

# PATIENT INFORMATION BOOKLET



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**Jose M Lara – Administrator**  
**Mayra Campos – Clinical Manager**  
**Carley McWhorter – Intake Coordinator**  
**Brad Sander – Office Manager**

Dear Client:

In order to accomplish your transition from acute care to care in the home environment, Continuity Care Home Health is pleased to provide you with answers to frequently asked questions and concerns.

### **SCOPE OF SERVICES**

Continuity Care Home Health is licensed by the Texas Department of Aging and Disability Services and by Medicare. We are licensed to provide the following services: Skilled Nursing, Home Health Aides, Medical Social Work, Occupational, Physical, Speech Therapies. Any services provided by unlicensed personnel are done so under the discretion of a registered nurse.

### **CERTIFICATION OF UNDERSTANDING**

The patient/client agrees to comply with the prescribed procedures and medications, will keep appointments for care with the physician as well as with the home care agency. It is understood that by not following procedures as prescribed, the patient/client may be of risk of developing complications.

The nurse/physician has explained that should the patient/client require emergency care, the emergency access phone number, 911, should be called immediately.

### **RECORD POLICIES/CONFIDENTIALITY/EXCERPT**

Confidentiality/Agency Use of Records

All clinical records and the contents are confidential and will be protected from loss and unauthorized use.

Patient care records will be maintained in the agency (with pertinent information maintained in the patient's residence as indicated) and will be available to administrative, service delivery, and clerical staff who require the use of records in the performance of agency services or their job requirements. Billing records will be maintained and will be available administrative, financial, and clerical staff who require the use of records in the performance of agency services or their job requirements.

Records will be made available to properly authorize State and Federal agency staff for the purpose of agency audits and certification/licensure reviews.

#### **Client Access to Records:**

Patients wishing to review the contents of their clinical records must submit a written request to the Administrator. The request must identify the specific portions of the record to be reviewed.

The Administrator will notify the patient's attending physician that the patient has requested to review the medical record.

The Administrator will make arrangements with the patient to review the medical records.

Under no circumstances will the record be removed from the agency. The Administrator or designee shall be present at all times during the review.

### **REQUIREMENTS FOR COVERAGE**

Individuals who are beneficiaries under the Medicare program may receive home health services at 100% coverage in most cases. Medicare coverage is subject to the following criteria, which must be met on admission and continue to be met throughout the stay of service.

1. Patient must have a medical necessity which requires skilled nursing or therapy services.
2. The patient must be under the care of a physician.
3. A physician must order the services.
4. The patient must be essentially homebound.

Individuals who are not beneficiaries of the Medicare program must meet their individual health plan's coverage criteria.

Your physician must submit written orders to this agency specifying the care which you are to receive. These orders will be reviewed periodically and will include specific orders requiring the level of care which a registered nurse, therapist, social worker or home health aide will provide.

## **PAYMENT FOR HOME CARE SERVICES**

Continuity Care Home Health will bill Medicare or your insurance carrier for those services which the agency determines meet the requirements for payment.

Continuity Care Home Health will bill Medicare or your insurance carrier for rendering services that were requested by your attending physician.

Continuity Care Home Health will bill you for your deductible and/or co-payment, if applicable.

***Home Health Services covered under the Medicare program are covered at 100%, meaning you pay \$0. However, durable medical equipment and certain types of supplies are only covered at 80%. The agency providing these items will notify you of any co-payments necessary before delivering these items.***

Please note that certain medical supplies as well as outpatient therapy services are bundled under your Medicare home health benefit. This includes physical, occupational and speech therapy services provided at a hospital or other facility. ***Before ordering any medical supplies or receiving outpatient therapy, please notify our office to ensure that you will have no out-of-pocket expenses.***

## **SCHEDULE OF VISITS/TREATMENTS**

Continuity Care Home Health under the direction of your attending physician will establish a "Plan of Care/Treatment" outlining the care modalities you will require. A schedule of visits, to include frequency and level of care required, will be established. All visits and care provided will be given under the direction of a R.N. Case Manager, with on-site supervisory visits made periodically.

## **REACHING THE OFFICE AFTER HOURS**

Call the main office number at 281-348-2328 to speak with the On-Call nurse. For any emergencies, such as shortness of breath, chest pain or falls with injury, call 911.

## **NON-DISCRIMINATION POLICY**

Continuity Care Home Health does not discriminate in admissions or treatment based on race, color, or national origin. Continuity Care Home Health does not discriminate in admissions, access, treatment or employment based on disability. Continuity Care Home Health does not discriminate based on age in provision of services. (Age may be used as a criterion where age is a factor necessary to normal operation or the achievement of statutory objectives: however, all facilities should have a policy of non-discrimination based on age).

