



CLIENT ORIENTATION MANUAL

Office Hours: 9:00 a.m. - 5:00 p.m.

&

24 hr/day, 7 days/week Answering Service

BRANCH OFFICES

New York City Branch

16 East 40th Street, Third Floor
New York, NY 10016

212-286-9200

New Jersey Branch

26 Journal Square Plaza, Suite 305
Jersey City, NJ 07306

201-217-0707

Corporate Office

45 Knollwood Road, Suite 102
Elmsford, NY 10523

914-747-9696

IN LIFE THREATENING SITUATIONS

CALL 911

**Please Read This Manual Carefully Then
Sign and Return the Last Page to Your
Nearest Branch**

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MISSION STATEMENT

Access Nursing Services is a comprehensive, licensed and accredited company providing compassionate, professional healthcare personnel. We strive to consistently deliver personal attention to individuals and organizations throughout the healthcare community in New York, New Jersey, and Maryland. Our complete range of clinically and culturally diverse services is tailored to meet the needs of our customers. Strong system capabilities and a flexible approach distinguish us in the industry. We are guided by an outcome driven Performance Improvement program to ensure that the delivered services constitute high quality, safe and cost-effective care for the agency's clients.

PHILOSOPHY

It is our belief that each home care client:

- Desires home health care that promotes the client's value of life by;
 - Minimizing the negative impact of the client's illness and disability;
 - Maximizing the client's potential level-of-independence outcomes;
 - Restoring, maintaining, and promoting client health;
- Makes choices/decisions about home care service according to his/her personal beliefs and values;
- Exerts personal control over his/her personal life through collaboration with home care staff members;
- Possesses unique biopsychosocial and safety needs that require consideration in the client's plan of home health care.

INTRODUCTION TO ACCESS' HOME HEALTH CARE SERVICES

Thank you for choosing Access Nursing Services as your Home Care Alternative. We are here to serve you and to deliver the most satisfying and professional patient care possible. Our goal is to meet your needs in keeping with your medical and nursing requirements.

Our employees are bonded, insured, and thoroughly screened with clinical skill specific tests, references and interviews. Evaluations and on-site case supervision assures continuing quality of services. Quality care and customer satisfaction are Access' top priority. Access Nursing Services has been awarded the maximum accreditation possible by the Joint Commission of Accreditation of Health Care Organization (JCAHO) and the Commission on Accreditation for Home Care, Inc (CAHC of New Jersey). To help us meet accreditation requirements, you will receive, by mail, Client Evaluation forms. Please fill in the evaluations and forward them to the office. This enables us to deliver better patient care to you and our future clients.

After reviewing this handbook, if you or your caregiver has any questions please do not hesitate to contact your local office personnel at the number listed below:

Home Care Coordinator _____ **at** _____

Lead Nurse _____ **at** _____

Office Hours: Monday – Friday 9am-5pm. After office hours, 24 hours a day, 7 days a week, someone is “on-call” to assist you.

Our Services Are NOT Reimbursable by Medicare.

Again, thank you, for choosing Access Nursing Services.

PERSONAL RIGHTS AND FREEDOMS

You have the right to:

- be treated with dignity, courtesy, consideration and respect for your person and property;
- auditory and visual privacy in all your care, treatment, communications and daily activity;
- be free from restraints, unless prescribed by your doctor for a limited period of time to protect you or others from injury;
- be free from mental and physical abuse and from exploitation;
- expect treatment and service without discrimination based on race, age, religion, national origin, sex, sexual preference, handicap, diagnosis, ability to pay, or source of payment;
- exercise all your constitutional, civil, and legal rights, including religious liberties, the right to independent personal decisions, and the right to give advance instruction for your health care in the event you later become unable to make decisions for yourself.

THE INFORMED CONSUMER

You have the right to:

- be informed of the services available from the agency;
- be informed of the names and professional status of personnel providing and/or responsible for your care;
- be informed of the agency's daytime and emergency telephone numbers;
- be informed of procedure for submitting complaints to the agency or Department of Health;
- have your communication needs met in a language you can understand.

PARTICIPATION IN PLANNING CARE AND TREATMENT

Before your care begins, and throughout the course of your care, you have the right to:

- a clear explanation of your illness, plan of care and all treatments provided;
- participate in the planning of your care and treatment and any changes in your care plan;
- appropriate assessment and management of pain;
- be informed in writing of the health care team members that will furnish your care and the proposed frequency of their visits;
- be given a clear explanation of the expected results and reasonable alternatives for care;
- receive the care as ordered in a continuous, consistent, and timely manner;
- have access to necessary professional services 24 hours a day, seven days a week;
- guidance for continuing care when services are no longer necessary.
 - If your doctor believes that this information would be harmful to your health or beyond your ability to understand, the explanation will be given to your next of kin or guardian.
 - You may refuse services, including medication and treatment provided by the agency. You will be informed of available home health treatment options, including the option of no treatment, and the possible benefits and risks of each option.
 - You may refuse to participate in experimental research. If you choose to participate, your written, voluntary informed consent will be obtained. The experimental treatment will be provided only after it has been fully explained in a way that you can understand.
 - If this agency cannot meet your needs, you have the right to be told, in advance, of your transfer and when and why care will be stopped.

FINANCIAL INFORMATION

You have the right to:

- be told orally and in writing, before your services start, about the agency's fees and charges, whether they are covered by Medicare, Medicaid, health insurance or other sources, and any fees and charges that you may have to pay for services or care not covered by those payment sources;
- be told orally and in writing of any changes in the financial and payment information you were given as soon as the agency is aware of the change (no later than 30 calendar days from the date that the agency became aware of the change).

HOW TO PROCEED WITH A SERVICE COMPLAINT OR GRIEVANCE

In a home care service, one is reliant upon the quality of the people placed in the home to care for the sick. This type of service leaves a company open for many types of liabilities i.e., patient's filing complaints of lost/stolen items without proof of possession or actual loss, abuse of home care workers, or non-payment for services rendered, to name just a few.

Access Nursing Services is dedicated to providing the highest quality home care available today. Employees are bonded and insured. Additionally, every employee's work history is researched. We require a minimum of 2 references. We will stand behind our responsibilities whenever there is misconduct on the part of our employees and will cooperate in any way we can concerning alleged theft. An accusation of theft against any individual is extremely serious and has liabilities that go both ways. If either you or Access Nursing Services accuses anyone of theft, without adequate and appropriate proof, that individual may have grounds for a law suit.

