



Alzheimer's Care Specialists  
*More than just in-home care*

Where our patients are the priority...

# **Patient Handbook & Orientation**

## **STATEMENT OF CONFIDENTIALITY**

This booklet may contain protected health information. Persons other than you and your health care providers must have your permission to view this booklet.

**ACS Home Care LLC  
256 Main St, Suite 1109  
Northport, NY 11768**

# EMERGENCY PLAN

THIS BOOKLET BELONGS TO: \_\_\_\_\_

## INSTRUCTIONS:

This information is provided to you as a quick reference source in case an emergency occurs. Keep this information where it can be easily found. Inform other persons close to you (relative, neighbor, etc.) of its location

ACS Home Care LLC has a nurse on call 24 hours a day. You can reach the nurse by calling (631) 651-2778 or toll free at (888) 991-2323. After office hours and on the weekends, a messaging service will reach the nurse and he/she will return your call and come to see the patient if necessary, or simply answer any questions you may have.

*In case of a serious, life-threatening medical emergency, call 9-1-1, if applicable use the clients Personal Emergency Response System (PERS) or the patient should be taken to a hospital emergency room. ACS Home Care LLC does not operate as an emergency service; therefore, valuable time may be lost by contacting the Agency if a medical emergency occurs.*

EMERGENCY SERVICE NUMBER: (911) or \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF CLOSE RELATIVE: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Notify the appropriate person of the following conditions:

**PHYSICIAN:** \_\_\_\_\_ **AGENCY:** ACS Home Care LLC

- Extended / Increased pain (Unsure of treatment)
- Abnormal bleeding (New unidentified problems)
- High fever over 101 degrees

## AMBULANCE: Call for distress and for emergency situations such as:

- Excessive difficulty breathing
- Severe / unrelieved chest pain
- Loss of consciousness
- Excessive bleeding / hemorrhage

# ACS Home Care LLC

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## **SECTION I:**

### **WELCOME:**

ACS Home Care LLC extends a warm welcome to you/our patient, and to your family and friends. Your medical treatment, safety and happiness are most important to us. We will do our best to answer any questions you may have concerning your care and treatment.

### **PHILOSOPHY:**

ACS Home Care LLC is dedicated to the provision of comprehensive quality patient and family centered care in the patient's/client's place of residence.

ACS Home Care LLC focuses on each patient's/client's complete and individual healthcare needs including, but not limited to, their safety/environment and social support system.

ACS Home Care LLC is committed to the provision of home health services that assist the patient to maximize his/her wellbeing. The ACS Home Care LLC is committed to patient participation in healthcare choices and decisions, respecting each individual's rights and needs for self-determination.

ACS Home Care LLC is dedicated to the provision of home healthcare education to the patient, staff members and the community.

### **MISSION:**

ACS Home Care LLC's mission is to help improve the quality of life for each client by providing compassionate optimal care and professional services. We are passionately dedicated to our goal and work closely with every family to understand the unique circumstances and needs of each individual entrusted in our care. ACS Home Care LLC's mission is to provide a level of quality care that encourages the safe and cost-effective delivery of home health services, maximizing patient autonomy, and coordination of community and Agency resources, to decrease illness burden and unnecessary duplication of services. The care, treatment and services provided by ACS Home Care LLC are provided to patients without regard to age, race, religion, sex, national origin or disability. The organization provides accountability for care, treatment and services provided by monitoring and evaluating performance outcomes and a continuous quality improvement program.

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

We are committed to ensuring your rights and privileges as a healthcare patient. Many aspects of our services and procedures may be new to you, so we have prepared this booklet to assist you in becoming more quickly acquainted with us. If you have additional questions, please do not hesitate to ask us.

Sincerely,  
*The management and staff of ACS Home Care LLC*

## SECTION II: AGENCY OVERVIEW

### POLICIES

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

### ADMISSIONS CRITERIA

Admission to this Agency can only be made under the direction of a physician, based upon the patient's identified care needs, homebound status and the type of services required that we can provide directly or through coordination with other organizations. The patient must live within the agency's service area which is located within counties of Suffolk, Nassau, Queens and Westchester. If we cannot meet your needs or your home environment will not support our services, we will not admit you or will not continue to provide services to you.

### SERVICES

This Agency can provide a service or a combination of services in your home. Services appropriate to the needs of the individual will be planned coordinated and made available under the direction of the attending physician and qualified staff. Services offered through this Agency are Skilled Nursing, Home Health Aide, Physical Therapy, Occupational Therapy, Speech Therapy, Nutritional Therapy and Medical Social Work.

- **The Skilled Nurse** is an RN or LVN/LPN with training and experience in providing care in the home. The nurse communicates frequently with your physician to update your plan of care. Services may include evaluation of patient needs, performance of skilled nursing procedures such as wound dressing and IV therapy, education of patient, family members and caregivers on disease processes, self care techniques and prevention strategies, and coordination of patient care and services with your physician and other health care team members.
- **Home Health Aide** services are provided when applicable as long as you are receiving either skilled nursing care or physical or speech therapy. The Home Health Aide services are delivered under the supervision of a licensed nurse or physical therapist. Home Health Aide visits take place during the hours of 8am and 6pm unless requested and approved by Administration. The Agency will attempt to schedule the same Home Health Aide every visit unless there is an unforeseen complication. When the schedule cannot be kept as planned, the patient will receive notification via a phone call with the new change.

