



Client Orientation Handbook



Important Numbers

Office: 402.873.8507

After-Hours: 402.658.1373

24/7 Ambassador Health at Home Hotline: 855.244.2444

24/7 Medicare Hotline: 800.245.5832

24/7 CHAP Hotline: 800.656.9656

EMERGENCY / DISASTER PLAN

Ambassador Health at Home is always ready to help you. You can reach a nurse 24 hours a day, 7 days a week by calling our office at (402) 873-8507, our after-hours number at (402) 658-1373, or our 24/7 hotline at (855) 244-2444. The nurse will answer any questions or concerns you have or come out to your home if found medically necessary. Keep this handbook where it can be easily found, so that you always have a way to reach us. Also, remember to tell your family and caregivers where they can find this important information.

In case of a medical emergency, always call 911 or go straight to the Emergency Department. If possible, take your Ambassador Health at Home admissions packet with you so that the treating physician knows your most recent medical history, medications, and the treatments you are receiving at home. Remember, Ambassador Health at Home is not an emergency service and valuable time could be lost if you call our nurses before calling 911.

Important Numbers:

- Emergency Services: 911
- Ambassador Health at Home Office: 402.873.8507
- Ambassador Health at Home Hotline: 855.244.2444
- Primary Healthcare Provider Name & Number: _____
- Relative Name & Number: _____
- Hospital Name & Number: _____

Call 911 if you have:

- Excessive difficulty breathing
- Severe / unrelieved chest pain
- Increased confusion
- Excessive bleeding
- Cannot move arms or legs

Call Ambassador Health at Home if you have:

- Gained 4 pounds in one day
- Increased pain
- Elevated / high blood sugars and you do not have a plan of treatment
- Troubles with bowels or urination
- High fever (101 F)
- Changes in vital signs
- Medication questions
- Wound / dressing questions

Should a natural disaster occur and evacuation is advised, take the patient to the nearest hospital or to your area designated shelter. Monitor the situation on the television or battery operated radio. Always follow the advice of the local authorities.

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Client Orientation Handbook

WELCOME

Thank you for selecting Ambassador Health at Home. We are committed to bringing you the best possible healthcare right in your own home.

In order to provide you with the best care possible, we have created this handbook. In it, you will find procedures for you to follow in case of an emergency, either with your health or a natural disaster.

As a patient of Ambassador Health at Home, you have rights and responsibilities that are also outlined in this handbook.

We know you have a choice in home health providers and are honored you chose Ambassador Health at Home.

Thank you!

Alexandra Muckey, OTR/L TPM

Administrator & Director of Home Health

PH: 855.244.2444

1240 N. 19th Street

Nebraska City, NE 68410

OUR MISSION

As an innovative leader in health care services, Ambassador Health strives to anticipate and exceed the expectations of the people we serve.

To fulfill our Mission, we value the delivery of compassionate care while maintaining a positive attitude, a commitment to self-improvement, and the motivation to share in the goals of the organization. Our conduct will reflect our high ethical standards and advocacy for the wellness of the whole person.

Our success unites a variety of people and their beliefs into a celebration of life with those who choose us.

AGENCY OVERVIEW – POLICY

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

CRITERIA FOR ADMISSION

Admission to Ambassador Health at Home can only be made under the direction of a physician, based on the patient's identified care needs, homebound status, and the type of services required. These services can be provided directly through Ambassador Health at Home or through coordinated efforts with our partners in care. If we cannot meet your needs or your home environment will not support our services, we will not admit you into our care or continue to provide services to you. In these instances, your physician will be notified and you may be referred to other community services.

SERVICES

Ambassador Health at Home can provide one service or a combination of services in your home, under the direction of a physician plan of care. Working with your physician, our qualified and caring staff will plan, coordinate and provide care especially tailored to your healthcare needs. Our services include:

- Skilled Nursing
- Home Health Aide
- Physical Therapy
- Occupational Therapy
- Speech/Language Therapy
- Medical Social Work

QUALITY CARE

To assure you receive the best possible care, Ambassador Health at Home is overseen by our:

- *Director of Home Health*: Oversees both business and clinical operations, as well as staff education and evaluation.
- *Clinical Manager*: Coordinates care between physicians, therapists, nurses, and patients.
- *Board of Directors*: Oversees business operations and company functions.
- *CHAP*: A nationally recognized accrediting body for health care organizations.

HOURS OF OPERATION

Our office hours are Monday through Friday, 8:00 am to 5:00 pm, except during company holidays. During the snow, ice, and flood seasons, Ambassador Health at Home will make every effort to continue home care visits. However, the safety of our staff must be considered. When roads are too dangerous to travel, or if a driving ban has been put into

place by local authorities, our staff will do its best to contact you by telephone to let you know they are unable to make your visit that day. They will then direct you how to receive your care if it cannot wait.

PAYMENTS/CHARGES

We accept payment for services from Medicare, Medicaid, worker's compensation, private insurance, or private pay. For most services, there is no cost to you if you are an eligible beneficiary for Medicare or Medicaid. Some insurers will limit the number and type of home care visits that they will pay for and may require pre-authorization. We will inform you, your family, caregiver or guardian of all charges and methods of payment that you may incur before or upon admission.

PATIENT RIGHTS AND RESPONSIBILITIES

Ambassador Health at Home is committed to supporting and protecting your fundamental human, civil, and legal rights. We will not condition the provision of your care, or otherwise discriminate against you, based on whether you have exercised your rights. Recognizing the unique and individual needs of each person, Ambassador Health at Home strives to extend the highest level of care to our patients and their families. As a member of your health care team, in addition to your rights, you also have certain responsibilities.

Home care patients have a right to be notified in writing of their rights and obligations before treatment begins and to exercise those rights. The patient's family or guardian may exercise the patient's rights when the patient is incapacitated. Home care providers have an obligation to protect and promote the patient's rights, including the following:

Patients have a Right to Dignity and Respect

Home care patients and their formal caregivers have a right to not be discriminated against based on race, color, religion, national origin, age, sex, sexual preference or handicap. Furthermore, patients and caregivers have a right to mutual respect and dignity, including respect for property. Agency staff is prohibited from accepting personal gifts and borrowing money or items from patients.

Patients have the right:

- To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- To have your property treated with respect.
- To personal dignity.
- To effective communication.
- To be free from mental, physical, sexual and verbal abuse, neglect and exploitation including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the organization.
- To voice their grievances without fear of discrimination or reprisal for having done so.
- To be informed of the procedure you can follow to lodge complaints with the Agency about the care that is, or fails to be, furnished, and regarding a lack of respect for

property. To lodge complaints at any time, 24 hours a day, seven (7) days a week, call us on our toll-free number 855-244-2444.

