

# PATIENT HANDBOOK



**SUMMIT**  
ORTHOPAEDIC HOME CARE

6920 Parkdale Place Suite 110  
Indianapolis, Indiana 46254  
Phone: 317-245-7236 Fax: 317-245-7280



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## **WELCOME & PHILOSOPHY**

Summit Orthopaedic Home Care 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.

The mission of Summit Orthopaedic Home Care is to serve the community by providing accessible, efficient, quality healthcare in an atmosphere of compassion. We are dedicated to promoting the physical and emotional well-being of our patients and all who come in contact with our agency. Because of this commitment, we strive to demonstrate our belief in the dignity and worth of each individual and respect your rights.

We are also committed to ensuring your rights and privileges as a healthcare patient. Many aspects of our services and procedures may be new to you. We have prepared this booklet to assist you in becoming better acquainted with us, to help you understand the home health care process, and explain your rights as a patient. If you have additional questions, please do not hesitate to ask us.

We subscribe to the philosophy that we are guests in your home, and we believe in treating you and your family with the utmost respect and dignity that comes with being an invited guest.

Through total quality management, we maintain our commitment to excellence and will accept nothing less from our staff. Selecting Summit Orthopaedic Home Care needs is the "best medicine" for your recovery.

Our experience in providing the finest home health care in the area have earned us high marks with the most important people in the world- our satisfied patients.

**Our entire health care team joins in wishing you a rapid recovery.**

**PATIENT CARE, you have the right:**

1. To be involved in your care planning, including education of the same, from admission to discharge, and to be informed in a reasonable time of anticipated termination and/ or transfer of service.
2. To receive reasonable continuity of care.
3. To be informed of your rights and responsibilities in advance concerning care and treatment you will receive, including any changes, the frequency of care/ service and by whom (disciplines) service will be provided.
4. To be informed of the nature and purpose of any technical procedure that will be performed, including information about the potential benefits and burdens as well as who will perform the procedure.
5. To receive care/ service from staff who are qualified through education and / or experience to carry out the duties for which they are assigned.
6. To be referred to other agencies and /or organizations when appropriate and be informed of any financial benefit to the referring agency.

**RESPECT AND CONFIDENTIALITY, you have the right:**

1. To be treated with consideration, respect, and dignity, including the provision of privacy during care.
2. To have your property treated with respect.
3. To have staff communicate in a language or form you can reasonably to expected to understand and when possible, the organization assists with or may provide special devices, interpreters, or other aids to facilitate communication.
4. To maintain confidentiality or your clinical records in accordance with legal requirements and to anticipate the organization will release information only with your authorization or as required by law.
5. To be informed of the organization's policies and procedures for disclosure of your clinical record.

**FINANCIAL ASPECTS OF CARE, you have the right:**

1. To be informed of the extent to which payment for the home care services may be expected from Medicare, Medicaid or any other payer.
2. To be informed of charges not covered by Medicare and / or responsibility for any payment(s) that you may have to make.
3. To receive this information orally and in writing before care is initiated and within 30 calendar days of the date the organization becomes aware of any changes.

**SELF-DETERMINATION, you have the right:**

1. To refuse all or part of your care/treatment to the extent permitted by law and to be informed of the expected consequences of said action.
2. To be informed in writing of rights under state law to formulate advance directives.
3. To have the organization comply with advance directives as permitted by state law and state requirements.
4. To be informed of the organization's policies and procedures for implementing advance directives.
5. To receive care whether or not you have an advance directive(s) in place, as well as not to be discriminated against whether or not you have executed an advance directive(s).
6. To be informed regarding the organization's policies for withholding of resuscitative services and the withdrawal of life – sustaining treatment, as appropriate.
7. To not participate in research or not receive experimental treatment unless you give documented voluntary informed consent.
8. To be informed of what to do in an emergency.
9. To participate in consideration of ethical issues that may arise in your care.



family members and caregivers on disease processes, self-care techniques and prevention strategies.