If you should have a concern or complaint, then you should present them in the following manner:

- 1) State specific problems to your Home Care Coordinator who will try to solve the problem immediately.
- 2) If you are unsatisfied with the response of your Home Care Coordinator, then speak to the Nursing Supervisor who will discuss the problem with the Home Care Coordinator to resolve the grievance.
- 3) If you are still not satisfied with the response, contact the Branch Manager who will schedule a meeting as soon as possible with the client or the client's representative, the Home Care Coordinator, and the Nursing Supervisor. Decisions based on this meeting will be documented in writing within 3 working days and a copy sent to the client. A mutual decision of the Branch Manager and the client or his/her representative must be reached.
- 4) Filing Service Complaints
 - a. Contact the Access Branch office immediately
 - b. Do not authorize payment, and therefore, billing for services NOT rendered due to
 - i. Lateness of employee
 - ii. Poor customer satisfaction
 - c. Do not pre-authorize payment before services are rendered
- 5) Steps for Filing Complaint for Stolen/Missing Items
 - d. Proof of ownership and value of the alleged stolen items is needed. This must be in the form of either original receipts or an official appraisal by a qualified appraiser.
 - e. The name of the specific individual performing the theft must be submitted
 - f. A copy of the police report is needed
 - g. The above information must be submitted to the local branch office
 - h. All claims under the Access Nursing Fidelity Bond must be made within 30 days after occurrence.

If you are not satisfied with the resolution of your problem, you may voice your complaint to corporate headquarters by contacting the President at: **ACCESS Nursing Services, Louise Weadock, RN, MPH, Founder/CEO**
45 Knollwood Road, Elmsford, NY 10523 (914) 523-2574

If your concerns are still not resolved to your satisfaction, you may contact the Department of Health at:
New York: (212) 417-5888 90 Church Street. New York, NY 10007
New Jersey: 800-792-9770

DELINEATION OF SERVICES – ADDITIONAL VENDORS

Access Nursing Services assumes the responsibility for coordinating, as needed, additional providers to deliver total patient care (eg. Physical, Speech, Occupational, and Respiratory Therapy). These multiple providers enter into a contract directly with you, our client. If any of these services are lacking or if you have questions concerning them, please contact these outside vendors. Access may attempt to coordinate additional replacements if needed, but you, our client must first contact these providers to resolve the problem.

PATIENT CONFIDENTIALITY - NOTICE OF PRIVACY RIGHTS

This Notice Describes How Health Information About You May Be Used And Shared And How You Can Get Access To Your Personal Health Information.

PLEASE REVIEW THIS INFORMATION CAREFULLY

OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your health information. We call this information “protected health information” or “PHI” for short. In conducting our business, we will create and receive information about your past, present, and future health conditions. This information will be used or shared for treatment and services we provide to you and to obtain payment for these services. Because this information can be used to identify you we are required by law to maintain the privacy of this health information. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your PHI. By law, we must give you information and follow the privacy practices listed in this notice.

This notice provides you with the following information:

- How, when, and why we may use and share your protected health information;
- Your privacy rights related to your protected health information;
- Our obligations concerning the use and sharing of your protected health information.

WE MAY USE AND SHARE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

We use and share health information for many different reasons.

A. Information We May Use and Share Which Does Not Require Your Permission

We may use and share your PHI without your permission for the following reasons:

1. For Treatment. Our organization may share your PHI with nurses, home health aides, doctors, hospitals, and other health care workers who provide you with health care services or are involved in your care. Many of the people who work for our organization may use your PHI in order to arrange services for you. Additionally, we may disclose your PHI to others who may assist in your care such as your spouse, children, or parents.

2. To Obtain Payment for Treatment. Our organization may use and share your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and the range of those benefits. We may provide your insurer with details regarding your treatment to determine if your insurer will pay for it. We also may use and share your PHI to obtain payment from third parties that may be responsible for such costs, such as family members, or to bill you directly for services and items.

3. For Health Care Operations. Our organization may use and share your PHI to operate our business. As examples of the ways in which we may use and share your information, our organization may use your health information to evaluate the quality of care you received or to evaluate the performance of the health care workers who provided services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are following the laws that affect us.

4. Appointment Reminders and Health-Related Benefits and Services. Our organization may use and share your PHI to contact you and remind you of visits or give you information about health-related benefits or services that may be of interest to you.

5. Disclosures Required By Federal, State, or Local Law, Judicial or Administrative Proceedings, or Law Enforcement. Our organization may use and share your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may share your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release PHI if asked to do so by law enforcement officials for the following reasons:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe might have resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
- In cases of abuse, neglect, or domestic violence

6. For Public Health Activities. Our organization may share your PHI with public health authorities that are authorized by law to collect information about births, deaths and various diseases. We may give coroners, medical examiners, and funeral directors necessary information relating to an individual's death. We may share your PHI when it is necessary to tell a person about potential exposure to a communicable disease such as tuberculosis or a potential risk for spreading or contracting a disease or condition. Other times that we may share your PHI relate to reporting reactions to drugs or problems with or recall of products or devices.

7. For Health Oversight Activities. Our organization may share your PHI with a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

8. For Serious Threats to Health or Safety. Our organization may use and share your PHI, when necessary, to reduce or prevent a serious threat to the health and safety of an individual or the public. Under these circumstances, we will only tell the person or organization able to help prevent the threat.

9. For Specific Government Functions. Our organization may share your PHI if you are a member of United States or foreign military forces (including veterans) and if required by the appropriate military command authorities. We may share PHI for intelligence and national security activities authorized by law and in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

10. For Purposes of Organ Donation. We may notify organ donor programs to assist them in organ, eye, or tissue donation and transplants.

11. For Research Purposes. In certain circumstances, we may share PHI in order to conduct medical research.

12. For Inmates. Our organization may give PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

13. For Workers' Compensation Purposes. We may give PHI in order to comply with workers' compensation laws.

B. You May Object to Our Use and Sharing of Your Protected Health Information with Family/Friends. Our organization may release your PHI to a friend or family member that is helping you pay for your health care, or who assists in taking care of you.