- To be advised of the telephone number and hours of operation of the state's Home Health Agency hotline, that receives complaints or questions about local home care agencies. The hours are 24 hours a day, seven (7) days a week and the telephone number is 1-800-245-5832. The hotline also receives complaints about advance directives.
- To be advised of the availability of the CHAP hotline number. The number is 1-800-656-9656. The hours of operation are 9am-5pm EST. The purpose of the hotline is to receive complaints or questions about the Agency and to lodge complaints concerning the implementation of advance directives.
- To have complaints investigated made by the patient, patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for patient's property by anyone furnishing services on behalf of the Agency. You will not be subject to discrimination for doing so. Agency must document both the existence of the complaint and the resolution of the complaint.
- To know about the disposition of such complaints.
- To refuse to participate in investigational, experimental, research or clinical trials.
- To be advised in advance of the right to participate in, be informed about, and consent to or refuse care in advance of and during treatment, where appropriate, with respect to:
 - completion of all assessments;
 - the care to be furnished, based on the comprehensive assessment;
 - establishing and revising the plan of care;
 - the disciplines that will furnish the care;
 - the frequency of visits;
 - expected outcomes of care, including patient-identified goals and anticipated risks and benefits;
 - any factors that could affect treatment effectiveness; and
 - any changes in the care to be furnished;
- To receive all services in the plan of care.
- To request information about their diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that they and their families or designees can readily understand so that they can give their informed consent.
- To refuse care without fear of reprisal or discrimination and in accordance with law and regulation. If you are not legally responsible, your surrogate decision maker may refuse care on your behalf as permitted by law.
- To be informed of rights under state law to make decisions concerning medical care, including the right to accept or refuse treatment and the right to formulate advance directives.
- To receive advance directive information prior to or at the time of the first home visit, as long as the information is furnished before care is provided.
- To be informed of policies and procedures for implementing advance directives, including a description of applicable state law. You have the right to receive advance directives information prior to or at the time of the first home visit, before

care is provided. You will be informed of any limitations if the Agency cannot implement an advance directive on the basis of conscience.

- To receive care without condition on, or discrimination based on, the execution of advance directives.
- To have a confidential patient record and access to or release of patient information and records in accordance with Health Insurance Portability and Accountability Act (HIPAA) law and regulation (45 CFR parts 160 and 164).
- To confidentiality of your personal information about your health, social and financial circumstances and about what takes place in the home.
- To expect the Agency to release information only as required by law or authorized by the patient and to be informed of procedures for disclosure.
- To exercise his/her rights as a patient of the Agency at any time.
- The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.
- To access, request an amendment to and receive an accounting of disclosures regarding your own health information as permitted under applicable law and be advised of Agency's policies and procedures regarding disclosure of medical record.
- To be informed of the extent to which payment may be expected from Medicare, Medicaid or any other federally funded or aided program known to the Agency or any other payor known to the Agency.
- To be informed of any charges that will not be covered by Medicare.
- To be informed of the charges for which the patient may be liable and to receive this information, orally and in writing, before care is initiated and within 30 calendar days of the date the Agency becomes aware of any changes.
- To be advised of any changes in the information provided with respect to payment and charges, if they occur. The patient and representative (if any) are advised of these changes as soon as possible, in advance of the next home health visit, and in accordance with the patient notice requirements at 42 CFR §411.408(d)(2) and 42 CFR §411.408(f).
- Receive proper written notice, in advance of a specific service being furnished, if the organization believes that the service may be non-covered care or in advance of the organization reducing or terminating ongoing care
- To have access upon request to all bills for service the patient has received, regardless of whether the bills are paid out-of-pocket or by another party.
- To be admitted by the Agency only if it has the resources needed to provide the care safely and at the required level of intensity, as determined by a professional assessment. The Agency with less than optimal resources may nevertheless admit the patient if a more appropriate provider is not available, but only after fully informing the patient of the Agency's limitations and the lack of suitable alternative arrangements.
- Be advised of the names, addresses, and telephone numbers of federally funded and state-funded entities that serve the area where the patient resides, including the (1) Agency on Aging; (2) Center for Independent Living; (3) Protection and Advocacy Agency; (4) Aging and Disability Resource Center; and (5) Quality Improvement Organization.
- To be informed of the right to access and how to access auxiliary aids and language services.

- To be informed of the ownership and control of Ambassador Health at Home.
- To effective pain management.

Patient/Agency Responsibility

Patients have the responsibility to:

- Notify the Agency of any perceived risks in your care or unexpected changes in your condition, e.g., hospitalization, changes in the plan of care, symptoms to be reported, etc.
- Notify the Agency if the visit schedule needs to be changed.
- Notify the Agency of the existence of, and any changes made to, advance directives.
- Notify the Agency of any problems or dissatisfactions with the services provided.
- Provide a safe environment for care.
- Follow instructions and express any concerns you have about your ability to follow and comply with proposed plan or course of treatment. The Agency will make every effort to adapt the plan to your specific needs and limitations. If such changes are not recommended, the Agency will inform you of the consequences of care alternatives.
- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters related to the patient's health.
- Know that in the event of an emergency that disrupts Agency's services to patient, that Agency will make every effort to visit or telephone patient. However, if patient has a medical emergency and is not able to contact the Agency, the patient should access the nearest emergency medical facility.
- Ask questions about care or services when you do not understand your care or what you are expected to do.
- Provide feedback about service needs or expectations.
- Follow Agency rules and regulations concerning patient care and conduct.
- Show respect and consideration for Agency's personnel and property.
- Meet financial commitments agreed upon with the Agency promptly.
- Understand and accept consequences for the outcomes if the care and services or treatment plans are not followed.

ADVANCE DIRECTIVES HOME CARE SERVICES

Ambassador Health at Home encourages individuals and their families to participate in decisions regarding care and treatment. Our policy acknowledges that all persons have a fundamental right to make decisions about their own medical treatment, including the right to accept or refuse medical care. Ambassador Health at Home will not condition the provision of care and not discriminate against an individual based on whether or not the individual has executed an advance directive. Advance Directives are legal documents signed by a competent person giving direction to health care providers about who can speak for the patient when they are unable to speak for himself/herself and to express his/her choices for treatment. The information in this description can help you understand your right to make decisions in advance of treatment. Because this is an important matter, you may wish to talk to family, close friends or personal advisors, your doctor, and your

attorney before deciding whether you want an Advance Directive. In Nebraska, the two most common forms of Advance Directives are:

- A "Living Will"; and
- A "Power of Attorney for Health Care"

A Living Will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a "Living Will" because it takes effect while you are still living. The Nebraska Legislature has adopted laws governing living wills. This law is known as the Rights of the Terminally Ill Act. An adult of sound mind may execute, at any time, a declaration governing the withholding or withdrawal of life-sustaining treatment. The declaration must be signed by the individual or another person at the individual's direction and witnessed by two adults or a notary. No more than one witness to a declaration can be an administrator or employee of a health care provider who is caring for or treating the individual. An employee of a life or health insurance provider cannot be a witness for the individual. A living will should clearly state your choice with regard to health care.