## **DISCHARGE/TRANSFER FROM SERVICE**

Continuity Care Home Health will provide an ongoing review of your treatment and progress. When documented clinical progress reflects accomplishment of your individualized health goals, attending physician will be advised of anticipated discharge. If patient requests discharge or payment is not received from payer physician will be contacted regarding need for discharge. Home Health will cease to operate if patient death occurs while on service with HHA and physician will be notified.

A patient may be discharged from the agency for behavior that is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired. Continuity Care Home Health will not discharge a patient for behavior until the patient, represent for the home health plan of care, the primary caregiver, and the health care professional who will be responsible for providing care have been instructed that discharge for cause is being considered. The home health agency will make efforts to resolve the problem presented by the patient's behavior, the behavior of other persons in the patient's home, or situation prior to discussing discharge. The company will provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care, and document the problem(s) and enter this documentation into its clinical records.

Transfer from Services: When transfer to another home health agency or nursing facility is necessary, or patient requests transfer, Continuity Care Home Health will supply to the accepting entity all information necessary for a smooth transition and uninterrupted services. Patient's will be transferred to an assuming agency if the Continuity Care Home Health ceases to operate.

Continuity Care Home Health is committed to quality service for all our clients regardless of sex, race, national origin, age, religious beliefs, handicap or position in life. We require the quality performance of all staff members and family believe in the team process on restoring you, our client/patient, to your maximum health.

## PATIENT'S RIGHTS STATEMENT

Home care patients have a right to be notified in writing of their rights and obligations before treatment is begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. Home care providers have an obligation to protect and promote the rights of their patients. HOME HEALTH CARE PATIENTS HAVE THE RIGHT TO:

1. Be fully informed of the criteria for admission and discharge prior to or at the time of admission.
2. Be fully informed prior to or at the time of admission, of services available, cost of services available, and billing procedure.
3. An itemized and detailed explanation of the total bill for services rendered and to know what portion, if any, is paid by private insurance or government programs.
4. Patient has the right to be informed in advance about care to be provided, and any changes in the care to be furnished, frequency for each discipline, expected outcomes of care, including patient identified goals and anticipated risks and benefits.
5. Quality care without regard to race, color, religion, sex, age, mental, or physical handicap or nationality.
6. Be treated with dignity and respect by those who provide care.
7. Be treated with consideration and acknowledgment of individuality, including privacy and security in treatment and in care for personal needs.
8. Be assured that services are being provided by personnel who met education criteria established experience, and skill to provide service and possess current knowledge to provide services for which they are responsible.
9. Expect that personnel will identify themselves by name and professional status or title and in what manner personnel may be contacted.
10. Be fully informed by a physician as to one's health status unless medically contraindicated.
11. Participate in plan of care and to refuse treatment to the extent permitted by law when medical consequences of such refusal are explained and to refuse to participate in experimental research.
12. Be assured that all medical records will be treated in a confidential manner.
13. Be informed that written consent is required for the release of medical records to any individual outside of the agency, except in the case of transfer to another health facility, or as required by law or third party payment contractors, or as authorized by the patient in writing.
14. Be provided the telephone number, address, and procedure for filing a grievance or complaint confidentially as provided by law.
15. Be assured that the Agency personnel will provide appropriate teaching to the patient and members of the family unit to ensure self-care and assistance with care whenever possible.
16. Be fully informed if criteria for admissions have not been met and be provided information regarding alternatives/options available.
17. Medically related home care provided in accordance with physician's orders and a plan of care that specifies the services to be provided, the frequency and duration.
18. Medically related personal care provided by an appropriately trained homemaker-home health aide who is supervised by a nurse or other qualified home care professional.
19. Be assured their property will be respected.
20. The right to have communication needs met.

## RIGHTS OF THE ELDERLY

The Agency presents the rights of the Elderly to all persons aged 55 years and over with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient and his/her physician. Further, the Agency presents these rights in the expectation that they will be supported by the staff on behalf of their patients, as integral part of the healing process. In addition to other rights an elderly individual has as a citizen, an elderly individual has the rights as provided below:

1. An elderly individual may not be physically or mentally abused or exploited.
2. An elderly individual may not be physically or chemically restrained unless the restraint:
  - a. Is necessary in an emergency to protect the elderly individual or others from injury after the individual harms or threatens to harm himself or another, or
  - b. Is authorized in writing by a physician for a limited and specified period of time.
3. An intellectually disabled elderly individual may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of a guardian.
4. An elderly individual should be treated with respect, consideration, and recognition of the individual's dignity and individuality. An elderly individual receives personal care and private treatment.
5. An elderly individual may not be denied appropriate care on the basis of the individual's race, religion, color, national origin, sex, age, handicap, marital status, or source of payment.