- **Physical, Occupational and Speech Therapy** services are provided by a licensed therapist or licensed therapy assistant under the direction of the physician. Your therapist will provide specific information about the services and treatments you will receive.
- **Medical Social Worker** provides short-term counseling services, referral to and coordination with community resources and assistance with living arrangements, finances, and long-range planning.
- **Home Health Aide** services are delivered under the supervision of a registered nurse or licensed therapist. Our aides have experience and training in providing care in the home. An aide is assigned when there is a specific need for personal care on a part-time basis at home. Any duties the home health aid performs will be planned by you and the nurse and added to your plan of care. Typical duties include bathing, shampooing hair, changing bed linen, and assistance with other activities of daily living.
- **Supplies/Therapy:** Medical supplies and therapy may be required to carry out your plan of care. All medically necessary therapy services or medical supplies must be coordinated with the home health agency while you are receiving Medicare covered home health services. If you arrange for these services or supplies on your own while under our plan of care, Medicare will not reimburse you or the other suppliers.
- **DME-Durable medical Equipment** (walker, wheelchair, hospital bed, ect.) is covered separately and may be supplied by the home health agency or an outside Medicare-certified supplier of your choice.
- **Wound Care:** Our nurses have specialized wound v.a.c. training and continuing education in wound care.

## WEATHER

During the snow, ice and flood season 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 able or unable to make your visit that day. (Refer to client classification of monitoring needs-reference I. II. III.)

## EMERGENCY CARE PLAN

In the event of a problem, emergency or natural disaster, we will implement our plan, which categorize patients according to the client's classification of monitoring needs. (I. II. III.)

- Keep a copy of your Emergency Care Plan with your emergency numbers available for reference (911 for many situations)
- Remember how to contact us during the day at (614)-866-8158. After business hours, you can reach the nurse by calling their phone number listed on your copy of the emergency care plan.

## CHARGES

### **The Cost of Care**

In most cases, home health care is paid for by insurance companies, whether; you're covered by a private insurer or government program. Summit Orthopaedic Home Care will provide you with an analysis of your benefits by verifying the extent of your home care service coverage.

We accept payment for services from Medicare, Medicaid, Worker's Compensation, private insurance or private pay. For most services, there is no cost to you if you are an eligible beneficiary of Medicare or Medicaid. 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.

## **PLANS FOR CARE, TREATMENT & SERVICES**

We involve you, your caregiver or designee, 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:

- Nursing Care
- Personal Care
- ERS
- Medication Management
- Rehabilitation Therapy
- Discharge Planning

The plan is reviewed and updated as needed, based on you changing needs. We encourage your participation and will provide the necessary medical information to assist you. 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 happen, we would 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**

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

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

You will be given advanced notice of a transfer to another agency or discharge, except in case of an 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 patients chart. When a discharge occurs, an assessment will be done and



**Notice about privacy for patients who DO NOT have Medicare or Medicaid coverage.**

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

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

(This is a Medicare & Medicaid Approved notice)



**PRIVACY ACT STATEMENT-HEALTH CARE RECORDS**

**THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (*the Privacy Act of 1974*)**

**THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.**

- **Authority for collection of your information, including your social security number, and whether of not you are required to provide information for this assessment.** Section 1102(a), 1154, 1861 (o), 1861 (z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must so a complete assessment that accurately reflects your current health and includes information that can be used to show your progress towards your health goals. The home health agency must use the "Outcome and Assessment information Set" (OASIS) when evaluating you health. To do this, the agency must get information from every patient. This information is used by the Centers of Medicare and Medicaid Services (CMS, the federal Medicare and Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

- **Principle purposes for which your information is intended to be used**

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- Support litigation involving the Centers for Medicare and Medicaid Services;
- Support regulatory, reimbursement, and policy functions performed within the Centers for Medicare and Medicaid Services or by a contractor or consultant;
- Study the effectiveness and quality of care provided by those home health agencies
- Survey and certification of Medicare and Medicaid home health agencies;
- Provide for development, validation, and refinement of a Medicare Prospective payment system;

# ADVANCE DIRECTIVES

On October 10, 1991, an Ohioan law went into effect that authorized Living Wills and made substantial revisions to the Durable Power of Attorney for Health Care. These laws will enable Ohioans to specify whether-under certain circumstances-they would want their lives prolonged.

Patients, of course, have the right to accept or refuse medical care while they have the capacity to make such decisions. The Living Will serves as a statement by the patient of his or her desires concerning the giving or withholding of life sustaining treatment when the patient has lost the capacity to make health care decisions and is in (1) a terminal or (2) a permanently unconscious state.