A "Power of Attorney for Health Care" is a legal document naming another person, such as a husband, wife, daughter, son, or close friend, as your "agent" or "representative" to make medical decisions for you, if you should become unable to make them for yourself. Your agent, or representative, is guided by your instructions, and you can provide instructions about any treatment you do or do not want. In general, the power of attorney can give to the agent or representative the same powers an individual may have or could enforce on his/her own behalf. Nebraska has laws on Powers of Attorney for Health Care, which allow an agent to make medical decisions for the person giving the power of attorney. A power of attorney for health care must be in writing; identify yourself, your agent, and your successor agent, if any; specifically authorize the agent to make health care decisions on behalf of yourself in the event you are incapable; show the date of its execution; and be witnessed and signed by two adults, each of whom witnesses the signing and dating of the power of attorney for health care by you or your acknowledgment of the signature and date, or be signed and acknowledged by you before a notary public who is not the attorney in fact or successor attorney in fact. Your power of attorney for health care can grant authority for health care decisions as described in the law. However, the authority to consent to withholding or withdrawing a life-sustaining procedure for artificially administered nutrition for hydration is effective only when-

1. You are suffering from a terminal condition or are in a persistent vegetative state; AND
2. Your power of attorney for health care explicitly grants the authority to your agent or your intention to withhold or withdraw life-sustaining procedures or artificially administered nutrition or hydration is established by clear and convincing evidence, clear and convincing evidence may be a living will, clearly documented medical record, refusal to consent to treatment, or other evidence.

WITHHOLDING / WITHDRAWAL OF RESUSITATIVE / LIFE-SUSTAINING TREATMENT

Ambassador Health at Home supports a patient's right to withhold or withdraw resuscitative and life sustaining treatment based on decisions made by the patient, family, and/or primary physician to the extent permitted by law. Resuscitative and life sustaining treatment may include the use of fluids, solutions, equipment and procedures such as IV medications, IV fluids, intubation, ventilation support and cardiopulmonary resuscitation (CPR). If you do not wish to be resuscitated, you may request a Do Not Resuscitate (DNR) Declaration from your physician. Advance directives will be followed to the extent permitted by law, and may be cancelled or re-evaluated at any time. In the absence of Advanced Directives, Ambassador Health at Home will provide appropriate care according to the plan of care authorized by your physician.

NOTICE OF PRIVACY PRACTICES

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.

Our agency is required by law to maintain the privacy of protected health information and to provide you adequate choice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. [45 CFR 165.520] We will use or disclose protected health information in a manner that is consistent with this notice.

The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide you. This record includes physicians' orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain, and protect medical records; access to medical information about our patients; how we maintain the confidentiality of all information related to our patients; security of the building and electronic files; and how we educate staff on privacy of patient information.

As our patient, information about you must be used and disclosed to other parties for purposes of **treatment, payment, and health care operations**. Examples of information that must be disclosed:

- **Treatment:** Providing, coordinating, or managing health care and related services; consultation between health care providers relating to a patient; or referral of a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care to patients and schedule visits.
- **Payment:** Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), pre-certification, medical necessity review. For

example, occasionally the insurance requests a copy of the medical record be sent to them for review prior to paying the bill.

- **Health Care Operations:** General agency administrative and business functions; quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating agency performance; conducting training programs with students or new employees; licensing, survey, certification, accreditation, and credentialing activities; internal auditing; and certain fundraising and marketing activities. For example, our agency periodically holds clinical record review meetings where the consulting professional of our record review committee will audit clinical record for meeting professional standards and utilization review.

The following uses and disclosures do not require your consent and include, but are not limited to, a release of information contained in financial records and/or medical records, including information concerning communicable diseases such as Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory test results, medical history, treatment progress and/or any other related information to:

- Your insurance company, self-funded or third-party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
- Any person or entity affiliated with or representing for purposes of administration, billing, and quality and risk management;
- Any hospital, nursing home, or other health care facility to which you may be admitted;
- Any assisted living or personal care facility of which you are a resident;
- Any physician providing your care;
- Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the state agency acting as a representative of the Medicare/Medicaid program;
- Contacting you to provide appointment reminders or information about other health activities we provide;
- Contacting you to raise funds for the agency;
- Other health care providers to initiate treatment.

We are permitted to use or disclose information about you without consent or authorization in the following circumstances:

- **In emergency treatment situations**, if we attempt to obtain consent as soon as practicable after treatment;
- Where **substantial barriers to communicating with you** exist and we determine that the consent is clearly inferred from the circumstances;
- Where we are **required by law** to provide treatment and we are unable to obtain consent;

- Where the use or disclosure of medical information about you **is required by federal, state, or local law**;
- To provide information **to state or federal public health authorities**, as required by law to: prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence (if you agree or when required or authorized by law);
- **Health care oversight activities** such as audits, investigations, inspections, and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs, and compliance with civil rights laws;
- **Certain judicial administrative proceedings** if you are involved in a lawsuit or a dispute. We may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
- **Certain law enforcement purposes** such as helping to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;
- **To coroners, medical examiners, and funeral directors**, in certain circumstances, for example, to identify a deceased person, determine the cause of death, or to assist in carrying out their duties;
- **For cadaveric organ, eye, or tissue donation purposes** to communicate to organizations involved in procuring, banking, or transplanting organs and tissues (if you are an organ donor);
- **For certain research purposes** under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individually identifiable health information;
- **To avert serious threat to health and safety**: To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat;
- **For specialized government functions**, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations;
- **For Workers' Compensation purposes**: Workers' Compensation or similar programs provide benefits for work-related injuries or illness.

We are permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

- Use of a directory (includes names, location, condition described in general terms) of individuals served by our agency;
- To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care; to notify a family member, relative, friend, or other identified person of the individual's location, general condition, or death.

Other uses and disclosures will be made only with your written authorization. That authorization may be revoked, in writing, at any time, except in limited situations.

YOUR RIGHTS – you have the right, subject to certain conditions, to:

- **Request restrictions on uses and disclosures of your protected health information** for treatment, payment, or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however, be terminated under applicable circumstances (e.g., emergency treatment).
- **Confidential communication of protected health information.** We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.
- **Inspect and obtain copies of protected health information** which is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 [42 USC 263a and 45 CFR 493 (a)(2)]. If you request a copy of your health information we will provide it for you. If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights, and an explanation to how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.
- **Request to amend protected health information** for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. We may deny the request for amendment if the information contained in the record was not created by us, unless the originator of the information is no longer available to act on the requested amendment; is not part of

the designated medical record set; and the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit the statement.