C. All Other Uses and Sharing Require Your Written Permission First. Our organization will obtain your written permission to use and share your PHI in those situations that are not identified by this notice or permitted by applicable law. Any permission you provide to us regarding the use and disclosure of your protected health information may be taken away at any time in writing. After you take away your permission we will no longer use or share your PHI for the reasons described in the permission. Please note, we are required to retain records of your care.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the protected health information that we maintain about you:

1. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the local Branch Manager or Clinical Service Director stating the requested method of contact, or the location where you wish to be contacted. Our organization will agree to **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or sharing of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we limit our sharing of your PHI to individuals involved in your care or the payment of your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make a written request to the local Branch Manager or Clinical Service Director. Your request must clearly describe in a clear, brief manner (a) the information you wish restricted; (b) whether you are requesting to limit our agency's use, sharing, or both; and (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit a written request to the HIPAA Compliance Officer in order to inspect and/or obtain a copy of your PHI. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our agency may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.

4. Amendment. You may ask us to change your PHI if you believe it is incorrect or incomplete, and you may request a change for as long as the information is kept by or for our organization. To request a change, a written request must be submitted to local Branch Manager or Clinical Service Director. You must provide us with a reason that supports your request for changes. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the PHI kept by the organization; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to change information.

5. Accounting of PHI Release. All of our patients have the right to request an "accounting of PHI release." An "accounting of PHI release" is a list of the PHI released by our organization about you. In order to obtain a list of the information shared you must submit a written request to the local Branch

Manager or Clinical Service Director. All requests for an “accounting of released PHI” must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our agency may charge you for additional lists within the same 12 month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you are charged.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the local Branch Manager or Clinical Service Director.

7. Right to file a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact the HIPAA Compliance Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Written Requests Related to Your Privacy Rights can be submitted to the Branch Manager at the office locations listed on the front of the Client Orientation Manual for Home Care clients. Private duty clients can submit their written requests to the Private Duty Office of your institution.

The terms of this notice apply to all records containing your protected health information that are created or retained by our agency. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our agency has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit. A copy of this notice can be viewed on our web site at: www.accessnursing.com

IF YOU HAVE QUESTIONS ABOUT THIS INFORMATION PLEASE CONTACT YOUR HIPAA COMPLIANCE OFFICER MICHAEL SMALL at (212) 286-9200 ext. 1628 .

PATIENT RESPONSIBILITIES IN RECEIPT OF HOME CARE SERVICES

Health care services are like a two-way street. Traffic must flow in both directions and certain rules must be followed in order for traffic to move smoothly. In home care, you have many rights as a patient and we have provided you with a list of those rights. Our staff must follow those rights. As a patient, you also have certain responsibilities to fulfill in order for us to provide uninterrupted, quality health care services. The following is a list of patient/family responsibilities which will help us achieve the mutual goal of providing quality health care services.

1. Remain under the care of a doctor;
2. Provide accurate and complete information about current and past illnesses, hospitalizations, medications, or other health related matters. We are required by law to collect health information. You should know that you have the right to refuse to answer questions. If you choose not to answer we will fill in the information to the best of our ability. Failure to answer questions will not keep you from receiving services but it may affect the type of care we are able to provide. As part of your rights, all information is subject to the privacy rules stated above;
3. Report any unexpected changes in your health care status;
4. Ask questions about any aspect of your illness, course of treatment, plan of care or services that you do not understand;
5. Cooperate in carrying out the plan of care that you, the doctor, and your home care nurse developed together. Refusal to follow the plan of care may result in poor health care outcomes and will be grounds for termination of services;

6. If necessary, have available a family member or another caregiver who is willing and able to cooperate in carrying out the plan of care when the health care worker has left the home or is not able to be in the home;
7. Provide a safe working environment for health care workers providing care. This includes the absence of physical, verbal, or sexual harassment and a presence of safe physical and environmental surroundings;
8. Cooperate with health care workers without discrimination as to race, color, religion, sex, national origin, or marital status;
9. Sign authorization giving consent for services provided;
10. Follow the policies and procedures of Access Nursing Services as outlined in this manual;
11. Provide for proper storage and disposal of sharps (e.g., syringes) and medical wastes when utilized in the delivery of care;
12. Pay for service as bills are presented. If Access Nursing Services is presenting the invoice to an insurance company first, the patient will only be held liable after the insurance company has satisfied whatever portion of the bill they deem appropriate, according to policy;
13. Inform Access Nursing Services of any changes which may affect insurance benefits or coverage;
14. Cooperate in overseeing the following aspects of the home care worker assignment to you:
 - Make sure your home care worker:
 - i. Reports to work on time;
 - ii. Stays with you for the authorized hours;
 - iii. Does not leave early under any circumstances unless the branch office is notified;
 - iv. Notifies the branch office if hours of care are changed.
 - Review time sheets and authorize your billing by:
 - i. Checking that hours and days are correct. Do not sign if the hours recorded are not the actual hours worked. If a home care worker takes a day off during the week, arrives late or leave early, please be sure it is reflected on the time sheet;
 - ii. Signing in the Client Signature Box at end of every day and the end of work week, Friday. If someone else is signing for the patient, then sign your name and indicate your relationship to the patient.
 - Call your branch office if:
 - i. Your home care worker does not report to work;
 - ii. You plan on not being home when service is to be rendered;
 - iii. Any problems arise with your home care service.
15. Give feedback about care or services.

Please help us to help you. Our ability to provide you with quality home care service depends on our ability to communicate with each other.

CLIENT ADVISORY BOARD AND ETHICS COMMITTEE

Access Nursing Services has instituted a Client Advisory Board which meets periodically. The purpose of the Board is to provide a forum to review the provision of home care services. We encourage client and/or family members to participate if you are interested. If there are any ethical concerns regarding treatment, which you wish to explore more fully, contact the Branch Manager and appropriate referrals will be made.

YOUR BILL

The client is legally responsible for payment of any services approved, accepted, and provided. If payment for those services is not received, it will be considered “theft of services” and Access Nursing Services will exercise its rights to the full extent of the law.

Do not pay our employees directly. As the client you are still held accountable for payments due the agency regardless of monies paid directly to the employee. Your home care worker is paid and you are billed every Friday. Employees can only be paid if we receive completed, signed time sheets by the Tuesday before payday. Obtaining your signature on the time sheets and handing them into the branch office is the responsibility of the home care worker.