- Typical duties can include bathing the patient, shampoo, skin and mouth care, range of motion exercises, and linen change. Other duties can include preparation of a light meal, (lunch or dinner), and/or light laundry.
- Physical, Occupational and Speech Therapy services (when ordered) are provided by a licensed therapist or licensed therapy assistant under the direction of the therapist. Your therapist will provide specific information about the services and treatments you will receive.
- The Medical Social Worker (when ordered) provides short-term counseling services, referral to and coordination with community resources, assistance with living arrangements, assistance with financial problems and long-range planning.
- Supplies/Therapy: Medical Supplies and Therapy Services may be required to carry out your plan of care.
- Patients should notify the office to reschedule or discontinue any visits.
- Check with our office to verify whether or not we presently participate in any specific programs pertaining to your needs. Eligibility for these programs is determined by state and/or federal agencies.

## **HOURS OF OPERATION**

- **OFFICE HOURS:** Our office hours are Monday through Friday from 9:00 a.m. to 5:00 p.m. except during company holidays.
- **AFTER HOURS COVERAGE:** We provide 24 hour on-call service, 7 days per week to ensure that you receive adequate medical care. A qualified Nurse is on-call to accept patient calls, referrals for service and to arrange service for patient emergencies as needed.

## **EMERGENCY PREPAREDNESS**

- In life threatening situations, go to the hospital emergency room, or call the Emergency Medical Services number (911). Please refer to our On-Call Guidelines in Section VII.

## **ADVERSE CONDITIONS**

- During inclement weather we 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, our staff will, if possible, contact you by phone to let you know that they are unable to make your visit that day.

## CHARGES

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

Should any change be made in this policy regarding services or charges, you or your responsible party will be advised. If you have questions about charges or insurance billing, please call our office.

### PER VISIT CHARGE RATES

Dietician	\$150.00	Occupational Therapy	\$150.00
Skilled Nursing	\$150.00	Speech Therapy	\$150.00
Physical Therapy	\$150.00	Medical Social Worker	

\$150.00

### PER HOUR CHARGE RATES

HHA/PCA            \$21.00

### PER 24 HOUR LIVE-IN CHARGE RATES

HHA/PCA            \$273.00 / Day

## PATIENT SATISFACTION

Our patients are very important to us. Please ask questions if something is unclear regarding our services or the care you receive. Please fill out the Patient Satisfaction Survey with a self-addressed, stamped envelope located in the back of this brochure. Your answers help us to improve our services and ensure that we meet your needs and expectations. The administrator will supervise and evaluate the patient satisfaction survey report and ensure that all areas are addressed.

## PLAN FOR CARE, TREATMENTS & SERVICES

This Agency involves key professionals and other staff members in developing your individualized plan of care, treatment and services. Your plan is based upon identified problems, needs and goals, physician orders for medications, care, treatments and services, timeframes, your environment and your personal wishes whenever possible. The plan is designed to increase your ability to care for yourself. Effective pain management is an important part of your treatment.

The plan may include the following interventions and goals:

- Health care
- Personal care
- Rehabilitation
- Discharge plan
- Psychosocial needs
- Physician information regarding orders & treatments

The plan of care is reviewed and updated as needed, based on your changing needs. We encourage you, your caregiver or your designee to participate in the planning and revising

of your plan of care. Medical information will be provided so that you, your caregiver or guardian can participate in developing your plan of care. You, your caregiver or guardian may have a copy of the plan of care, upon request.

You have the right to refuse any medication or treatment procedure. However, such refusal may require us to obtain a written statement releasing the Agency from all responsibility resulting from such action. Should this occur, we encourage you to discuss the matter with your physician for advice and guidance.

We fully recognize your right to dignity and individuality, including privacy in your treatment and in the care of your personal needs. We will notify you if an additional individual needs to be present for your visit for reasons of safety, education or supervision.

We do not participate in any experimental research connected with patient care except under the direction of your physician and with your written consent.

There must be a willing, able and available caregiver to be responsible for your care between Agency visits. This person can be you, a family member, a friend or a paid caregiver.

## **MEDICAL RECORDS**

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

## **DISCHARGE, TRANSFER AND REFERRAL**

The patient, patient's parent, family, spouse, significant other, legal representative and the patient's attending physician (if applicable) will be given at least a five day advance notice of a transfer to another Agency or discharge, except in case of emergency. If you should be transferred or discharged to another organization, we will provide the information necessary for your continued care, 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 provided for any needed ongoing care or treatment. We will coordinate your referral with available community resources, as needed.

The five-day notification shall NOT be required in the following circumstances:

- Upon the patient's request;
- If the patient's medical needs require transfer, such as a medical emergency;
- In the event of a natural disaster when the patient's health and safety are at risk;
- For the protection of the staff or a patient after the Agency has documented



reasonable effort to notify the patient, the patient's family and physician, and appropriate state or local authorities of the agency's concerns for staff or patient safety, and in accordance with Agency policy;

- According to physician orders; or
- If the patient fails to pay for services, except as prohibited by federal law.

## **ETHICS**

This Agency requires that its employees provide patient care within the ethical framework established by the profession, the health care organization, and the law. The Agency affords patients, legally responsible parties, and attending physicians the right to participate in considerations of ethical issues regarding patient care concerns. Ethical issues may be brought to the attention of any employee, who will then inform the appropriate Agency personnel to arrange for conferencing as appropriate.