6. An elderly individual may not be prohibited from communication in the individual's native language with other individuals or employees of the purpose of acquiring or providing any type of treatment, care, or services.
7. An elderly individual is encouraged and assisted in the exercise of individual's rights. An elderly individual may voice grievances or recommend changes in policy or services without restraint, interference, coercion, discrimination, or reprisal. The person providing services shall develop procedures for submitting complaints and recommendations by elderly individuals and for assuring a response by the person providing services.
8. An elderly individual may associate, communicate, and meet privately with other individuals unless to do so would infringe on the rights of other individuals. An elderly individual's mail may not be opened unless authorized in writing by a physician.
9. An elderly individual may participate in activities of social, religion, or community groups unless a physician determines that participation would harm the individual. The physician must record the determination in the elderly individual's record.
10. An elderly individual may manage his personal financial affairs. If the elderly individual authorizes in writing the person providing services to assist in managing the finances, the person providing services shall deposit the elder individual funds in a separate trust fund and provide the individual with a written receipt, provided; however, federal regulations prescribe a different procedure, federal regulations prevail.
11. An elderly individual's records are confidential and may not be released without the individual's written permission. An elderly individual may inspect the individual's personal records maintained by the person providing the services.
12. A person providing services shall answer an elderly individual's questions concerning the individual's health, treatment, and condition unless a physician determines that the knowledge would harm the individual. The physician must record the determination in the individual's record.
13. An elderly individual may choose a personal physician.
14. An elderly individual may participate in planning the individual's total care and medical treatment.
15. An elderly shall be given the opportunity to refuse treatment after the possible consequences of refusing treatment are fully explained.
16. If an area is available, a person providing services shall, on request, provide the elderly individual with a private area to receive visitors. If the elderly individual is married and the spouse is receiving similar services, the couple may share a room.
17. An elderly individual's visitors may not be restricted unless a physician determines that a restriction is medically necessary.
18. An elderly individual may retain personal clothing and possessions as space permits. The number of personal possessions may be limited for health and safety reasons which are documented in the patient's medical record. The number of personal possessions may be limited for the health and safety of other patients.
19. An elderly individual may not be required to perform services for the person providing services.
20. A person providing service shall inform an elderly individual in writing of available services and the applicable charges if the services are not covered by Medicare, Medicaid, or other form of health insurance.
21. A person providing services may not transfer or discharge an elderly individual unless:
  - a. The elderly individual's medical needs require a transfer;
  - b. The elderly individual's health and safety or the health and safety of another individual requires transfer or discharge; or
  - c. The elderly individual fails to pay for services, except as prohibited by federal law.
22. Except in an emergency situation, if a person providing services intends to transfer or discharge an elderly person, the person providing services shall notify the individual, the responsible party of the patient, and attending physician no later than five days before the date on which the individual will be transferred or discharged.

### **ABUSE, NEGLECT AND EXPLOITATION**

Agency leaders are cognizant of the increasing occurrence of domestic violence, abuse, neglect and exploitation in specific population groups in America today. Administration realizes victims of alleged or suspected domestic violence, abuse, neglect and/or exploitation may be admitted to the service of this Agency and that appropriate care cannot be provided by the Agency unless these victims are identified and assessed. Administration will ensure all agency staff receives education regarding abuse, neglect and exploitation issues. Additionally, administration will ensure patients and their families receive a copy of the agency's policy regarding patient abuse, neglect and exploitation as defined by Human Services Code 48.002.

Terms used in this policy are defined as follows:

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|-----------------|--|
| <b>Domestic</b> | Household or family related  |
| <b>Violence</b> | Implies use of great force, intense vehemence, and physical force exerted for the purpose of violating, damaging or abusing people or things                             |
| <b>Abuse</b>    | Generally carries with it a sense of harm and takes the form of physical, verbal, sexual, psychological and emotional injury. It is generally repetitive and escalating. |
| <b>Neglect</b>  | Failure to care for or do, to disregard or pay no attention to. Neglect can be passive   |

(unintentional failure to do care or give attention) or active (intentional failure to fulfill a caretaking obligation to inflict physical or emotional stress or injury).

**Exploitation** The illegal or improper act or process of using the resources of an elderly or disabled person for monetary or personal benefit, profit or gain in the amount of \$25 (twenty-five dollars) or more.