In no event may comfort care- measures that would relieve pain and suffering- be discontinued. Also, if a patient is pregnant, the law prohibits any measures that would endanger the life of the fetus unless the fetus is not expected to be born alive.

## **What are my rights regarding medical treatment decisions?**

You have the right to make you own medical treatment decisions. If you do not want certain treatments, you have the right to tell your doctor you do not want them.

Most patients can express their wishes to their doctor, but some who are seriously injured or unconscious cannot. However, you have the right to make you wishes know before such a situation occurs.

## **What if I am too sick to decide or unable to communicate my wishes?**

Sometimes people cannot tell their doctor about the kind of care they want because they become too sick and unable to communicate. Under Ohio Law, you have the right to fill out a form-while you are still able- that tells your doctors what you want done if you are unable to communicate your wishes.

## **What kinds of forms are available?**

Under Ohio Law, there are two different forms you can use to make your wishes known:

### **DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

This form allows you to appoint any adult relative or friend you trust to speak for you as your agent to make all health care decisions for you, should you become terminally ill and unable to communicate, or temporarily or permanently unable to make decisions for yourself. Be sure to talk to that person about your wishes of what you want and don't want. Then write then down on you durable power of attorney form.

### **LIVING WILL**

This form allows you to give advance written directions about all your health care decisions when you are terminally ill and unable to communicate or in a permanently unconscious state. These documents are referred to as advance directives because they are signed in advance to let your doctor and others know your wishes concerning medical treatment.

## **Do I have to fill out these forms before I get medical care?**

No. As a competent adult, you do not need to have a written document to communicate with your doctors. Additionally, no person or health care provider can require you to fill out either of these forms. Completing one or both of these forms is a voluntary action on your part.



# **SAFETY**

Home accidents are a major cause of injury and death, especially for those over 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.

## **GENERAL SAFETY**

- Emergency phone numbers are posted by each telephone
- Outside doors are kept locked at all times. Do not open the door 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 a 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, ect.) 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 tabs (UL) label.
- An adequate number of outlets are located in each room where needed. There are no outlets with several plugs being used.
- Electrical outlets are grounded
- Lighting throughout household is adequate.
- Burned out lights are replaced

## **PREVENTING FALLS**

- Stairways and halls are well lit
- 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 the walls- not under rugs- and away from traffic areas and do not cross pathways
- There are no step stools without handrails
- Handrails are used on stairs and securely fastened
- Grab bars are installed by the shower, tub, or toilet
- Shower stool or non-skid strips are attached to the bottom of tub/shower
- 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 lit
- 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



## **MEDICATION SAFETY**

- Medications are never taken that are prescribed to someone else.
- All of your medications (including prescriptions, 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 you take the 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 original containers
- Medications are stored safely in a cool/dry place according to instructions on the label
- If you miss one 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

Summit Orthopaedic Home Care staff will teach you many things about you medicines. If you have questions, please write them down so we can be sure to answer them for you. We will teach you what any new or changed medicine look like, the name, dose, intended use and expected actions, storage, routine, contradictions and side effects of the medicines, as well as what to do if you miss a dose or take the wrong dose.

## **MEDICAL EQUIPMENT/ OXYGEN**

- Manufacturer's instructions for specialized medical equipment are 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 is 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
- 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 you local utility company

- If the patient is bedbound- move the patient's bed as far away from windows as possible. Cover the patient with heavy blankets or pillows being sure to protect the head and face. Then go to a safe area.
- If in a vehicle, trailer, or mobile home- get out immediately and go to a more substantial structure.
- If there is no shelter nearby- lie flat in the nearest ditch, ravine or culvert with your hands shielding your head.

### **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

### **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- battery powered radio, food that doesn't require cooking, your medication, extra blankets, extra water, 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; regular fuel source 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 layer 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)

## **INFECTION CONTROL AT HOME**

Cleanliness and good hygiene help prevent infection. "Contaminated materials" such as bandages, dressing, 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 (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 a body part
- Inflamed skin/ rash/ sores/ ulcers
- Pus (green/yellow drainage)
- Painful urination
- Confusion
- Nausea/ vomiting/ diarrhea
- Fever or chills
- Sore throat/ cough
- Increased tiredness/ weakness

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



# ON-CALL GUIDELINES

A licensed nurse is on call at our agency at all times, and is available after regular office hours. If you have a change in condition, please contact the office during regular office hours if possible so we can determine if a visit needs to be made and communicate with your physician if necessary. However, **we are available after regular office hours for urgent conditions only.** We do not carry medications with us and cannot give anything unless ordered by the physician. The following is a list of some reasons for which you may need to contact our agency after regular hours.