- **Receive an accounting of disclosures of protected health information** made by our agency for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment, or health operations, and other applicable exceptions. The written accounting includes the date of each disclosure, the name/address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed, and a brief statement of the purpose of the disclosure or a copy of your written authorization or a written request for disclosure. We will provide the accountings within sixty (60) days of receipt of written request. However, we may extend the time period for providing the accounting by thirty (30) days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you requested during any 12-month period without charge. Subsequent account requests may be subject to a reasonable cost-based fee.
- **To obtain a paper copy of this notice** even if you had agreed to receive this notice electronically, from us upon request.

PATIENT SAFETY – HOME SAFETY

Serious injuries are caused by accidents in or around the home, more than most people realize. Approximately 90% of all accidental deaths are preventable. Please take time to check your surroundings for potential hazards. Following these simple home safety guidelines to reduce or eliminate unnecessary emergency medical treatment.

PATIENT SAFETY – FIRE SAFETY

- Make sure you plan an adequate fire escape route and conduct home drills regularly. Make sure all family members are aware of fire safety, prevention and response.
- Identify at least two fire escape routes. Keep these routes and exits clear at all times. Identify a place to meet when you are safely outside your home.
- Place smoke alarms and all-purpose fire extinguishers on each floor.
- Check smoke alarm batteries at least twice per year.
- Teach your family members to “Stop, Drop & Roll” should your body/clothing catch fire.
- Avoid wearing long or loose clothing around stoves or open flames.
- Never smoke in bed or when taking medications that make you drowsy.
- Keep oxygen away from open flames and heat sources.
- Do not smoke in areas where oxygen is in use.
- Keep matches out of children's reach.
- Keep combustible solutions and paints away from heat sources.
- Use portable heaters with extreme caution and always follow the manufacturer's guidelines.

- Contact your local fire department for more information.

FIRE SAFETY – ELECTRICAL

Unsafe use of all electrical equipment can cause injury and accidents. Use extreme caution and follow all manufacturer guidelines.

- Use all electrical equipment only for the intended purpose.
- Do not place electrical equipment where it could come into contact with water.
- Do not use electrical equipment with wet hands or standing on a wet floor.
- Do not operate electrical items with damaged cords or that are not working properly.
- Do not overload electrical circuits.
- Do not cover air vents on electric items.
- Always unplug unused electrical items.

PATIENT SAFETY – HOME SECURITY

We remind you to “be aware” and keep your home safe.

- Keep your doors and windows locked.
- Do not let strangers in your home. Ambassador Health at Home Staff are required to wear identification badges with their picture on the front and scrubs with our company logo, so that you can identify them when they arrive at your home.
- Keep outdoor areas around your home well lit. Never walk alone at night.

PATIENT SAFETY – FALLS

Falls are caused by a person’s physical condition or environmental hazards. Injuries due to falls occur at a surprising rate, especially among frail, elderly or chronically ill patients. A person’s physical condition is weakened by an accident or illness. Advancing age causes changes in physical ability. Various medications can cause drowsiness, dizziness or unsteadiness, especially when first taken or when a dose changes. Environmental hazards include inadequate lighting, cluttered passageways, and slippery or uneven surfaces.

- Know and understand the side effects of any medications you are taking.
- Be aware of any “trip hazards” around your home. Remove or reduce these hazards when possible.
- Keep walkways and paths clear of clutter.
- Avoid placing cords across walkways and paths.
- Keep stairs and entries well-lit with sturdy rails.
- Keep a flashlight next to your bed.
- Keep carpets and rugs well secured and free of holes.
- Make your bathroom safe with rubber mats, grab bars, seats, and other assistive equipment.
- Purchase a Medical Alert assistance program.
- Select well-fitting shoes with non-skid soles.

- Sit on the edge of the bed or chair for a few minutes before attempting to stand.
- Stand slowly and get your balance before taking a step.
- Use a cane, walker, or other assistive device if you feel unsteady.
- Store items within reach. Avoid using stools or climbing on chairs.
- Abstain from or minimize the consumption of alcohol.

PATIENT SAFETY – MEDICATION SAFETY

Problems relating to overdose or accidental ingestion of medications are more likely to occur when medications are managed improperly in the home. Please follow these safety precautions with your medications.

- Know the name, purpose, and dose of the medications you are taking. Ambassador Health at Home Staff will go through your medications with you when you are first admitted as well as anytime you have any questions. Make sure you ask if you should avoid any food, drinks, or activities while taking certain medications.
- Read and follow the instructions provided with your medications.
- Take your medications with a light on so you can read the label.
- If you have any questions regarding your medications, and an Ambassador Health at Home Staff member is not available, make sure you call your physician or pharmacist.
- Tell each health care provider about drug or food allergies you may have or other medical treatments you are receiving. Report medication side effects to your health care providers as soon as possible.
- When receiving medications from a pharmacy, remember to tell them all of the other medications you are taking, including prescription medications, over-the-counter medications, home remedies and nutritional supplements so they can assess for potential dangerous interactions between drugs and/or other products.
- Always check medications and solutions for correct name, dose, date of expiration, and clarity of fluid.
- Store all medications in a cool, dry location, unless otherwise directed. Avoid bathrooms or other humid areas.
- Check the instructions on the label.
- Use tamper resistant lids, and keep medications away from children and confused adults.
- Discard any unused medications or expired medications per your doctor's instructions. Some medications should not be flushed or thrown in the trash. If you have any questions about the disposal of any of your medications, ask an Ambassador Health at Home Staff member and they will assist you.
- Do not use alcohol when you are taking medications.
- Do not change the dosage or stop taking medications without your health care provider's approval, even if you are feeling better.
- Do not store different medications in the same container.
- Do not crush medications without first checking with your pharmacist.
- Never take medications prescribed for another person.

PLANNING FOR AN EMERGENCY

Weather emergencies, local disasters, or other events may cause a disruption in the care or services provided to you. By being prepared, you may help to maintain the continued service you need.