PAYMENT TERMS

The net amount of the invoice is due upon receipt, and a Finance Charge of 1.5% based on an Annual Rate of 18% for billing will be added on any account which is more than 30 days past due.

BILLING PROBLEMS OR QUESTIONS

The Federal Truth in Lending Act requires prompt correction of billing mistakes.

- 1)** If you want to reserve your rights under the Act here’s what to do if you think your bill is wrong or if you need more information about an item on your bill.
 - a.** Do not write on the bill. On a separate sheet of paper write the following (you may telephone your inquiry but doing so will not preserve your rights under this law).
 - i.** Your name and account number (if any)
 - ii.** A description of the error and explanation (to the extent you can explain) why you believe it is an error. If you only need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charge such as copy charge slip. Do not send in your copy of a sales slip or other document unless you have a duplicate copy for your records.
 - iii.** The dollar amount of the suspected error.
 - iv.** Any other information (such as your address) which you think will help the creditor to identify you or the reason for your complain or inquiry.
 - b.** Send your billing error notice to the address on your bill which is listed after the words: “Send Inquiries To” or similar wording. Mail as soon as you can, but in any case, early enough to reach the creditor within 60 days after the bill was mailed to you. If you have authorized your bank to automatically pay bills from your checking or savings account, you can stop or reverse payment of any amount you think is wrong by mailing your notice so the creditor receives it within 16 days after the bill was sent to you. However, you do not have to meet this 16 day deadline to get the creditor to investigate your billing error claim.
- 2)** The creditor must acknowledge all letters pointing out possible errors within 30 days of receipt, unless the creditor is able to correct your bill during those 30 days. Within 90 days after receiving your letter, the creditor must either correct the error or explain why the creditor believes the bill was correct. Once the creditor has explained the bill, the creditor has no further obligation to you even though you still believe that there is an error, except as provided in Paragraph 5.
- 3)** After the creditor has been notified, neither the creditor, an attorney, or a collection agency may send you collection letters or take other collection action with respect to the amount in dispute; but periodic statements may be sent to you, and the disputed amount cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to the credit bureau or to other creditors as delinquent until the creditor has answered your inquiry. However, you remain obligated to pay the parts of your bill not in dispute.
- 4)** If it is determined that the creditor has made a mistake on your bill, you will not have to pay finance charges on any disputed amount. If it turns out that the creditor has not made an error, you may have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, the creditor must send you a written notification of what you owe; and if it is determined that the creditor did make a mistake in billing the disputed amount, you must be

given the time to pay which you normally are given to pay undisputed amounts before any more finance charges or late payment charges on the disputed amount can be charged to you.

- 5) If the creditor's explanation does not satisfy you and you notify the creditor in writing within 10 days after you receive his explanation that you still refuse to pay the disputed amount, the creditor may report you to credit bureaus and other creditors and may pursue regular collection procedures. But the creditor must also report that you think you do not owe the money, and the creditor must notify those to whom the creditor reported you as delinquent of the subsequent resolution.
- 6) If the creditor does not follow these rules, the creditor is not allowed to collect the first \$50 of the disputed amount and finance charges, even if the bill turns out to be correct.
- 7) If you have a problem with property or services purchased with a credit card, you may have the right not to pay the remaining amount due on them, if you first try in good faith to return them or give the merchant the chance to correct the problem. There are two limitations on this right:
 - a. You must have bought them in your home state or if not, within 100 miles of your current mailing address; and
 - b. The purchase price must have been more than \$50.00However, these limitations do not apply if the merchant is owned or operated by the creditor, or if the creditor mailed you the advertisement for the property or service.

DO NOT SIGN A TIMESHEET WITH INCORRECT HOURS

If you are a private or insurance patient, your timesheet has four (4) parts. You keep a copy for your records.

REQUESTS FOR CHANGE IN SERVICE HOURS

Access Nursing Services strives to serve you with home care that is affordable and is in sufficient quantity to meet your needs. Access remains flexible to accommodate increases or decreases in hours and days according to your request and the advice of our nursing supervisors. In those instances, where payment is made by Medicaid and managed care insurance companies, the number of hours and days of service provided may be limited by the insurance company's willingness to pay for services.

HOLIDAY BENEFIT

Access Nursing Services respects and compensates its employees accordingly for the following holidays:

<u>Day Shift</u>	<u>Evening Shift</u>
New Year's Day	New Year's Day
Martin Luther King's Day	Thanksgiving
Memorial Day	Christmas
Fourth of July	
Labor Day	<u>Evening/Night Shift</u>
Thanksgiving	New Year's Eve
Christmas	Christmas Eve

If the regularly assigned employee works on these days they will receive time and a half as holiday pay and you will be billed accordingly. If your regular home care worker decides not to work on a holiday and you still require care, then please contact Access Nursing Services to request a replacement for the day. Holiday pay/billing is half again the usual rate.

PRIVATE HIRING OF HOME CARE WORKERS

Our business is providing professional medical personnel to you, our client. Our employees are recruited, screened and trained to meet your individual needs. In order to attract qualified people we pay various forms of referral fees and bonuses. The screening for new employees includes background and reference checks, confirmation of educational and training credentials, testing for competency and physical examination. In addition, our employees are bonded and covered by malpractice insurance.

Access Nursing Services also takes care of all employer related payroll taxes and Federal, State, and City/County reporting requirements. The personal services rendered within the health care industry requires Access Nursing Services to go to great lengths to meet all applicable Federal and State regulations We do all this to provide you with the most qualified people available to meet your expectations as well as ours.

Hopefully, you will appreciate and approve of our selection of a home care worker for you. You may like her/him so much that you want to employ her/him directly. **Please stop and think twice before you take this step.** This is against the terms of employment with our personnel. Additionally, the law does not allow paraprofessional workers to work as independent contractors. Therefore, when you hire them you are their employer, which means you are personally responsible for all City, State, and Federal employer taxes including:

- Workman's Compensation
- Income Tax Withholding
- Disability Insurance
- Social Security Withholding
- Employers 7.51 % Social Security contribution

Filings and payments are required weekly, bi-monthly, quarterly, and annually for the different withholdings and employer contributions.

In addition, all our employees are covered by medical malpractice insurance, which protects you. We carry liability insurance which protects both you and us in the event of theft from your home.

