Stelazine), Zuclopenthixol (Clopixol) <b>Second generation (Atypical):</b> Amisulpride (Solian), Aripiprazole (Abilify, Abilify Maintena), Clozapine (Clozaril, Denzapine, Zaponex), Risperidone (Risperdal & Risperdal Consta), Olanzapine (Zyprexa), Quetiapine (Seroquel), Paliperidone (Invega, Xeplion)
<b>E. Anticoagulant</b>	Z79.01
<b>Used for:</b> Prevention of blood clotting	
<b>Common name:</b> Coumadin, Eliquis, Heparin, Lovenox, Warfarin, Xarelto	<b>Also known as:</b> <b>Common Anticoagulants:</b> Apixaban (Eliquis), Dabigatran (Pradaxa), Edoxaban (Savaysa), Enoxaparin (Lovenox), Heparin, Rivaroxaban (Xarelto), Warfarin (Coumadin)
<b>F. Antibiotic</b>	Z79.2
<b>Used for:</b> Treatment of bacterial infection	
<b>Common name:</b> Amoxicillin, Azithromycin, Cephalexin, Cindamycin, Ciproflaxin, Nitrofurantoin, Penicillin	<b>Also known as:</b> <b>Common Antibiotics:</b> amoxicillin, doxycycline, cephalexin, ciprofloxacin, clindamycin, metronidazole, azithromycin, sulfamethoxazole and trimethoprim, amoxicillin and clavulanate, levofloxacin
<b>H. Opioid</b>	Z79.891
<b>Used for:</b> Treatment of acute pain	
<b>Common name:</b> Codeine, fentanyl, methadone, morphine, Oxycontin, Vicodin, Tramadol	<b>Also known as:</b> <ul style="list-style-type: none"> <li>• Codeine (found in combination medicines such as Tylenol #3 or Robitussin AC)</li> <li>• Fentanyl (Sublimaze, Subsys, Duragesic)</li> <li>• Hydrocodone (Vicodin, Norco, Lortab, Lorcet, and Vicoprofen)</li> <li>• Hydromorphone (Dilaudid)</li> <li>• Morphine (MS Contin and Roxanol)</li> <li>• Oxycodone (OxyContin, Oxy, Percocet, Percodan, Roxicet, and Endocet)</li> </ul>

Z 91.148 non-compliance w/meds  
 Z 91.118 ~~\_\_\_\_\_~~ w/diet  
 Z 91.198 ~~\_\_\_\_\_~~ w/wound care or other Tx



<b>I. Antiplatelet</b>	Z79.02
<b>Used for:</b> Prevention of blood clots	
<b>Common name:</b> ASA, Brilinta, Clopidogrel (Plavix), Ticlid	<b>Also known as:</b> <ul style="list-style-type: none"> <li>• ASA - Acetylsalicylic acid (Aspirin, Asaphen, Entrophen, Novasen)</li> <li>• Clopidogrel (Plavix)</li> <li>• Prasugrel (Effient)</li> <li>• Ticagrelor (Brilinta)</li> </ul>
<b>J. Hypoglycemic</b>	Insulin: Z79.4
<b>Used for:</b> Treatment of diabetes	Oral hypoglycemics: Z79.84 Non-insulin injectables: Z79.85
<b>Common name:</b> glipizide, glyburide, Insulin, Metformin, Rybel-sus, Farxiga, Jardiance  Byetta, Victoza, Trulicity, Ozempic  <b>Includes non-insulin injectables!</b>	<b>Also known as:</b>  Oral: Sulfonylureas (glipizide, glyburide, gliclazide, glimepiride), Meglitinides (repaglinide and nateglinide), Biguanides (metformin), Thiazolidinediones (rosiglitazone, pioglitazone), Glucosidase inhibitors (acarbose, miglitol, voglibose), DPP-4 inhibitors (sitagliptin, saxagliptin, vildagliptin, linagliptin, alogliptin), semiglutide  Insulins: Humulin, Novolin, NovoLog, FlexPen, Apidra, Humalog, Levemir, Lantus  Non-Insulin injectables: Albiglutide, Mounjaro, Symlin, Pramlintide

Here's a quick look at the diagnosis codes that may be added to the plan of care if the patient is using one of these high-risk medications.