- Keep emergency phone numbers in an obvious location near a telephone.
- Familiarize yourself with the emergency requirements for your area and when to call 911.
- Listen to local radio and TV stations for weather broadcast information and instructions.
- Do not let your daily medications run low before getting refills. An emergency situation may cause a delay in refilling/delivering your prescriptions.
- Keep a well-stocked first-aid kit available.
- Be sure you know the location of gas, water and electrical shut-off locations and how to turn them off.
- Plan for back-up systems in an emergency or power failure. Identify an emergency contact person. Have a flashlight, batteries, ice, radio, and blankets ready at all times.
- Keep any electrical equipment with an internal battery system and/or battery charger plugged in at all times to be sure it is fully charged. In the event of a local area emergency, disaster, or other event that results in damage, safety risk, or personal injury:
 - Attempt to access your emergency system (911) or local hospital for emergency health care assistance.
 - Report power outages to your utility company.
 - We will make every attempt to contact you; however, this may not be possible due to loss of phones or power. If your phone service is working, you can help by contacting our office. We will make additional plans based on your specific emergency needs.
 - Use needed back-up systems (examples: flashlight, ice, radio, cell phone, battery packs, back-up oxygen tanks, portable generator). Do not use candles near oxygen.
 - If you lose power and you refrigerate your medication, please remove the medication from your refrigerator and store it in a portable cooler with ice. This method will safely store your medications for at least 24 hours.
 - If you should leave your home during this time, contact our office with your temporary address and phone number. If you remain in your home, please inform Ambassador Health at Home whether travel routes to your residence are still accessible.
 - In a flood or severe disaster, water systems can become contaminated. If your water is contaminated, you and/or your caregiver should wash your hands with rubbing or isopropyl alcohol, hydrogen peroxide, or waterless soap before performing any sterile procedures. Do not expose catheters, trachs, or wound sites to dirty or contaminated water.
 - In the event of a fire, turn off all oxygen (if in use), escape from the fire, and call 911. Let the Fire Department know there is oxygen in the home. Do not attempt

to extinguish the fire. If unable to evacuate, move to a distant location, close the door and place wet towels/blankets along the bottom edge of the door. Lie on the floor until help arrives; remember smoke rises.

- In the event of severe weather or tornado threat, go immediately to a basement or an inside hallway located on the lowest level of your home. Do not go near windows. Sit on the floor with your head placed between your legs.

INFECTION CONTROL HOME CARE SERVICES

Germs that cause infection can be found in many areas of your home such as on tabletops, doorknobs, telephones, and even your pets. The following is a list of ways to reduce or prevent germs that cause infections:

- Washing your hands is one of the best ways to prevent the spread of infections. Before doing any procedure, always wash your hands with antibacterial soap. You may also use a waterless soap.
- Cover your mouth and nose with tissue when coughing or sneezing. Put your used tissue in the waste basket.
- Work at a comfortable pace. The risk for infection increases if you rush through the procedure.
- Sterile equipment should be in sealed packages. Needles and tubing ends may have protective covers, which keep them sterile during handling. Avoid letting a sterile item touch a non-sterile item.
- Always clean insertion ports with an alcohol wipe prior to inserting a needle or syringe.
- Always clean your work surface with a household cleaner such as bleach, alcohol, dish soap or place a clean paper towel on your work surface.
- Keep pets away from medical supplies and the area that you use for mixing medications or doing procedures.
- Do dressing changes and catheter care on schedule and as directed by your nurse, physician, or pharmacist.

SAFE DISPOSAL OF MEDICAL WASTE HOME CARE SERVICES

Store your medical supplies in a clean and dry area off the floor and away from children and pets. Medical waste requires careful planning for safe, proper disposal. Follow these guidelines to avoid accidental exposure to children, pets, or others in your home.

- Dispose of sharp objects (example: needles, syringes, etc.) in a Sharps Container. Never try to re-cap, remove, or break needles.
- Dispose of any unused or expired medications. To safely dispose of unused, unneeded prescription drugs, take them out of their original containers and mix the drugs with kitty litter or used coffee grounds. Place in an empty can or re-sealable bag to protect children, pets, and our water supply. Before discarding, check with your local waste management system to determine if these may be placed into regular household trash or if your community requires special waste handling.

- Carefully flush body wastes down the toilet or drain connected to a sanitary sewage system. In rural areas, call your County Health Department for proper disposal instructions.
- Throw soiled dressings, gloves, paper towels, and other non-contaminated items into a plastic lined trash container. Keep soiled dressings and used supplies out of the reach of children and pets.
- If blood or body drainage spills should occur, wear gloves and wipe up the spill with absorbent paper towels or pads. Disinfect the area of the spill with a minimum concentration of 1:100 bleach solution (about 1 teaspoon of bleach to 2 cups of water) or other antibacterial cleaning solution. Allow the area to air dry.
- Place soiled towels and gloves in double plastic bags before discarding in the trash.

PAIN MANAGEMENT

Pain can become part of any patient's experience. We at Ambassador Health at Home will plan, support, and coordinate activities and resources to assure that pain is recognized and managed appropriately. Your right to pain management will be supported by Ambassador Health at Home and our Staff.

MEDICAL RECORDS

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

DICHARGE – TRANSFER – REFERRAL

Discharge, transfer, or referral from this agency may result from several types of situations, including the following:

- Treatment goals are achieved.
- The level of care you need changes.
- Agency resources are no longer adequate to meet your needs.
- Situations may develop affecting your welfare or the safety of our staff.
- Failure to follow physician's orders.
- Non-payment of charges.

You will be given advance notice of transfer to another agency or discharge, except in the case of emergency. If you should be transferred or discharged to another organization, Ambassador Health at Home will provide the information necessary for your continued care, including pain management. All transfers or discharges will be documented in the patient chart. When a discharge occurs, an assessment will be done and instructions will be provided for any needed ongoing care or treatment. We will coordinate your referral to available community resources as indicated.



Consent Form

PATIENT/CLIENT NAME: _____ **DATE:** _____

Patient Rights and Responsibilities: I acknowledge that I have been made aware of my rights and responsibilities as a patient (including OASIS Rights) and I understand them. The State home health hotline number, its purpose and hours of operation have been provided and explained to me. I acknowledge that I have chosen Ambassador Health at Home, Inc. to provide home health care. No employee of this agency has solicited or coerced my decision in selecting a home health agency. I have also received the following: 1) OASIS Statement of Patient Privacy Rights, 2) Privacy Act Statement, and 4) OASIS Notice About Privacy for Patients Who Do Not Have Medicare or Medicaid Coverage, and the 4) HIPAA Notice of Privacy Practices.