If you genuinely desire to become an employer, with all the associated risks, liabilities, and requirements, then we are pleased to have been of valued assistance to you in the selection of a home care worker that meets the personal and professional needs within your home. The fee for this "Permanent Placement" is 30% of the employee's annual salary. The calculation of this fee will be determined and described on your last invoice from us, accompanied by a Release of Liability form.

ABOUT YOUR HOME CARE SERVICES START OF CARE AND THE CLIENT CARE PLAN

At the beginning of your home care services, your case will be assigned to a nursing supervisor who will make an in-home nursing evaluation of your needs. The nursing supervisor is responsible for discussing your home care needs with you so that you may mutually decide upon a plan of care with input from your physician who must approve the plan of care.

Based on your plan of care, the nursing supervisor will write a Personal Services Care Plan. This plan is reviewed by the nursing supervisor with the home health care worker upon their assignment to your case. The Personal Services Care Plan contains the home care instructions for your home care worker. You and the home care worker must sign the Personal Services Care Plan. A copy may be placed on the refrigerator with your permission or left in an easily accessible place for the home care worker to review. Please do not ask your home care worker to do anything that is not on the Personal Services Care Plan. This is for your protection as well as that of your home care worker. The Personal Services Care Plan is updated every six months or more often as needed.

All patients are assigned a home care coordinator. This is the person responsible for selecting your home care worker. This is the first person you should ask to speak with when you call the branch office for any problems you may have. The names of your nursing supervisor and home care coordinator were written on the fourth page of this manual. The following chart will provide you with an overview of the responsibilities of the various categories of home care workers. Please keep in mind that some functions are limited by law.

Who Does What In Home Care?

TASKS - GENERIC		HSKPR	CHHA (Certified Home Health Aide)	LPN	RN
MEDICAL PROCEDURES	Colostomy, Ileostomy management		(X)	X	X
	Pumps and Equipment		(X)	X	X
	Urine testing		(X)	X	X
	Specimen Collection			X	X
	I & O sheets every 24 hours			X	X
	Wound Dressing, Cleanse, debride, redo			X	X
	Administer oral and topical medications			X	X
	Administer medications and documents IM, PO, SC and topical			X	X
	Implement MD orders, treatments dressings			X	X
	Teaching of Patient's family/significant other			X	X
	Chronically Ill Patient Care, i.e., arthritis, C.O.P.D dementia, quadriplegia, etc.			X	X
	G-tube insertion			X	X
	G-tube feeding			X	X
	Naso G-tube insertion			X	X
	Foley Catheter Insertion			X	X
	Care of Foley Catheter			X	X
	Tracheostomy Care, Changing and Suctioning			X	X
	Ventilator/Respirator Care			X	X
	Management of Acutely Ill Patient, i.e., Respiratory/Cardiac Arrest/Hemocratic Shock			X	X
	Chemotherapy Administration and Teaching Peripheral/Central lines				X
	Intravenous skills/vascular access				X
	Diagnose and treat human responses to actual or potential health problems from a nursing perspective				X
	Counseling				X
Perform Physical Assessments				X	
Develop Care Plans, appropriate to patient's needs				X	
Cardiopulmonary Resuscitation				X	X

X = Primarily Responsible (X) = Secondarily Responsible



Who Does What In Home Care?

TASKS - GENERIC		HSKPR	CHHA (Certified Home Health Aide)	LPN	RN
HOMEMAKING	Universal Precautions	(X)	X	X	X
	Assist with: Medications (remind only)		(X)		
	Light Housekeeping: Vacuum, Dust	X	X		
	Clean: Laundry, areas used by client	X	X		
	Maintain Bathroom, Bedroom, Kitchen	X	X		
	Shopping for Food and Supplies	X	X		
PERSONAL CARE	Prepare Meals	X	X		
	Wound Repack without exposure		X		
	Escorting patient to MD's office		X		
	Assist with walking		X		
	Dress patient		X		
	Feed patient		X		
	Make Bed (Daily)	X	X	(X)	(X)
	Bathroom, assist patient with Toileting		X	(X)	(X)
	Wash patient: Sponge bath, Shower, Tub, Personal Hygiene		X	X	(X)
	Give shampoo		X	X	X
	Shave patient		X	X	X
	Mouth Care		X	X	X
	Bedpan/Commode, assist patient with		X	X	X
	Bowel Movements (monitor, document)		X	X	X
	Perineal/anal Care		X	X	X
	Nail care, clean under nail beds		X	X	X
	Transfer to/from wheelchair		X	X	X
	Transferring/Turning patient		X	X	X
	ROM Exercise if ordered by RN/Therapist/MD		X	X	X
	T.P.R. (monitor, document)		X	X	X
Cast Care		X	X	X	

X = Primarily Responsible (X) = Secondarily Responsible

EXPECTATIONS OF PERSONNEL BEHAVIOR IN THE HOME

Access Nursing Services will adhere to the following requirements while in the patient's home:

- Personnel will not smoke.
- Personnel will not borrow or request items from patients. This includes, but is not limited to, money, clothing, household products, food, or automobiles.
- Personnel will not lend money to patients.
- No gifts of money will be accepted by personnel. Any other gifts may not be accepted unless reported and approved by the branch manager.
- Unauthorized removal of property from a patient's home may result in immediate dismissal.
- Personnel will not sell items or services that are not offered by Access Nursing Services to patients.
- Personnel will not discuss financial, personal, or medical problems with a patient.
- Laundry done for the patient will be done in the patient's home or at a coin laundry. Laundry will only be done if it is a part of the plan of care and a medical necessity.
- No changes will be made in the patient's environment, except minor reversible adjustments which will promote improved patient care and safety. Examples of allowed changes include: removal of throwrugs, repositioning of the patient's bed to allow easier access. Examples of changes not allowed are: changing a patient's window treatment, repositioning furniture for decorative purposes, removing carpets or paintings, or removing or adding wall hangings.
- Access Nursing Services fully supports an individual's rights to practice the religion of their choice. However, no religious beliefs and rituals should be practiced under any circumstances in a patient's house.
- Access Nursing Services' patient confidentiality policy as per HIPAA requirements will be in effect at all times.
- Personnel will not insert themselves into conversations patients are having with visitors. The visitors are there to entertain the patient. The employee should be available but unnoticed, so the patient and his/her visitors may have a comfortable visit.
- Personnel are not permitted to bring any person into the patient's home who does not have an official function with Access Nursing Services. In certain circumstances, for example, when an employee needs a ride home at night, consent must be obtained from the branch office before the situation occurs. This person preferably should not enter the patient's home and, at no time, should this person witness the patient's care.
- Consuming alcoholic beverages and/or illegal substances, or being under the influence of alcohol, or an illegal substance in the patient's home is forbidden and subject to immediate dismissal.
- Personnel are not allowed to sleep in a patient's home.
- Personnel may not give their home phone numbers or addresses to a patient or the patient's family.
- Personnel should not admit anyone into the patient's home without first asking the patient's permission. Visitors should be asked to give their names and then wait outside the locked door while permission is obtained. If the patient states the visitor is not known or if the patient does not wish to see the visitor, no other information will be given to the visitor. The visitor can only be told, "The patient is not receiving visitors now and I am not allowed to give any further information."
- Personnel are only allowed to provide only those services listed on the Personnel Services Care Plan.
- Personnel must report on duty in proper attire and wearing identification badges.
- Personnel may not make or receive any personal phone calls without the patient's permission.
- Personnel are not permitted by law to administer treatments or perform any medical procedures. NOTE: In New York, certain non-injectable medications may be given to a self-directing patient by the home health aide after proper instruction by the nursing supervisor.