**Z79.0** Long term (current) use of anticoagulants and antithrombotics/antiplatelets

**Z79.1** Long term (current) use of non-steroidal anti-inflammatories (NSAID)

**Z79.2** Long term (current) use of antibiotics

**Z79.3** Long term (current) use of hormonal contraceptives

**Z79.4** Long term (current) use of insulin

**Z79.5** Long term (current) use of steroids

**Z79.6** Long term (current) use of immunomodulators and immunosuppressants

**Z79.8** Other long term (current) drug therapy

- Z79.81 Long term (current) use of agents affecting estrogen receptors and estrogen levels
- Z79.82 Long term (current) use of aspirin
- Z79.83 Long term (current) use of bisphosphonates
- Z79.84 Long term (current) use of oral hypoglycemic drugs
- Z79.85 Long term (current) use of injectable non-insulin antidiabetic drugs
- Z79.89 Other long term (current) drug therapy

**Source:** This tool was created by Arlynn Hansell, PT, HCS-D, HCS-O, HCS-H, COS-C, director of education, coding and the OASIS division with SimiTree Healthcare Consulting based in Hamden, Conn.

\* \* \* Communication Result Report ( Jun. 5. 2023 2:22PM ) \* \* \*

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Date/Time: Jun. 5. 2023 2:15PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0335 Memory TX	18555407066	P. 18	OK	

Reason for error

- |                                 |   |
|---------------------------------|---|
| m. 1) Hang up or line fail      | E. 2) Busy                                |
| m. 3) No answer                 | E. 4) No facsimile connection             |
| e. 5) Exceeded max. E-mail size | E. 6) Destination does not support IP-Fax |



Keystone First Community HealthChoices(CHC) Prior Authorization Form

Prior Authorization Fax 1-855-540-7068 | Prior Authorization Retro Fax 1-855-540-7066 | DME Fax 1-855-540-7067 | OB Request Fax 1-855-540-7068

For this form and submit all pertinent clinical information to the appropriate fax number above.

Please print — accuracy is important.

Facility name:	
National Provider Identifier (NPI) number:	Tax ID:
Address:	
Phone:	Fax:
Provider name: Expect Home Care, Inc.	Keystone First CHC provider ID:
NPI number: 1205801156	Tax ID: 233023705
Address: 1200 Bustleton Pike suite 14 Feasterville PA 19053	
Phone: 267-968-6622	Fax: 215-364-3918
Preparer's name: Lana Morgovsky	Phone: 267-968-6622 Fax: 215-364-3918
Date faxed: 06/05/2023	Number of pages:
Patient Information	
Patient name:	Pochinkova Vera
Keystone First CHC ID number:	Y0M4200995271
Date of birth:	5/12/1939
Eligibility date:	
Third-party liability:	
Check one: <input type="checkbox"/> IP request <input type="checkbox"/> COP request <input type="checkbox"/> Short Procedure Unit (SPU) <input type="checkbox"/> DME rental or purchase <input type="checkbox"/> OB request <input checked="" type="checkbox"/> Home care	
Date of service:	05/07/23-07/04/23 Pending authorization number (if applicable):
Requested service:	00299 4v; G0152 8v Dx code(s): C20 M17.0
Referring physician name:	Dr. Anzilevich CPT code(s) and quantity:
Physician NPI number:	1598749178 HCPC code(s) and quantity:
Referring physician name:	Dr. Anzilevich
NPI number:	1598749178
Phone number:	215-676-2741
Fax number:	215-676-2796

Important payment notice

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Any claims submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal via <https://providers.dhs.pa.gov/provider/Default.aspx?siteid=1&pageid=1>.





Toile 7/31 - 8/13

Slavik 7/28 - 8/7

Toile 6/30 - 7/5

Germa 6/25 - 7/4

Slavik 6/13 - 6/24

Vika 6/7 - 7/10

Masha 5/30 - 6/4