## CHEST PAINS:

- Chest pain requires that you need to be seen by your physician either in the office or emergency room for diagnostic studies.

## TEMPERATURES:

- Elevations in temperatures above 100 should be called in and instructions may be given over the telephone or 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, proper use of respiratory aids or oxygen if these are ordered by you physician.

## CATHETER:

- Catheters are not an emergency unless you are unable to urinate. Usually someone can wait 6-8 hrs a night without a catheter if they are not taking liquids. If the catheter does not drain or comes out and you are unable to urinate, you may need to call. You will be taught either to irrigate or to remove the catheter if it becomes stopped up. If it is leaking or comes out, pad yourself well with adsorbent cloths and call early in the morning so someone can be scheduled to visit you.

## FEEDING TUBE:

- If the feeding tube comes out partially, do not attempt to reinsert or remove it. Call the on-call nurse. If it comes out completely and you had a feeding at supper time, you can usually wait until the next morning unless you are a diabetic. Call the on-call nurse for direction. Also, if you receive medication through the tube, you should call for assistance.

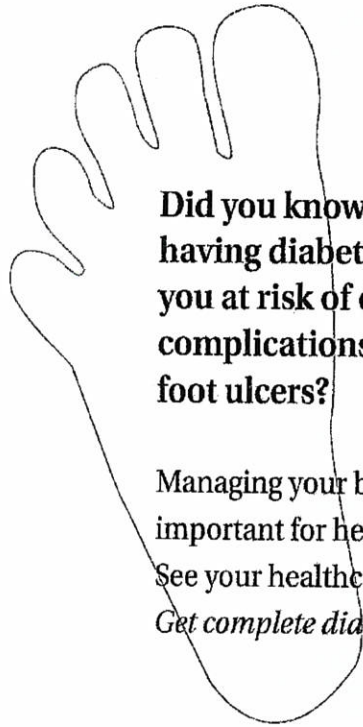
## FALLS OR INJURIES:

- Notify the on-call nurse or call 911

Routine supplies or equipment cannot be delivered after regular office hours. And questions you may have concerning these guidelines can be answered by you nurse or by calling the office during regular office hours.



# CARE TIPS FOR THE FEET



**Did you know that having diabetes puts you at risk of developing complications such as foot ulcers?**

Managing your blood sugar is important for healthy feet.  
See your healthcare provider –  
*Get complete diabetes education!*

## YEARLY EXAM NEEDED!

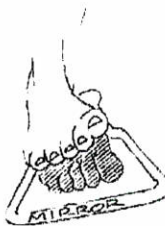
Have a health professional examine your feet at least once a year.

Find out if you have lower or higher risk feet.

## RISK FACTORS

- A previous foot ulcer
- Loss of normal feeling in your feet
- Abnormal shaped foot, including calluses and bunions
- Poor circulation to your feet

**Protect your feet! Follow these simple guidelines:**



1. **Check your feet daily**
  - Look for red areas, blisters or any open area.  
If you cannot do this yourself, have someone else check for you.
  - See your doctor or foot specialist right away if you find a problem!

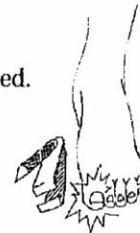


2. **Protect your feet - always wear shoes!**
  - Wear shoes that fit well, support your foot and are not too tight.  
Do not wear shoes that cause reddened or sore areas.
  - See a specialist for footwear advice if you have a higher risk foot.



3. **Keep your skin clean and soft**
  - Wash your feet regularly, but do not soak them.
  - Dry well between your toes. Check that the water is not too hot before putting your feet in it.
  - Use unscented creams. Do not put cream between the toes.

4. **Don't hurt yourself with nail clippers or razors**
  - Cut your nails straight across. Get help to cut your nails, if needed.
  - Don't cut calluses. See a local foot care clinic. Many are covered by the Ontario Health Insurance Plan (OHIP).