## **DRUG TESTING POLICY**

The Agency requires all employees to display high standards of professional conduct when representing the agency, including being free from the use of illegal drugs. Non-compliance will be documented and investigated by the immediate supervisor and may result in disciplinary action, termination or reporting to the regulatory authorities. All employees will be informed of the policy related to illegal drug use during the orientation period, and as often as necessary. ACS Home Care LLC does not perform routine drug testing on employees. Agency employees may not possess, distribute and or use alcoholic beverages or controlled substances, including inhalants while on premises of property controlled by the Agency or while in the course of conducting company business or engaged in any company sponsored activity. Patients or visitors may not possess, distribute and or use alcoholic beverages or controlled substances, while on the premises of the property controlled by the Agency. Any employee who has knowledge of a person or persons violating this policy must report it to his/her supervisor immediately. Based on reasonable cause, the Agency may conduct searches or inspections of an employee's personal belongings and the employee may be asked to take a drug test. Refusal to consent may result in termination.

## **COMPLAINT PROCEDURE**

The Agency will investigate complaints made by a patient, the patient's family or guardian or the patient's health care provider regarding treatment or care that is (or fails to be) furnished and/or regarding the lack of respect for the patient's property by anyone providing services on behalf of the Agency. We will document the receipt of the complaint and initiate a complaint investigation within 15 calendar days of the agency's receipt of the complaint; document all components of the investigation, and complete the investigation and documentation within 15 calendar days after the Agency receives the complaint, unless the Agency has and documents reasonable cause for delay.

If you feel that our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps to file a complaint, present a grievance or provide good faith information, without fear of discrimination or reprisal, relating to the home health services provided by the Agency.

1. Notify the Director of Nursing at the (631) 651-2778. Most problems can be solved at this level.
2. If you feel satisfactory action has not been taken, you may contact the state's home care hotline which receives complaints or questions about local home care agencies and questions regarding the implementation of advance directives. The hotline will be answered 24 hours per day. You may contact:

New York State Department of Health  
Metropolitan Area Regional Office  
90 Church Street  
New York, NY 10007  
212-417-5888

### **SECTION III: Your Rights & Responsibilities as a Health Care Patient**

As a Home Care provider, we have an obligation to protect your rights and explain these rights to you in a way you can understand before treatment begins and on an ongoing basis, as needed. Your family or your guardian may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

#### **YOU HAVE THE RIGHT TO:**

- **ETHICAL STANDARDS AND CONDUCT** – to have a relationship with our staff that is based on honesty and ethical standards of conduct. To have ethical issues addressed and to be informed of any financial benefit we receive if we refer you to another organization, service, individual or any other reciprocal relationship. Both patient and caregiver have a right to mutual respect and dignity. Our staff is prohibited from accepting gifts or borrowing from you.
- **BE FREE FROM ABUSE** - to be free from mental, physical, sexual and verbal abuse, neglect and exploitation;
- **BE RESPECTED** - to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or handicap;

- **HAVE YOUR COMMUNICATION NEEDS MET** - to receive information in a manner that you can understand;
- **LODGE COMPLAINTS** - to have your or your family's complaints heard, reviewed and if possible resolved concerning care that is or should have been furnished. You, your family and staff have the right to know about the results of such complaints. Our complaint resolution process regarding care, services or a lack of respect for property is explained above;
- **NOT FEAR REPRISALS** - to voice grievances without fear of coercion, discrimination or reprisal. To expect no unreasonable interruption of care, treatment or services for voicing grievances; and
- **STATE HOTLINE** - to be advised of the telephone number and hours of the State's Home Care "Hotline" which receives complaints or questions about local home care agencies.

The New York State Department of Health, Division of Home and Community Based Care is responsible for investigating complaints and incidents for home care agencies and in New York State. Contact information is above under "Complaint Procedure".

#### **DECISION MAKING - YOU HAVE THE RIGHT TO:**

- **CHOOSE YOUR HEALTH CARE PROVIDERS** - and communicate with those providers;
- **BE INFORMED ABOUT YOUR CARE** - to be informed about the care that is to be furnished, names and responsibilities of caregivers providing care, treatment or services, planned frequency of services, expected and unexpected outcomes, potential risks or problems and barriers to treatment;
- **BE NOTIFIED OF CHANGES TO YOUR CARE** - to be advised of any change in your plan of care before the change is made;
- **PLAN YOUR CARE** - to actively participate in the planning of your care treatment and services. To participate in changing the plan whenever possible and to the extent that you are competent to do so;
- **HAVE FAMILY INVOLVED IN DECISION MAKING** - as appropriate, concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law;
- **ACCEPT OR REFUSE TREATMENT** - to be informed in writing of your rights under State law to make decisions concerning medical care, including your right to accept or

refuse treatment and your right to formulate advance directives;

- **PARTICIPATE OR REFUSE TO PARTICIPATE IN RESEARCH** – including investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research;
- **IMPLEMENT ADVANCE DIRECTIVES** - to be informed in writing of policies and procedures for implementing advance directives. You will be informed if we cannot implement an advance directive on the basis of conscience;
- **ADDRESS YOUR WISHES CONCERNING END OF LIFE DECISIONS**- to have health care providers comply with your advance directives in accordance with state laws and receive care without conditions or discrimination based on the execution of advance directives;
- **REFUSE SERVICES** - to refuse or discontinue care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of care/services to the extent permitted by law. However, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.

#### **PRIVACY AND SECURITY - YOU HAVE THE RIGHT TO:**

- **PRIVACY AND SECURITY** - to respect your property, personal privacy and security during home care visits. You have a right to unlimited contact with visitors and others and to communicate privately with these persons;
- **CONFIDENTIALITY** - to confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home;
- **HEALTH INFORMATION** - to access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law; and
- **RELEASE OF INFORMATION** - to request us to release information written about you only as required by law or your written authorization.