HOME CARE WORKER'S MEALS

If you require less than 5 hours of service per day, then you are not responsible to provide your home care worker with a meal break during the work day. Home care workers should bring food from their home, or, if on their lunch hour, purchase food outside your home during that time. Home care worker's are entitled to a 45 minute break for every 7 hours assigned.

DISMISSAL OF A HOME CARE WORKER

A home care worker may be terminated for the following reasons:

1. Unsatisfactory job performance
2. Indifference to the needs and wishes of the patient
3. Physical or mental abuse of the patient
4. Habitual lateness or leaving the patient's home before the end of the work day without permission from the home care coordinator. Patients may not give the home care worker permission to leave early without notifying the branch office.
5. Falsifying time sheets
6. Drinking alcohol or taking illegal drugs prior to or while on assignment
7. Stealing from a patient
8. Endangering the health or welfare of a patient

The patient and the home care worker must work together. Please talk to your home care coordinator or nursing supervisor if a recently placed worker demonstrates real problems with work, attitude, or attendance. In most cases, the problems can be resolved. Try to allow a new home care worker a probationary period of one week to see if you can work together.

FOR YOUR PROTECTION

AFTER HOURS – EMERGENCY ON-CALL PROTOCOL

Access Nursing Services is available 24 hours a day, 7 days a week. If you are experience a problem related to your health or caregiver, our home care coordinator is available to you at any time. During routine office hours, 9am – 5pm, Monday-Friday, please call your appropriate branch office number listed on the cover page of this manual.

After office hours, your message will be taken by an operator who will send it directly to the on-call coordinator's beeper. Give the operator your name, area code and phone number and a detailed message. As soon as you finish your message, within seconds, the beeper will beep the on-call coordinator. Due to possible travel conditions or servicing of other problems, the on-call coordinator may not return your call immediately. Do Not Get Nervous. If you have not received a response within 30 minutes, please call again. This will ensure that there were no mechanical problems with the first message.

Examples of times you should call are:

- The employee assigned to your care is over 30 minutes late without someone contacting you
- You have been admitted to the hospital
- You are receiving IV therapy and the tubing has become disconnected or it is not running

DO NOT CALL THE ON-CALL COORDINATOR IN A LIFE THREATENING SITUATION

**IN LIFE THREATENING SITUATIONS
CALL 911**

SAFETY IN THE HOME

Except for highways and streets, more accidental deaths and injuries occur in the home than anyplace else. We urge you to follow these safety tips.

1. **Keep a list of emergency telephone numbers** – doctor, police, fire, ambulance service, gas and electric companies, poison control center – near the telephone.

2. Fire Safety Tips

- Ensure that your furnace and water heater are working efficiently and safely.
- Ensure that wood stoves or portable heaters are installed and working correctly. Make sure chimneys are cleaned and that all pipes are tightly connected. Never dry clothes on heaters. Place space heaters well away from curtains, rugs, and furniture and out of walking paths.
- Store and dispose of flammable liquids and leftover paint properly. Store away from heat sources and outside if possible.
- Ensure that electrical appliances are working properly and used safely.
- Dispose of matches, cigarettes, and other smoking materials in large, deep ashtrays. Make sure that all lit cigarettes or other smoking materials are out before going to bed or leaving the room. Never smoke in bed.
- Never smoke when oxygen is in use or when you have taken medication that makes you drowsy.
- Avoid wearing loose clothing around fire or when cooking.
- Turn pot handles away from the front of the stove.
- Keep the stove free of grease. Never throw water on a grease fire.
- Install smoke detectors on every floor of your home. Test smoke detectors once a month. Replace the batteries in the spring and in the fall.
- Remove old newspapers, waste and other garbage. Do not store rubbish under a stairway. Clean out unused toys, clothing, and furniture.
- Keep a whistle or bell and flashlight near a family member with special needs' bed for use in an emergency. Inform the local fire department if a child, elderly relative or person with a disability is in the home.
- Have a fire escape plan. Plan at least 2 ways out of the home from each room. Choose a meeting place outside. Practice your escape plan and make sure all your family members know it.
- Keep a multipurpose (ABC) fire extinguisher handy.
- Never use an elevator in the event of a fire in an apartment building. If you are unable to leave your apartment, place wet towels at the bottom of the doorframe to keep smoke from entering your apartment. Feel doors to see if they are hot before opening.

3. Electrical Safety Tips

- Dry hands before using electrical appliances.
- Inspect appliances, cords, and extension cords for wear. Have cracked or frayed electrical cords replaced by a qualified electrician.
- Call an electrician if you suspect electrical problems.
- Cover unused outlets and teach young children not to touch plugs, cords, or outlets.
- Never replace a fuse with a penny or a higher amp fuse.
- Unplug appliances when not in use.
- Use a 3 prong adaptor for connecting a 3 prong plug to a 2 hole receptacle.
- Don't overload outlets.

4. Environmental Safety Tips

- Arrange furniture to avoid obstacles to walking paths. Keep walkways clear and free of clutter.
- Have adequate lighting in all areas especially stairs. Put lights so that they can be turned off from bed. Turn on lights when entering a room. Do not grope in the dark.