Consent to receive services: I hereby authorize Ambassador Health at Home, Inc. to render all necessary and appropriate home health procedures and treatments to the patient/client named above as prescribed by the patient/client’s physician. I understand an appropriate level of home health personnel will provide such care, and such care will be supervised by Ambassador Health at Home, Inc. I recognize and agree that I have the right to refuse treatment or terminate services at any time by notifying the Ambassador Health at Home office. In addition, Ambassador Health at Home, Inc. may terminate services for reasons specified in the Patient Rights and Responsibilities by notifying me of termination and the reason. I agree and consent to the home health care plan and payment as outlines in the Client Orientation Handbook. I understand that this is the initial plan of care and that I will be notified by Ambassador Health at Home, Inc. in advance each time there is a change made to my plan of care. The initial services and visit frequencies are as follows:

Service	Frequency	Fee Source	Charges	Financial Responsibility
SN			\$169.52/Visit	Medicare – 100% Coverage. If private insurance is subject to co-payment/deductible as plan provides.
PT			\$185.33/Visit	
OT			\$186.58/Visit	
ST			\$201.42/Visit	
HHA			\$76.77/Visit	
MSW			\$271.75/Visit	

Release of Information: I acknowledge receipt of the NOTICE OF PRIVACY PRACTICES and was given an opportunity to ask questions and voice concerns. I understand that Ambassador Health at Home, Inc. may use or disclose protected health information about me to carry out treatment, payment or health care operations. Ambassador Health at Home, Inc. may release information to or receive information from insurance companies, health plans, Medicare, Medicaid, or any other person or entity affiliated with or representing for purposes of administration, billing, quality and risk management; any hospital, nursing home, or other health care facility to which I am/have been admitted; any assisted living or personal care facility of which I am a resident; any physician providing my care; family members and other caregivers who are part of my plan of care; licensing, accrediting bodies, and other health care providers in order to initiate treatment.

Payment Authorization: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of all records required to act on this request. I request that payment of authorized benefits from Medicare, Medicaid, or other responsible payer be made in my behalf to Ambassador Health at Home, Inc. If I have Medicare Part A Benefits, I understand that Medicare payments will be accepted as payment in full and I have no financial liability, unless I have been notified in writing that services will not be covered by Medicare and I wish to receive the care or service. If I have other insurance, I may be responsible for the co-payment and any charges that my insurance will not cover. I will refer to the Rates for

Service Schedule for exact dollar amounts that I may be required to pay. I understand that I am responsible for all amounts not paid by my insurance. If I am a Private Pay Patient, I agree to pay for all services rendered by Ambassador Health at Home, Inc.

Medicare Services/Supplies: I understand that while I am under the care of Ambassador Health at Home, Inc. the agency will coordinate all medically necessary therapy services and medical supplies for me. Should I arrange for these services or supplies on my own, I understand that Medicare will not reimburse me or my supplier and I will be responsible for their cost.

Advance Directives: I understand that the Federal Patient Self-Determination Act of 1990 requires that I be made aware of my right to make Healthcare decisions for myself. I understand that I may express my wishes in a document called an Advance Directive (Living Will/Durable Power of Attorney for Health Care/Declaration for Mental Health Treatment) so that my wishes may be known when I am unable to speak for myself.

- I have made a Living Will: **YES NO Copy requested for Ambassador Health at Home, Inc.**
- I have completed/designated a Durable Power of Attorney for Health Care: **YES NO**
 - Name of DPOA: _____
- Declaration for Mental Health Treatment: **YES NO**
- I have a DNR-CC: **YES NO**
- I have a DNRCC-A: **YES NO Copy requested for Ambassador Health at Home, Inc.**

I understand a copy of this consent form shall be valid as the original and shall remain in effect until I am discharged from Ambassador Health at Home, Inc. I understand that the services I am to receive, the billing methods and the transfer/discharge conditions. I have received information about Advance Directives, Patient Bill of Rights, Notice of Privacy Practices, the grievance process and have had the opportunity to ask questions. I also understand that I may revoke this consent in writing at any time.

Chart Order & Acknowledgement of Receipt – Client Orientation Handbook: The following is a list of all the necessary paperwork for an open packet to enroll a client into Ambassador Health at Home, Inc. This page verifies that an Ambassador Health at Home employee has read over and explained all the information listed for:

- Care Plan/Environmental and Client Assessment
- Medication Profile/Medical Records
- Consent for Treatment/Financial Responsibility
- Admission Consent/Agreement
- Emergency Disaster Plan
- Company Mission
- Admissions Criteria/Services/Quality Care
- Patient Rights and Responsibilities
- Patient Safety/Infection Control/Pain Management
- Discharge/Transfer/Referral
- Agency Overview & Policy

Ambassador Health at Home reserves the right to change the Client Orientation Handbook as it deems necessary. I may obtain a revised Handbook by calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

Patient Signature: _____ **Date:** _____

Responsible Person/Legal Guardian: _____

Printed Name and Relationship to Patient: _____

Witness Signature/Agency Representative: _____

Ambassador Health at Home Notice of Medicare Non-Coverage

Patient name:

Patient number:

The Effective Date Coverage of Your Current Services Will End: _____

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current _____ services after the effective date indicated above.
 - You may have to pay for any services you receive after the above date.
-

Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
 - If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
 - If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
 - If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
 - Neither Medicare nor your plan will pay for these services after that date.
 - If you stop services no later than the effective date indicated above, you will avoid financial liability.
-

How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: KEPRO Beneficiary Helpline: 1-855-408-8557 to appeal, or if you have questions.

See page 2 of this notice for more information.

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Plan contact information _____

Additional Information (Optional):

Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

 Signature of Patient or Representative

 Date

A. Notifier: Ambassador Health at Home, Inc.

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.** _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** _____ listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles. <input type="checkbox"/> OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed. <input type="checkbox"/> OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 03/2020)

Form Approved OMB No. 0938-0566

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This statement gives you notice required by law (the Privacy Act of 1974).

This statement is not a consent form. It will not be used to release or to use your health care information.

I. Authority for collection of your information, including your social security number, and whether or not you are required to provide information for this assessment. Sections 1102(a), 1154, 1861(z), 1864, 1865, 1866, 1871, 1886(j) of the Social Security Act.

Medicare participating inpatient rehabilitation facilities must do a complete assessment that accurately reflects your current clinical status and includes information that can be used to show your progress toward your rehabilitation goals. The inpatient rehabilitation facility must use the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) as part of that assessment, when evaluating your clinical status. The IRF-PAI must be used to assess every Medicare Part A fee-for-service inpatient, and it may be used to assess other types of inpatients. This information will be used by the Centers for Medicare & Medicaid Services (CMS) to be sure that the inpatient rehabilitation facility is paid appropriately for the services that they furnish you, and to help evaluate that the inpatient rehabilitation facility meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information to the inpatient rehabilitation facility for the assessment. Information provided to the federal government for this assessment is protected under the Federal Privacy Act of 1974 and the IRF-PAI System of Records. You have the right to see, copy, review, and request correction of inaccurate or missing personal health information in the IRF-PAI System of Records.