#### **FINANCIAL INFORMATION -YOU HAVE THE RIGHT TO:**

- **INSURANCE INFORMATION** - to be informed of the extent to which payment may be expected from any payer known to us before any care is delivered;

- **BE ADVISED OF CHARGES NOT COVERED BY A THIRD-PARTY PAYOR** - to be informed of the charges that will not be covered. before any care is delivered;
- **BE ADVISED OF CHARGES NOT COVERED** - to be informed verbally and in writing at the time of admission, the approximate maximum dollar amount, if any, of care or services to be borne by the patient;
- **RECEIVE INFORMATION WITHIN 30 DAYS** - to receive financial information verbally and in writing, before care is initiated and within 30 calendar days of the date the home care provider becomes aware of any changes in charges; and
- **HAVE ACCESS TO ALL BILLS** - to have access, upon request, to all bills for services you have received regardless of whether the bills are paid out-of-pocket or by another party.

#### **QUALITY OF CARE -YOU HAVE THE RIGHT TO:**

- **RECEIVE HIGH QUALITY CARE** - to receive care of the highest quality;
- **PAIN MANAGEMENT** – to receive education about your and your family’s role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments;
- **BE ADMITTED ONLY IF WE CAN PROVIDE THE CARE YOU NEED** - A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our limitations and the lack of a suitable alternative; and
- **RECEIVE EMERGENCY INSTRUCTIONS** - to be told what to do in case of an emergency.

#### **ABUSE, NEGLECT & EXPLOITATION REPORTING**

The Agency enforces its written policy relating to reporting acts of abuse, neglect or exploitation of patients and reportable conduct by an employee of our Agency. If we have cause to believe that an employee has abused, exploited or neglected a patient of the Agency, we must report this information as soon as it is discovered to:

New York State at **1-800-342-3009 (Press Option 6)** or  
 contact the local county Department of Social Services Adult Protective Services.

## DEFINITIONS:

- **Abuse** - (A) the negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly or disabled person by the person's caretaker, family member, or other individual who has an ongoing relationship with the person; or (B) sexual abuse of an elderly or disabled person, including any involuntary or nonconsensual sexual conduct that would constitute an offense, committed by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.
- **Neglect** - the failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.
- **Exploitation** - illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person.

<p><b><i>PATIENT RESPONSIBILITY: YOU HAVE THE RESPONSIBILITY TO:</i></b></p>
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- **PROVIDE COMPLETE AND ACCURATE INFORMATION** - to the best of your knowledge about your present and past illnesses), hospitalizations, pain, medications, allergies, and other matters relating to your health;
- **REMAIN UNDER A DOCTOR'S CARE** - while receiving skilled Agency services;
- **NOTIFY US OF CHANGES IN YOUR CONDITION** - to notify us of perceived risks, changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status, or change of physician);
- **FOLLOW THE PLAN OF CARE** - and instructions and accept responsibility for the outcomes if you do not follow the care, treatment or service plan;
- **ASK QUESTIONS** - when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know;
- **REPORT PAIN** - discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel;
- **NOTIFY US OF SCHEDULE CHANGES** - to notify us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc.;

- **NOTIFY US OF INSURANCE CHANGES** - to inform us if your insurance coverage changes;
- **PROMPTLY MEET YOUR FINANCIAL OBLIGATIONS** - and responsibilities agreed upon with the agency;
- **FOLLOW THE ORGANIZATION'S RULES AND REGULATIONS**;
- **INFORM US OF CHANGES IN ADVANCE DIRECTIVES** - to inform us of the existence of, and any changes made to advance directives;
- **ADVISE US OF PROBLEMS** - to notify us of any problems or dissatisfaction with the services provided;
- **PROVIDE A SAFE ENVIRONMENT** - to provide a safe and cooperative environment for care to be provided (such as keeping pets confined, not smoking or putting weapons away during your care);
- **SHOW RESPECT & CONSIDERATION** - for Agency staff and equipment; and
- **CARRY OUT YOUR RESPONSIBILITIES** - to carry out mutually agreed responsibilities.

### ***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 you get quality health care
- ***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.

***✓ We keep anything we learn about you confidential.***

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

following circumstances;

1. In emergency treatment situations, if we attempt to obtain consent as soon as practicable after treatment;
2. Where substantial barriers to communicating with you exist and we determine that the consent is clearly inferred from the circumstances;
3. Where we are required by law to provide treatment and we are unable to obtain consent;
4. Where the use or disclosure of medical information about you is required by federal, state or local law;
5. 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);
6. 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;
7. 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;
8. 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;
9. 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;
10. 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);

11. To avert a 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;
12. 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; and
13. 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:

1. Use of a directory (includes name, location, condition described in general terms) of individuals served by our Agency; and
2. 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 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); and
- 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.

## SECTION IV: Advance Directives

It is your right to decide about the medical care you will receive. You have the right to be informed of treatment options available before giving consent for medical treatment. You also have the right to accept, refuse, or discontinue any treatment at any time. Everyone who provides health care services to you is responsible for following your wishes. However, there may be times when you may not be able to decide or make your wishes known. Many people want to decide ahead of time what kinds of treatment they want to keep them alive. An Advance Directive allows your wishes for treatment to be known in advance.