- Install handrails on all stairs. Ensure they are secure.
- Use stepladders or stools to reach high cupboards.
- Keep electrical cords away from walking areas.
- Wipe up all liquid spills immediately. Buff floors to remove excess wax.
- Remove scatter rugs especially from head and foot of stairs.
- Do not store items on steps. Install nonskid treads on stairs.
- Repair loose floorboards and worn floor coverings.
- Avoid carrying loads that block your vision.
- Prevent accidental poisoning by:
 - Keeping medication away from children and confused persons.
 - Keeping medication in original containers.
 - Taking medications only as prescribed.
 - Storing household chemicals out of reach of children and confused persons.
- Using assistive devices for ambulation as needed.

5. Bathroom Safety Tips

- Install grab bars on bathroom walls near toilet and shower.
- Use non-skid mats for bathtub and bathroom floor.
- Use night lights in the bathroom.
- Never use electrical appliances while in the bathtub or shower.
- Lower water heater temperature to avoid burns.
- Make sure faucets and towel bars are easy to reach. Replace faucets that are hard to turn on and off.
- Replace bar soap with easier to hold liquid soap in plastic bottles.
- Switch to a hand-held shower head.
- Install a raised toilet seat, bath bench, or transfer bench for the elderly or persons with disabilities.

WAYS TO AVOID INFECTIONS

For infections to occur there must be a germ that has a place to live and has a way to enter the body of a person who does not have resistance to the germ. The following actions can help to cut down on infections.

1. Everyone should wash their hands before eating or handling food and after:
 - using the toilet or changing a diaper.
 - touching pets, money, or uncooked food.
 - coughing, sneezing, or blowing their nose.
 - touching the eyes, nose or mouth.
2. Wash hands with warm, running water and soap; liquid soap is best. Dry with a clean towel.
3. Keep the house clean.
4. Store food carefully; refrigerate leftovers promptly; throw out stale or spoiled food; thaw foods in the refrigerator or microwave.
5. Cook meat and eggs thoroughly.
6. Wash fruits and vegetables under running water.
7. Keep work surfaces clean.
8. Wash dishes and utensils in hot, soapy water and air dry.
9. Do laundry regularly.
10. Bathe or shower regularly. Brush and floss teeth daily.

WHAT TO DO WITH HAZARDOUS WASTES

Hazardous wastes are things such as syringes, soiled wound dressing, body fluids, and other body wastes. You and your home care worker can take several steps to help prevent spread of infection from those items. Your nursing supervisor and home care worker can help you to understand actions to be taken if you have questions. Following are the recommended actions to be taken.

Handwashing is the **MOST IMPORTANT** thing you or any person can do to prevent the spread of infections. Hands should be washed, even if gloves have been worn, after the cleaning of wounds or incisions, performing catheter care, changing bandages, handling soiled clothing, towels, or sheets, giving mouth care, or washing private parts. If gloves are needed, hands should be washed before putting them on and after removal. For proper handwashing to occur follow these simple guidelines:

- a. use continuously running water and plenty of soap
- b. use friction over all surfaces of hands and rub for at least 10 seconds
- c. avoid contamination by splashing of clothing and other skin surfaces
- d. rinse well under running water
- e. use paper towels to dry hands and turn off faucets

USE OF GLOVES AND APRONS – If you or your home care worker is providing care to a patient in a situation in which there is a possibility of splashing or coming into contact with blood, wound drainage, urine, feces, saliva, vomit, or other body fluids, gloves and aprons should be worn during care. It is also recommended that gloves be worn for providing urinary catheter care. Disposable gloves and aprons should not be reused. Gloves and aprons should be discarded as described below. Hands should be washed after gloves are removed.

WASTE DISPOSAL – Soiled dressings, diapers, tissues, gloves, and other items with body wastes should be placed in a waste container lined with a plastic bag – shopping bags may be used. Items contaminated with visible blood, should be decontaminated by pouring a 1 to 10 solution of household bleach over them before discarding. Body wastes (feces, urine, and vomitus) should be flushed down the toilet. When discarding waste, the plastic bag should be securely tied and placed inside another plastic bag which is also tied. The double bag may then be placed in the regular household trash.

SPILLS OF BLOOD OR BODY FLUIDS – wearing rubber household gloves, use paper towels to wipe up the spill, discard the paper towels as described above. Then wash the area with soap and water followed by decontamination with a 1 to 10 household bleach solution. This solution can be made by mixing 1 part of bleach to 10 parts of water. A fresh solution should be prepared daily. The rubber gloves should be washed with soap and water and cleaned with the bleach solution.

SHARPS DISPOSAL – You should place needles, syringes, lancets and other sharp objects **in a hard – plastic or metal container with a screw-on or tightly secured lid**. Empty laundry or bleach bottles are good choices. When the container is 3/4 full, prepare a 1 to 10 bleach solution as described above and pour it into the container. Secure the lid and wrap heavy duty tape around the lid. On the outside of the container write “Not For Recycling”. This container may now be discarded with the regular household trash. **Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or clear plastic containers.** You may also purchase special containers specifically designed for the disposal of medical sharps waste.

HOME OXYGEN SAFETY

1. Only use oxygen as directed. Too much may cause as many problems as too little.
2. Store oxygen equipment away from direct heat, open flames, grease, oil, or flammable material. Oxygen will support combustion and cause material to burn faster.
3. Order replacement oxygen tanks when the pressure gauge reads 1/4 full.
4. Keep a back-up portable oxygen cylinder available in the event of a power failure or for travel, if you are using an oxygen concentrator.
5. Secure the oxygen cylinder on a cart or stand to prevent falls and subsequent injury.
6. Adjust the flow rate before putting on the cannula or mask. This prevents receiving a blast of oxygen and allows a quick check of the system to see that it is working correctly.
7. Dust the oxygen cylinder only with a cotton cloth to prevent possible sparks; do not cover the cylinder with material of any kind.
8. Avoid using aerosols around oxygen equipment to prevent fires.
9. Avoid clothing or nightgowns of nylon material and woolen blankets, which might cause sparks or static electricity.
10. Keep open flames away from oxygen. Enforce no-smoking rules. Place a sign in the room to remind visitors.
11. Avoid skin, eye and clothing contact with the liquid from a leaking liquid oxygen system.
12. Avoid using electrical appliances (razors, hair dryers, etc) while using oxygen.
13. Always keep distilled water capped and refrigerated. Purchase distilled water in small quantities.
14. Keep oxygen tubing coiled up and out of walkways to prevent falls.
15. Turn oxygen off when not in use.