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

The information collected will be entered into the IRF-PAI System No. 09-70-1518. Your health care information in the IRF-PAI System of Records will be used for the following purposes:

- support the IRF prospective payment system (PPS) for payment of the IRF Medicare Part A fee-for-services furnished by the IRF to Medicare beneficiaries;
 - help validate and refine the Medicare IRF-PPS
 - study and help ensure the quality of care provided by IRFs;
 - enable CMS and its agents to provide IRFs with data for their quality assurance and ultimately quality improvement activities;
 - support agencies of the State government , deeming organizations or accrediting agencies to determine, evaluate and assess overall effectiveness and quality of IRF services provided in the State;
 - provide information to consumers to allow them to make better informed selections of providers;
 - support regulatory and policy functions performed within the IRF or by a contractor or consultant;
-
- support constituent requests made to a Congressional representative;
 - support litigation involving the facility;
 - support research on the utilization and quality of inpatient rehabilitation services; as well as, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health for understanding and improving payment systems.

III. ROUTINE USES

These “routine uses” specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the IRF-PAI System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of protected health information authorized by these routine uses may be made only if, and as, permitted or required by the ‘Standards for Privacy of Individually Identifiable Health Information.’ (45 CFR Parts 160 and 164). Disclosures of the information may be to:

1. To agency contractors or consultants who have been contracted by the agency to assist in the performance of a service related to this system of records and who need to have access to the records in order to perform the activity;
2. To a Peer Review Organization (PRO) in order to assist the PRO to perform Title XI and Title XVIII functions relating to assessing and improving IRF quality of care. PROs will work with IRFs to implement quality improvement programs, provide consultation to CMS, its contractors, and to State agencies;
3. To another Federal or State agency:
 - a. To contribute to the accuracy of CMS’s proper payment of Medicare benefits,
 - b. To enable such agency to administer a Federal health benefits program, or as necessary to enable such agency to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds, or
 - c. To improve the state survey process for investigation of complains related to health and safety or quality of care and to implement a more outcome oriented survey and certification program.
4. To an individual or organization for a research, evaluation, or epidemiological projects related to the prevention of disease or disability, the restoration or maintenance of health epidemiological or for understanding and improving payment projects.
5. To a member of Congress or to a congressional staff member in response to a inquiry of the Congressional Office made at the written request of the constituent about whom the record is maintained.
6. To the Department of Justice (DOJ), court or adjudicatory body when:
 - a. The agency or any component thereof; or
 - b. Any employee of the agency in his or her official capacity; or
 - c. Any employee of the agency in his or her individual capacity where the employee; or
 - d. The United States Government; is a party to litigation or has an interest in such litigation, and by careful review, CMS determines that the records are both relevant and necessary to the litigation and the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which the agency collected the records.
7. To a CMS contractor (including, but not necessarily limited to fiscal intermediaries and carriers) that assists in the administration of a CMS- administered health benefits program, or to a grantee of a CMS-administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud or abuse in such program.
8. To another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any State or local governmental agency), that administers, or that has the authority to investigate potential fraud or abuse in whole or part by Federal funds, when disclosure is deemed reasonable necessary by CMS to prevent, deter,

discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat frauds or abuse in such programs;

9. To a national accrediting organization that has been approved for deeming authority for Medicare requirements for inpatient rehabilitation services (i.e., the Joint Commission for the Accreditation of Healthcare Organizations, the American Osteopathic Association and the Commission of Accreditation of Rehabilitation Facilities). Data will be released to these organizations only for those facilities that participate in Medicare by virtue of their accreditation status.
10. To insurance companies, third party administrators (TPA), employers, self- insurers, manage care organizations, other supplemental insurers, non- coordinating insurers, multiple employer trusts, group health plans (i.e., health maintenance organizations (HMO) or a competitive medical plan (CMP)) with a Medicare contract, or a Medicare-approved health care prepayment plan (HCPP), directly or through a contractor, and other groups providing protection for their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive the information, they must agree to:
 - a. Certify that the individual about whom the information is being provided is one of its insured or employees, or is insured and/or employed by another entity for whom they serve as a third party administrator;
 - b. Utilize the information solely for the purpose of processing the individual's insurance claims; and
 - c. Safeguard the confidentiality of the data and prevent unauthorized access.

IV. EFFECT ON YOU IF YOU DO NOT PROVIDE INFORMATION

The inpatient rehabilitation facility needs the information contained in the IRF-PAI in order to comply with the Medicare regulations. Your inpatient rehabilitation facility will also use the IRF-PAI to assist in providing you with quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect

information also could make it difficult to evaluate if the facility is giving you quality services. If you choose not to provide information, there is no federal requirement for the inpatient rehabilitation facility to refuse you services.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal health information which that Federal agency maintains in its IRF-PAI System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the IRF-PAI System of Records
Manager.

This is a Medicare & Medicaid Approved Notice.



Home Health Agency Outcome and Assessment Information Set(OASIS) **STATEMENT OF PATIENT PRIVACY RIGHTS**

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

• **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

• **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you.

We keep anything we learn about you confidential.

This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

• **You have the right to refuse to answer questions.**

We may need your help in collecting your health information.

If you choose not to answer, we will fill in the information as best we can.

You do not have to answer every question to get services.

• **You have the right to look at your personal health information.**

– We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

– If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

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

This is a Medicare & Medicaid Approved Notice.



Home Health Agency
Outcome and Assessment Information Set (OASIS)

NOTICE ABOUT PRIVACY
For Patients Who Do Not Have Medicare
or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
 - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
 - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.



EMERGENCY CONTACT NUMBERS BY COUNTY

BUTLER COUNTY

Sherriff/Emergency Manager	402-367-7400
Police/Fire Department	911
Radio	KLIR (101.1 FM)/KRVN (880 AM)
TV	KOLN/KGIN (10/11) KETV (7)
Social Media	Facebook

SEWARD COUNTY

Sherriff/Emergency Manager	402-643-2359
Police/Fire Department	911
Radio	104.9 FM, 98.1 FM
TV	KOLN/KGIN (10/11) KLKN (8)
Social Media	NIXLE

In an emergency situation, timely information saves lives. The County of Seward utilizes NIXLE Notification to send important, valuable community information directly to subscribers by way of text message, email notifications, and social media messages.

Seward County can notify NIXLE subscribers of a specific event or emergency, providing the community with timely and trustworthy information. Important messages may include public safety emergency information, such as missing person, road conditions and closures, evacuations, as well as other relevant safety and community event information.

Subscribers can select to receive alerts by text message or email. Users will also receive messages from the Seward County Emergency Management Agency and the Seward County Sheriff Department.

There is NO spam and no hidden cost. Standard text messaging rates do apply. Residents of Seward and those in neighboring communities can subscribe on the Seward County Emergency Manager's website to receive information via email and the web, or by texting your zip code to 888777.

SALINE COUNTY

Sherriff	402-821-2111
Emergency Manager	402-821-3010
Police/Fire Department	911
Radio	KUTT (99.5 FM)
TV	KOLN/KGIN (10/11) KLKN (8)
Social Media	Alert Sense

Saline County offers "Alert Sense" to all residents. Go to the Saline County Emergency Manager's website to subscribe.