Our Agency complies with the Patient Self-Determination Act of 1990 which requires us to:

- provide you with written information describing your rights to make decisions about your medical care;
- document advance directives prominently in your medical record and inform all staff;
- comply with requirements of state law and court decisions with respect thereto; and
- provide care to you regardless of whether or not you have executed an advance directive.

**An Advance Directive** is a document written before a disabling illness. The Advance Directive states your choice about treatment and may name someone to make treatment choices, if you cannot.

### **In New York State, there are four types of Advance Directives:**

- **A *Health Care Proxy*** lets you appoint a health care agent—that is, someone you trust to make health care decisions for you if you are unable to make decisions for yourself.
- **A *Living Will*** allows you to leave written instructions that explain your health care wishes, especially about end-of-life care. You cannot use a Living Will to name a health care agent; you must use a Health Care Proxy.
- **A *Living Will*** together with a *Health Care Proxy* lets you state your health care wishes and name a health care agent.
- **A *Do Not Resuscitate Order (DNR)*** only lets you express your wish to do without cardiopulmonary resuscitation (CPR)—that is, emergency treatment to restart your heart and lungs if your heartbeat or breathing stops.

We will abide by your advance directives. Care will be provided to you regardless of whether or not you have executed the advance directives. It is our policy to honor advance directives to the extent permitted by law and to support a patient's right to actively participate in making health care decisions.

Unless the physician has written the specific order ‘DO NOT RESUSCITATE’, it is our policy that every patient will receive cardiopulmonary resuscitation (CPR). If you do not wish to be resuscitated, you, your family, must request “Do Not Resuscitate” (DNR) orders from your physician. These orders are documented in your medical record and routinely reviewed; however you may revoke your consent to such an order at any time.

- **Your directive must be signed in the presence of two witnesses. At least one of the witnesses may not be:**
  - Related by blood or marriage
  - Entitled to any portion of your estate at the time of death
  - Attending physician
  - Employee of attending physician
  - Employee in a health care facility in which you are a patient, if the employee is providing direct care to you or is directly involved in the financial affairs of the health care facility
  - Any person with a claim against any portion of your estate at the time you sign the directive

## **SECTION V: SAFETY**

Home accidents are a major cause of injury and death, especially for those over the age of 60. As people grow older, they may be less agile and their bones tend to break more easily. A simple fall can result in a disabling injury. All patients need to take special precautions to ensure a safe living environment.

Most accidents in the home can be prevented by the elimination of hazards. Use the attached checklists to determine the safety level of your home. Check each statement that applies to your home or to your habits in your home. Then review the unchecked boxes to determine what else you can do to make your home a safer place to live.

### **GENERAL SAFETY**

- Emergency Phone numbers are posted by each telephone
- Outside doors are kept locked at all times and not opened to an unfamiliar face. Ask for identification and call someone to verify who they say they are.
- Door-to-door salesmen are not let into your home. They are asked to come back when a friend or family member will be with you.
- Valuables that may be easily stolen are kept out of sight.
- Telephone and television solicitations are not accepted. “If it sounds too good to be

true, it probably is.”

- Household maintenance (painting, roofing, etc.) is scheduled with a reputable company. Have a friend or family member assist you.

## **ELECTRICAL SAFETY**

- Electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Electrical equipment bears the Underwriters Labs (UL) label.
- An adequate number of outlets are located in each room where needed.
- There are no “octopus” outlets with several plugs being used. Electrical outlets are grounded.
- Lighting throughout the house is adequate.
- Burned out lights are replaced.

## **PREVENTING FALLS**

- Stairways and halls are well lighted.
- Night-lights are used in the bathroom, halls and passageways.
- A flashlight with good batteries or a lamp is within easy reach of your bed.
- Throw rugs are removed or have a nonskid backing and are not placed in traffic areas.
- All clutter is cleared from the house, especially from pathways.
- Electrical and telephone cords are placed along walls, not under rugs and away from traffic areas and do not cross pathways.
- There are no step stools without high handrails.
- Handrails are used on stairs and securely fastened.
- Grab bars are installed by the shower, tub or toilet.
- Shower stools or non-skid strips are attached to bottom of tub.
- Elevated toilet seats and stools are used, if needed.
- Spills are cleaned up immediately.
- Outside walks are kept clear of snow and ice in the winter.
- Outside steps and entrances are well lighted.
- You are aware of any medications being taken which may cause dizziness or unsteadiness.
- Alcoholic beverages are limited to no more than two per day.
- When in a seated or lying down position, stand up slowly.
- A cane can be used for extra stability.
- Steps and walkways are in good condition and are free of objects.
- Steps have non-skid strips or carpeting is securely fastened and is free from holes and fraying.
- Light switches are located at the top and bottom of stairways and at both ends of long halls.
- Doors do not swing out over stair steps.
- Clearance in the stairway provides adequate head room.
- Porches, balconies, terraces and other elevations or depressions are protected by

railings or otherwise protected.

## **KITCHEN SAFETY**

- Curtains are kept away from the stove and other open flame areas.
- An exhaust hood with filters is present which discharges directly to the outside. The fan is turned on when cooking.
- Counter space is kept clean and uncluttered.
- Pan handles are turned away from burners and the edge of the stove.
- Hot pan holders are kept near the stove.
- Heavy items are not stored above your easy reach.
- Cooking on high heat with oils and fat is avoided.
- Clothing with loose sleeves is not worn when cooking.
- Refrigeration and proper storage is used to avoid food poisoning.
- Kitchen appliances are turned off when they are not being used.