# CONSENTS

As part of the admission process, we ask for your consent to treat you, release information relative to your care, and allow us to collect payments directly from your insurer. You or your legal representative must sign the Admission Service Agreement 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 professional health care staff. Without you 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.

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

**AUTHORIZATION FOR PAYMENT-** We will directly bill your insurer for the services which we provide to you. You authorize us to collect payments on your behalf.

**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, payment and/or health care operations. Protected health information may be received or released by various means including telephone, mail, fax, ect. Patient outcome data (OASIS) will be collected and may be electronically transmitted to the State for use by Medicare.

**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 an emergency.

## NOTICE OF PRIVACY PRACTICES

Affordable Home Health Care, LLC  
Summit Orthopaedic Home Care  
6920 Parkdale Place Suite 110, Indianapolis, IN 46254

**Effective Date: June 12, 2015**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

*At Summit Orthopaedic Home Care ("SOHC"), we understand the importance of keeping your medical information confidential. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this therapy practice properly. We are required by law to maintain the privacy of protected health information, to inform our patients of our privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed in the last section of this notice.*

### **A. How SOHC May Use or Disclose Your Health Information**

SOHC collects health information about you and stores it in an electronic health record. This is your medical record. The medical record is the property of SOHC, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. **Payment.** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations.** We may use and disclose medical information about you to operate this therapy practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and



law enforcement officials, we will further comply with the requirements set forth below concerning those activities.

9. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
10. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
11. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if: (a) reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order; or (b) reasonable efforts have been made by the party seeking your information to secure a qualified protective order which prohibits the parties from using or disclosing your information for any purpose other than the litigation or proceeding and requires the return of your information to your health care provider or the destruction of your information at the end of the litigation or proceeding.
12. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
13. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
14. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
16. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this therapy practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this therapy practice, except that this therapy practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this therapy practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail or have viewed it on our website.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed in the last section of this Notice of Privacy Practices.





## DO NOT RESUSCITATE COMFORT CARE PROTOCOL

After the State of Ohio DNR Protocol has been activated for a specific DNR Comfort Care patient, the Protocol specifies that emergency medical services and other health care workers are to do the following:

### **WILL:**

- Suction the airway
- Administer oxygen
- Position for comfort
- Splint or immobilize
- Control bleeding
- Provide pain medication
- Provide emotional support
- Contact other appropriate health care providers such as hospice, home health, attending physician/CNS/CNP

### **WILL NOT:**

- Administer chest compressions
- Insert artificial air way
- Administer resuscitative drugs
- Defibrillate or cardiovert
- Provide respiratory assistance (other than that listed above)
- Initiate resuscitative IV
- Initiate cardiac monitoring

If you have responded to an emergency situation by initiating any of the **WILL NOT** actions prior to confirming that the DNR Comfort Care Protocol should be activated, discontinue them when you activate the Protocol. You may continue respiratory assistance, IV medications, etc., that have been part of the patient's ongoing course of treatment for an underlying disease.





**DNR IDENTIFICATION FORM**

**DNRCC**

(If this box is checked the DNR Comfort Care Protocol is activated immediately.)

**DNRCC—Arrest**

(If this box is checked, the DNR Comfort Care Protocol is implemented in the event of a cardiac arrest or a respiratory arrest.)

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender  M  F

Signature \_\_\_\_\_ (optional)

**Certification of DNR Comfort Care Status (to be completed by the physician)\***

(Check only one box)

**Do-Not-Resuscitate Order**—My signature below constitutes and confirms a formal order to emergency medical services and other health care personnel that the person identified above is to be treated under the State of Ohio DNR Protocol. I affirm that this order is not contrary to reasonable medical standards or, to the best of my knowledge, contrary to the wishes of the person or of another person who is lawfully authorized to make informed medical decisions on the person's behalf. I also affirm that I have documented the grounds for this order in the person's medical record.

**Living Will (Declaration) and Qualifying Condition**—The person identified above has a valid Ohio Living will (declaration) and has been certified by two physicians in accordance with Ohio law as being terminal or in a permanent unconscious state, or both.

Printed name of physician\*: \_\_\_\_\_

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

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

City/State \_\_\_\_\_ Zip \_\_\_\_\_

\* A DNR order may be issued by a certified nurse practitioner or clinical nurse specialist when authorized by section 2133.211 of the Ohio Revised Code.

**See reverse side for DNR Protocol**