DODGE COUNTY

Sherriff	402-727-2702
Emergency Manager	402-727-2785
Police/Fire Department	911
Radio	KSRZ(Star 104.5 FM)/KHUB(1340 AM)
TV	KETV (7) WOWT (6) KMTV (3) KOLN/KGIN (10/11) KLKN (8)

SAUNDERS COUNTY

Sherriff	402-443-3718
Emergency Manager	402-443-5645
Police/Fire Department	911
Radio	None

SAUNDERS COUNTY CONTD.

TV	KETV (7)
	WOWT (6)
	KMTV (3)
	KOLN/KGIN (10/11)
	KLKN (8)
Social Media	Facebook

LANCASTER COUNTY

Sherriff	402-441-6500
Emergency Management	402-441-7441
Police/Fire Department	911
Radio	All
TV	KETV (7)
	WOWT (6)
	KMTV (3)
	KOLN/KGIN (10/11)
	KLKN (8)

GAGE COUNTY

Sherriff	402-223-1382
Emergency Manager	402-223-1305
Police/Fire Department	911
Radio	All
TV	KETV (7)
	WOWT (6)

GAGE COUNTY CONTD.

KMTV (3)
 KOLN/KGIN (10/11)
 KLKN (8)

WASHINGTON COUNTY

Sherriff (402) 426-6866
 Police/Fire Department 911
 Radio KSRZ(Star 104.5 FM)/KHUB(1340 AM)
 TV KETV (7)
 WOWT (6)
 KMTV (3)

DOUGLAS COUNTY

Sherriff 402-444-6641
 Emergency Management 402-444-5040
 Police/Fire Department 911
 Radio KSRZ(Star 104.5 FM)/KHUB(1340 AM)
 TV KETV (7)
 WOWT (6)
 KMTV (3)
 Social Media <http://www.douglascounty-ne.gov/dcemacms/>

SARPY COUNTY

Sherriff/Fire Department 911
 Emergency Management 402-593-5785

SARPY COUNTY CONTD.

Radio	KSRZ(Star 104.5 FM)/KHUB(1340 AM)
TV	KETV (7) WOWT (6) KMTV (3)
Social Media	Facebook - Sarpy County Sheriff's Office Twitter - @SarpyCounty911

CASS COUNTY

Sherriff	402-296-9370
Emergency Management	402-267-6765; After Hours Emergency 402-296-9370
Police/Fire Department	911
Radio	All
TV	KETV (7) WOWT (6) KMTV (3) KOLN/KGIN (10/11) KLKN (8)

OTOE COUNTY

Sherriff	402-873-9560
Emergency Management	402-873-9588
Police/Fire Department	911
Radio	All
TV	KETV (7) WOWT (6)

OTOE COUNTY CONTD.

KMTV (3)
 KOLN/KGIN (10/11)
 KLKN (8)

YORK COUNTY

Sherriff 402-362-4927
 Emergency Management 402-362-7744
 Police/Fire Department 911
 Radio 104.9 FM, 98.1 FM
 TV KOLN/KGIN (10/11)
 KLKN (8)

JOHNSON COUNTY

Sherriff 402-335-3307
 Emergency Manager 402-335-3411
 Police/Fire Department 911
 Radio All
 TV KETV (7)
 WOWT (6)
 KMTV (3)
 KOLN/KGIN (10/11)
 KLKN (8)

NEMAHA COUNTY

Sherriff 402-274-3139
 Emergency Manager 402-274-2552

NEMAHA COUNTY CONTD.

Police/Fire Department	911
Radio	All
TV	KETV (7)
	WOWT (6)
	KMTV (3)
	KOLN/KGIN (10/11)
	KLKN (8)

PAWNEE COUNTY

Sherriff	402-852-2969
Emergency Manager	402-335-3411
Police/Fire Department	911
Radio	All
TV	KETV (7)
	WOWT (6)
	KMTV (3)
	KOLN/KGIN (10/11)
	KLKN (8)

RICHARDSON COUNTY

Sherriff	402-245-2479
Emergency Manager	402-245-2446
Police/Fire Department	911
Radio	All
TV	KETV (7)
	WOWT (6)

RICHARDSON COUNTY CONTD.

KMTV (3)

KOLN/KGIN (10/11)

KLKN (8)

CENTERS FOR INDEPENDENT LIVING (CILS) AND ASSOCIATIONS**LEAGUE OF HUMAN DIGNITY**

1701 P Street

Lincoln, NE 68508

Local: 402-441-7871

Toll Free: 888-508-4758

Fax: 402-441-7650

TTY Accessible: 402-441-7871

Website: <http://leagueofhumandignity.com>**LEAGUE OF HUMAN DIGNITY – CIL OMAHA**

5513 Center Street

Omaha, NE 68106

Local: 402-595-1256

Toll Free: 800-843-5784

Fax: 402-595-1410

TTY Accessible: 402-595-1256

Website: <http://leagueofhumandignity.com>

NEBRASKA AREA AGENCIES ON AGING

COUNTIES: DOUGLAS, SARPY, WASHINGTON, DODGE, CASS

Eastern Nebraska Office on Aging (ENOA)

4223 Center Street

Omaha, NE 68105

Local: 402-444-6536

Toll Free: 888-554-2711

Website: www.enoa.org

COUNTIES: OTOE, GAGE

Blue Rivers Area Agency on Aging (BRAAA)

1901 Court Street

Beatrice, NE 68310

Local: 402-223-1376

Toll Free: 888-317-9417

Website: www.braaa.org

COUNTIES: BUTLER, SAUNDERS, LANCASTER, SEWARD, SALINE, YORK

Aging Partners Agency on Aging (APAAA)

1005 O Street

Lincoln, NE 68508-3628

Local: 402-441-7070

Toll Free: 800-247-0938

Website: www.lincoln.ne.gov/mayor/aging/index.htm

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services

State Unit on Aging

P.O. Box 95026

Lincoln, NE 68509-5026

Local: 402-471-2307

Toll Free: 800-942-7830

Email: DHHS.Aging@Nebraska.gov

Facebook: <https://www.facebook.com/NebraskaSUA>

NEBRASKA QUALITY IMPROVEMENT ORGANIZATION

CIMRO of Nebraska (Great Plains Quality Innovation Network)

Health Organization

1200 Libra Dr, #102, Lincoln, NE 68512

Local: (402) 476-1399

Website: www.cimronebraska.org

PROTECTION AND ADVOCACY AGENCIES

Nebraska Advocacy Services, Inc.

134 South 13th Street, Suite 600

Lincoln, NE 68508

Toll Free: (800) 422-6691

Direct: (402) 474-3183

Fax: (402) 474-3274

Email: info@nebraskadvocacyservices.org

Website: www.nebraskadvocacyservices.org

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