## **BATHROOM SAFETY**

- Bath tub or shower has a non-skid mat or strips in the standing area.
- Bath tub or shower doors are glazed with safety glass or plastic.
- Grab bars are installed on the walls by the bath tub or toilet.
- Towel bars and the soap dish in the shower are made of durable materials, are firmly installed and are not used as grab bars.
- Electrical appliances (radios, TVs, heaters) are kept away from the bathtub or shower.
- The water heater thermostat is set below 120°F to prevent accidental scalding. Night lights are used to brighten the way to the bathroom at night.

## **HAZARDOUS ITEMS AND POISONS**

- Care is used in storage of hazardous items. They are stored only in their original containers.
- You know how to contact your poison control team.
- Products that contain chlorine or bleach are not mixed with other chemicals.
- The risk of insecticides is understood. They are only bought for immediate need and excess is stored or disposed of properly.
- Hazardous items, cleaners and chemicals are kept out of reach of children and confused or impaired adults.
- Household trash is disposed of in a covered waste receptacle outside the home.

## **MEDICATION SAFETY**

- Medications are never taken that are prescribed for someone else.
- All of your medications (including prescription, over-the-counter, vitamins, herbals) are written down and the list shown to your doctor or pharmacist to keep

from combining drugs inappropriately. If there are any changes, they are added to the list immediately.

- You know the name of each of your medicines; why you are taking it; how to take it; what foods to avoid or other things to avoid while taking it; and its potential side effects.
- Medication allergies and any medication side effects are reported to your healthcare provider.
- Medications are taken exactly as instructed. If the medication looks different than you expected, ask your health care provider or pharmacist about it.
- Alcohol is NOT used when you are taking medicine.
- Medicines are not stopped or changed without your doctor's approval, even if you are feeling better.
- A chart or container system (egg carton or med-planner) is used to help you remember what kind, how much, and when to take medicine.
- Your medicine is taken with a light on so you can read the label.
- Medicine labels (including warnings) are read carefully and medicines are kept in their original containers.
- Medications are stored safely in a cool/dry place according to instructions on the label of the medication.
- If you miss a dose, you do not double the next dose later.
- Old medications are disposed of safely by flushing them down the toilet or disposed of as directed.
- Medicines are kept away from children and confused adults.

## **MEDICAL EQUIPMENT/OXYGEN**

- Manufacturer's instructions for specialized medical equipment should be kept with or near the equipment.
- Routine and preventive maintenance is performed according to the manufacturer's instructions.
- Phone numbers are available in the home to obtain service in case of equipment problems or equipment failure.
- Backup equipment is available if indicated.
- Manufacturer's instructions are followed for providing a proper environment for specialized medical equipment.
- Adequate electrical power is provided for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Equipment batteries are checked regularly by a qualified service person.
- Bed side rails are properly installed and used only when necessary. Do not use bed rails as a substitute for a physical protective restraint.
- Mattress must fit the bed. Excess space between the mattress and bed side rails could cause the patient to become trapped.
- Protective barriers are used with bed side rails to reduce gaps in which the patient could be accidentally trapped.
- All oxygen equipment is kept away from open flame.
- There is no smoking around oxygen.

- Oxygen is not allowed to freeze or overheat.
- If you have electrically powered equipment such as oxygen or ventilator, you are registered with your local utility company.

## **FIRE SAFETY PRECAUTIONS**

All family members and caregivers are familiar with emergency 911 procedures. Fire department is notified if a disabled person is in the home.

- There is no smoking in bed or when oxygen equipment is being used.
- The heating system is checked and cleaned regularly by someone qualified to do maintenance. Space heaters, if used, are maintained and used according to the manufacturers specifications.
- There are exits from all areas of the house. You know your fire escape routes and have two planned exits. If your exit is through the ground floor window, it opens easily.
- The garage is adequately ventilated.
- If you live in an apartment building, you know the exit stairs location.
- Hallways are kept clean.
- Elevators are not used in a fire emergency.
- A fire drill/safety plan is prepared.
- An escape route is practiced from each room in your home.
- The fire department number is always posted for easy viewing at all times.
- Fire extinguishers are checked frequently for stability.
- Smoke detectors are in place in hallways and near sleeping areas.
- Smoke alarm batteries are checked and installed when you change your clocks for daylight savings time in the spring and fall.
- If your fire escape is cut off, remain calm, close the door and seal cracks to hold back smoke. Signal for help at the window.
- A bed bound patient can be evacuated to a safe area by placing him/her on sturdy blanket and pulling/dragging the patient out of home.
- Remember, life safety is first, but if the fire is contained and small, you may be able to use your fire extinguisher until the fire department arrives.

## **POWER OUTAGE**

In case of a power outage, if you require assistance and our Agency phone lines are down, do the following:

- If you are in a crisis or have an emergency situation, call 911 or go to the nearest hospital emergency room.
- If it is not an emergency, call your closest relative or neighbor. Our Agency will get in touch with you as soon as possible.

## **EMERGENCY PREPAREDNESS INFORMATION**

In the unlikely event of a disaster (hurricane, tornado, or flood) every possible effort will be made to ensure that your medical needs are met.