Should you have any problems with your oxygen equipment, contact your supplier immediately.

IN CASE OF AN EMERGENCY OR DISASTER

Our area of the country is susceptible to many natural disasters such as hurricanes, blizzards, floods, and fires. As past events have shown we may also experience man made emergencies or disasters such as subway strikes, highway closures, industrial accidents, and acts of terrorism. It is the policy of Access Nursing Services to make every effort to ensure that your home care service is not interrupted.

If your regular home care worker is unable to reach your home, you may be temporarily assigned a different home care worker for the duration of the emergency situation. You will be contacted by the home care coordinator to tell you that a different home care worker may be providing service to you. While we will make every effort to provide services in some cases it may be impossible for any home care worker to reach your home. In these cases we will call your family or other support persons and notify them of our inability to reach your home. **For this reason it is very important for you to let us know the name and phone number of an emergency contact person. If you have no family or nearby support persons to assist you and you require special assistance, you should also register with your local Office of Emergency Management or fire department. We are unable to provide your name to these agencies due to the new federal privacy regulations as previously noted in the Notice of Privacy Rights.**

Because of our inability to predict when or where an emergency or disaster situation may occur, we strongly urge you to take the following steps as recommended by the Federal Emergency Management Agency (FEMA) and the American Red Cross. The following recommendations can be found in Are You Ready? A Guide To Citizen Preparedness published by FEMA.

EMERGENCY PLANNING FOR PEOPLE WITH SPECIAL NEEDS

- 1) Hearing impaired people should make special arrangements to receive a warning.
- 2) People with mobility impairments may need assistance in getting to a shelter.
- 3) Single working parent households may need help from others in planning and responding to an emergency.
- 4) Non-English speaking people will need assistance in planning for and responding to emergencies.
- 5) People without vehicles may need to make arrangements for transportation.
- 6) People with special dietary needs should keep an adequate emergency food supply.
- 7) Inquire about special assistance available in your community and register with them – Office of Emergency Management, Fire Department, Red Cross, Health Department.
- 8) Develop a network of friends and family to assist you in an emergency. Be sure to instruct them on the use of any special necessary equipment.
- 9) If you are mobility impaired and live or work in a high-rise building, have an escape chair.
- 10) If you live in an apartment building, ask the management to ensure that exits are clearly marked and make arrangements to help you get out of the building.
- 11) Keep extra wheelchair batteries, oxygen, catheters, medication, food for guide dogs or items you might need. Keep a list of the type and serial numbers of medical devices you need.
- 12) If you are a caregiver for a person with special needs, make sure you have a plan to communicate if an emergency occurs.

IMPORTANT RESOURCE NUMBERS

Alzheimer Association
1-800-272-3900

American Cancer Society
1-800-227-2345

American Diabetes Association
1-800-342-2383

American Heart Association
1-214-242-8721

American Lung Association
1-800-586-4872

American Foundation for the Blind
1-800-232-5463

Arthritis Foundation
1-800-283-7800

The National Kidney Foundation
1-800-622-9010

National Alliance on Mental Health
1-703-524-7600

National Stroke Association
1-800-787-6537

Parkinson Foundation
1-800-473-4636

**ACCESS NURSING SERVICES
CONSENT FORM FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION (PHI)
and PATIENT BILL OF RIGHTS ACKNOWLEDGEMENT**

This consent form is for Access Nursing Services. The purpose of this consent form is to tell you, the patient, how your personal health information is used and/or shared by this agency. We want you to be fully aware of what we do with your information so that you can provide us with your consent in order for us to provide treatment for your health care needs, receive payment for services given, and allow administrative and other types of health care operations, which are part of normal business activities of this agency, to happen.

Your Consent

I understand that as part of my health care, this agency starts and maintains health records describing my health history, symptoms, diagnoses, treatment and plans for future care or treatment. I understand that this information serves as:

- A method for planning my care and treatment;
- A method of communication among the many health professionals who contribute to my care;
- A source of information for applying my diagnoses and other health information to my bill;
- A method by which my health insurance company can verify that services billed were actually given;
- A tool for routine health care operations in this agency, such as ensuring that we have quality processes and programs in place and making sure that the professionals who give you care are competent to do so.

I understand that:

- I have been given a Notice of Privacy Rights that gives specific examples and descriptions of how my personal health information is used and shared by Access Nursing Services.
- I have a right to review the Notice of Privacy Rights before signing this consent.
- Access Nursing Services can change its Notice of Privacy Rights but must tell me of those changes before they are put into practice and will mail me a copy of the new Notice to the address that I have given.
- Access Nursing Services is not required to provide services if this consent form is not signed.
- I have the right to request restrictions as to how my health information may be used or shared to carry out treatment, payment, or health care operations and that Access Nursing Services is not required to agree to those restrictions.
- Any restrictions to which Access Nursing Services agrees to will be respected.
- I may revoke this consent in writing at any time. I am aware that Access Nursing Services can proceed with uses and sharing that pertain to treatment, payment, or healthcare issues that took place before the consent was revoked.
- In an emergency life-threatening situation treatment may be provided before consent is gotten. Consent will be gotten after the emergency is over.
- When a language barrier exists, every attempt will be made to get translation services. If translation services cannot be gotten, treatment will be provided if consent is inferred.

To request a restriction on the use and sharing of your personal health information related to your treatment, payment for service, or for the health care operations of Access Nursing Services, please do so after reading the Notice of Privacy Rights. You may use this consent form to request a restriction.

I request the following restrictions to the use or sharing of my health information:

For provider use only:

Restriction is:

Accepted

Denied

Reason denied:

Patient is notified?

Yes

No

I have been informed of my right to deny or restrict the use of PHI for my case. I understand that ACCESS is not obligated to accept a case if you restrict or deny Access the use of PHI for the benefit of this case.

I have been given an Orientation Manual and had the opportunity to review this manual. I acknowledge I have received the Patient's Bill of Rights to the terms outlined above.

Please sign below to indicate that you have reviewed the Orientation Manual, the Notice of Protected Health Information and Patient's Bill of Rights then please return to Access Nursing.

Patient Name

Witness

Signature of Patient or Legal Representative

Date