## **WEATHER CONDITIONS:**

In the event of inclement weather, we will follow these guidelines regarding travel during the hurricane season. Every effort will be made to make sure you receive the care you need. The safety of our staff however, as they try to make visits must be considered. When roads are too bad to travel, our staff will, if possible, contact you by phone to let you know that they are unable to make your visit that day. Natural disasters shall be defined and determined by the guidelines set forth by the National Weather Service and/or governing state. Most home health services are not life-supporting and can therefore be suspended for brief periods of time without placing the patient at great risk. The Agency shall maintain a written plan which outlines, controls and directs protective measures to be taken in the event of a natural disaster, emergency, or unforeseen interruption in Agency services. All patients, upon admission will be oriented to the disaster plan. Patient will be knowledgeable of disaster needs, including the need to evacuate, survival needs and special needs. Patients will be given safety information to help them during disasters, emergency preparedness and unforeseen circumstances. This information is provided as a helpful reminder and in no way makes the Agency responsible for patient safety during a disaster or emergency.

## **FLOODS**

Floods are the most common and widespread of all natural hazards. Some floods can develop over a period of days, but flash floods can result in raging waters in just a few minutes. Be aware of flood hazards, especially if you live in a low-lying area, near water or downstream from a dam. Assemble a disaster supplies kit. Include a battery-operated radio, flashlights and extra batteries, first aid supplies, sleeping supplies and clothing. Keep a stock of food and extra drinking water.

### **If local authorities issue a flood watch, prepare to evacuate:**

- Secure your home. Move essential items to the upper floors of your house.
- If instructed, turn off utilities at the main switches or valves. Do not touch electrical equipment if you are wet or standing in water.
- Clean the bathtub and fill it with water in case water becomes contaminated or services are cut off.
- Six inches of moving water can knock you off your feet. If you must walk in a flooded area, do not walk through moving water.
- Use a stick to check the firmness of the ground in front of you.

## **LIGHTNING**



Inside a home, avoid bathtubs, water faucets and sinks because metal pipes can conduct electricity. Stay away from windows. Avoid using the telephone, except for emergencies. If outside, do not stand underneath a natural lightning rod such as a tall, isolated tree in an open area. Get away from anything metal, including tractors, farm equipment, bicycles, etc.

## **WINTER STORMS**

Heavy snowfall and extreme cold can immobilize an entire region. Even areas which normally experience mild winters can be hit with a major snow storm or extreme cold. The results can range from isolation due to blocked roads and downed power lines to the havoc of cars and trucks sliding on icy highways.

### **Gather emergency supplies:**

- A battery powered radio.
- Food that doesn't require cooking and a manual can opener.
- Your medications.
- Extra blankets.
- Extra water in clean soda bottles or milk containers.
- Rock salt to melt ice on walkways and sand to improve traction.
- Flashlights, battery-powered lamps and extra batteries. Candles are a fire hazard.
- Make sure you have enough heating fuel as regular fuel sources may be cut off.

### **Dress for the season:**

- Wear several layers of loose-fitting, light-weight, warm clothing rather than one layer of heavy clothing. The outer garments should be tightly woven and water repellent.
- Mittens are warmer than gloves.
- Wear a hat: most body heat is lost through the top of the head.

## **SECTION VI: INFECTION CONTROL IN THE HOME**

Cleanliness and good hygiene help prevent infection. "Contaminated materials" such as bandages, dressings or surgical gloves can spread infection, and harm the environment. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with them. Certain illnesses and treatments (i.e., chemotherapy, dialysis, AIDS, diabetes, burns) can make people more susceptible to infection. Your Nurse will instruct you on the use of protective clothing (gowns/gloves) if they are necessary. Notify your physician and/or home care staff if you develop any of the following signs and symptoms of infection:

- pain / tenderness / redness or swelling of body part
- inflamed skin / rash / sores / ulcers / fever or chills

- painful urination / sore throat /cough
- confusion / increased tiredness / weakness
- nausea /vomiting /diarrhea / pus (green/yellow drainage)

***You can help control infection by following these guidelines:***

## **WASH YOUR HANDS**

Wash your hands before and after giving any care to the patient (even if wearing gloves), before handling or eating foods, and after using the toilet, changing a diaper, handling soiled linens, touching pets, coughing, sneezing or blowing nose. Hand washing needs to be done frequently and correctly: Remove jewelry; use warm water and soap (Liquid soap is best); hold your hands down so water flows away from your arms; scrub for at least 10/15 seconds (30 seconds recommended), making sure you clean under your nails and between your fingers; dry your hands with a clean paper towel; and use a new paper towel to turn off the faucet. Apply hand lotion after washing to help prevent and soothe dry skin.

***Washing your hands is the single most important step in controlling the spread of infection.***

## **SPILLS IN THE HOME**

### **Cleaning up blood and other body fluids- STEP BY STEP**

1. Follow all Universal Precautions concerning Personal Protective Equipment (PPE). Put on two (2) pair of gloves, one over the other.
2. Isolate the contaminated area.
3. Flood the contaminated area with a disinfecting agent or a mixture of household bleach mixed 1:10 with water. (One part bleach to ten parts water. Bleach may ruin fabric or fibers. Check with patient and supervisor if uncertain).
4. Wipe or soak up spills with paper towels or other absorbing material.
5. Dispose of each paper towel or absorbent material into a plastic bag.
6. Flood the area a second time and allow to set at least 10 minutes, and repeat the absorbing process.
7. Remove outer gloves and place in plastic bag and close bag. Place this bag in a second plastic bag.
8. Remove protective clothing and equipment and place in second plastic bag along with inner gloves.
9. Close and tie second bag.
10. Wash hands and wrist with soap and water.
11. Return contaminated items in double plastic bags to the Agency supply clerk to place in special locked biohazard container until pick-up from waste disposal company.

## **COVID-19**

a. All staff will be educated to screen for fever, cough and other respiratory symptoms. All staff should monitor themselves twice daily for fever and be alert to symptoms of COVID-19; fever and respiratory symptoms. Any evidence of these symptoms and the staff member is told NOT to report to work OR sent home.

b. Patients to notify agency about any travel (the patient, their family or friends) that has taken place in the past 14 days to areas where there is increased risk for transmission of the virus, any symptoms of fever, cough and respiratory symptoms, any exposure or contact with someone with or under investigation or the virus, is actually ill with respiratory symptoms or illness or reside in an area or community where the spread of COVID-19 is occurring.

c. The patient should notify agency immediately if they experience fever, cough, and/or respiratory symptoms.

d. Patients should screen themselves every day, prior to aide arriving for fever and notify agency any temperature greater than 99.9.

e. All patients and staff should wear N-95 masks and eye protection, along with standard PPE to wear when caring for patients who are exhibiting symptoms.

f. Patients should stay updated on all covid-19 updates via CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and NYS at <https://coronavirus.health.ny.gov/home>.

g. The agency will not send an aide to care for a patient if the patient is covid positive until isolation and all other criteria are met per CDC/NYS.

h. All agency staff will follow guidelines from NYS Dept. of Health regarding exposures, symptoms, confirmed and suspected covid-19, and traveling.

## **SECTION VII: ON-CALL GUIDELINES**

It shall be the policy of this Agency to ensure patients have access to nursing resources after hours to answer questions and provide medical support when a patient's condition so dictates. The on-call system is not intended to serve as an emergency response process but is to be utilized as needed and serves as an extension of routine nursing after hours. Patients are instructed during the admission process and throughout the course of care on how to activate emergency assistance and what constitutes the need for same. Calls are answered by the answering system after hours, weekends and holidays. Our healthcare professionals do not carry medications with them and will not administer any medications unless ordered to do so by a physician. The following is a sample list of reasons to contact our Agency after regular hours:

**CHEST PAINS:** Chest pain usually requires that you be seen by your physician either in the office or emergency room for diagnostic studies.

**TEMPERATURES:** Elevations in temperature above 100.6F should be called in and instructions may be given over the telephone. A home visit may be necessary.

**RESPIRATORY DISTRESS:** Severe respiratory distress usually requires evaluation by your physician. You may be instructed in ways to ease shortness of breath and the proper use of respiratory aids or oxygen if these are ordered by your physician.

**CATHETERS:** Catheters are not an emergency unless you are in pain and unable to urinate. If the catheter does not drain, or comes out and you are unable to urinate, you may need to call. If it is leaking or comes out, pad the bed well with absorbent cloths and call, so someone can be scheduled to visit you.

**FEEDING TUBES:** If the feeding tube comes out partially or completely, do not attempt to reinsert or remove it. Call the Agency for directions.

**FALLS OR INJURIES:** Notify the nurse or call 911.

## **SECTION VIII: CONSENTS**

As part of the admission process, we ask for your consent to treat you, release information relative to your care, and to collect payments directly from your insurer. You or your legal representative must sign the appropriate consents before we can admit you.

**CONSENT FOR TREATMENT & SERVICES** - We require your permission before we can treat you. The treatments that we provide will be prescribed by your doctor and carried out by a professional health care staff; without your or your representative's consent, we cannot treat you.

You may refuse treatment at any time. If you decide to refuse treatment, we may ask you for a written statement releasing us from all responsibility resulting from such action.

**RELEASE OF INFORMATION** - Your medical record is strictly confidential and protected by federal law. We may release protected health information, as explained in our Notice of Privacy Practices, in order to carry out treatment or health care activities. Protected health information may be received or released by various means including telephone, mail, fax, etc.

**CONSENT TO PHOTOGRAPH-** If we take photographs of you for use in treatment or for other purposes, you allow us to use the pictures as we deem appropriate.

**ADVANCE DIRECTIVES** - You must tell us if you have a living will or a durable power of attorney for health care so that we may obtain a copy to allow us to follow your directives. We will provide you care whether or not you have executed either of these documents, but having an advance directive may have an impact on the type of care provided during emergency situations.

**PATIENT SATISFACTION  
SURVEY**



The Agency recognizes that it is your choice to have us provide home health care to you and we are constantly striving to improve our services. Your response to this survey would be greatly appreciated and will assist in our quality improvement efforts.

Please answer the question with YES or NO or NA is non applicable.

- |   | YES | NO | NA |
|---|-----|----|----|
| 1. Were you treated with respect and dignity by:                        |     |    |    |
| Nurse   | •   | •  | •  |
| Home Health Aide  | •   | •  | •  |
| Physical Therapist  | •   | •  | •  |
| Occupational Therapist  | •   | •  | •  |
| Speech Therapist  | •   | •  | •  |
| Medical Social Worker   | •   | •  | •  |
| 2. Were your needs met?   | •   | •  | •  |
| 3. Were you included in your care?                                      | •   | •  | •  |
| 4. Were the procedures explained to you?                                | •   | •  | •  |
| 5. Do you know how to voice a complaint?                                | •   | •  | •  |
| 6. Do you understand Agency charges, what is covered by your insurance? | •   | •  | •  |
| 7. Do you understand your rights?                                       | •   | •  | •  |
| 8. Would you recommend our services to friends and family?              | •   | •  | •  |

**COMMENTS & SUGGESTIONS:**


Survey completed by: \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date sent to Patient \_\_\_\_\_

Date received by Agency: \_\_\_\_\_