PROCEDURE: This organization will:

1. Educate its staff to the issues of domestic violence, abuse, neglect and exploitation.
2. Educate its staff to appropriately identify and assess alleged or suspected victims.
3. Educate its staff to appropriate intervention in response to the identified abuse and neglect findings.
4. Use as the agency's guide for reporting and intervention processes, the current state law and regulation regarding abuse, neglect and domestic violence issues.
5. Establish and maintain a list of referral sources that include private and public community agencies that provide for, or arrange for, assessment and care of victims of suspected or alleged abuse and establish a referral network with these and other appropriate resources.
6. Educate all staff regarding the referral process with these resources, including the referral criteria and with implementation of the referral process to the appropriate resources within the network.
7. Educate staff to appropriate documentation of assessment and care.
8. Follow its policy regarding Complaints/Grievances in its documentation, investigation and reporting mechanisms.
9. A mechanism for monitoring and evaluating all abuse, neglect and exploitation cases will be initiated as a part of the overall Agency performance improvement activities.

#### **PATIENT/FAMILY GRIEVANCE PROCEDURE**

Your complaints regarding treatment of care (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the HHA are important to Continuity Care Home Health. We will give full consideration to be a problem or complaint and make an effort to resolve the issue in an agreeable manner. We assure you that you will have the opportunity to voice grievances and recommend changes in services and/or policies without discrimination, coercion, retaliation, or unreasonable interruption of services or reprisal in any manner from the agency.

If you have a complaint, please:

1. Submit the complaint either verbally or in writing to the Clinical Supervisor or the Administrator.
2. The Clinical Supervisor will contact you or your representative and will make every effort to resolve the complaint/concern to your satisfaction. Complaints will be documented, and the resolution will be documented.
3. If the complaint cannot be resolved to your satisfaction, you may contact the Administrator:  
Jose M. Lara, 281-348-2328 or 1110 Kingwood Drive Suite 200JK, Kingwood, TX 77339.
4. Continuity Care Home Health will document and initiate investigation within 10 days, usually immediately. The investigation must be completed within 30 days. Complaints regarding Abuse, Neglect, and/or Exploitation by an agency employee are investigated immediately. These types of complaints are required to be reported, in writing to DADS and Texas Department of Family and Protective Services within 10 days or receipt.
5. Please be advised that you may inquire regarding any questions or lodge complaints with the Texas Department of Aging and Disability Services (DADS)/Texas Health and Human Services. Consumer Rights and Services Division at 512-424-6500. The hours of operation are Monday thru Friday 7am to 7pm. After hours, weekends, and holidays your call will be answered by a recorder. You may leave a message and someone with the State Home Health Agency will call you back by the next workday.
6. Also, be aware that you may contact the Joint Commission at 1-800-994-6610 with any complaints or concerns regarding Continuity Care Home Health.

## TIPS TO REDUCE YOUR RISK OF FALLS

Falls can result in injuries that will limit your overall function, mobility, and independence. Certain medications may increase your risk of injury and fracture after a fall. The following will assist you in improving your safety at home and in the hospital:



- Proper lighting: Be sure there is proper lighting. Turn lights on and use night-lights to decrease the risk of falling when getting up at night.
- Call staff for assistance when getting up at night and any time that you feel unsteady.
- Always rise and change positions slowly to avoid a sudden drop in blood pressure.
- Report dizziness or loss of balance to staff.
- If you need eyeglasses and/or hearing aid, be sure to have them on before moving about.
- Ask staff for assistance if areas are not clear enough for you to move about. Maintain clear hallways and living spaces at home.
- Keep frequently used items between eye level and hip height so that you don't have to reach or bend unnecessarily.
- Wear shoes or sneakers that fit well and provide good support and traction.
- Avoid reaching for furniture and walls for stability - consider using a cane or walker (consult with your doctor and therapist).
- Avoid small area rugs or "throw rugs" that are not secured to the floor.
- Avoid rushing to answer a doorbell or phone at home.
- Avoid walking on slippery surfaces such as wet floors and icy ground.
- Be especially careful if you must walk outside on pavement that is cracked and uneven.
- **Report dizziness, loss of balance, and falls to your physician or home health nurse.**

## FIRE PREVENTION

You can help prevent fires by looking for fire hazards and correcting the problem. Smoke alarms are the first line of defense for early warnings of fire.

1. Have working smoke alarms on every floor of the home.
2. Test your smoke alarms monthly.
3. Change the battery in your smoke alarms at least yearly.
4. Have a fire escape plan that includes at least two exits from each room and plan ahead for assistance if you are limited in your ability to move quickly. Include notification of your local fire department in your plan.
5. Have fire extinguishers in key areas.
6. Never overload electrical circuits or use the cord to unplug - grasp the plug at the wall.
7. Do not run cords under rugs
8. Keep combustibles and flammables away from heat or spark sources.
9. Dispose of combustibles properly.
10. Store oxygen upright, safely away from open flames or sources of spark or heat sources and in a well ventilated area. Do not store under the bed or in the closet.
11. Do not smoke in your home if oxygen is in use.
12. Keep space heaters at least 3 feet from anything that can burn.
13. Do not use or apply any lubricant in the nose while using oxygen.

### **What to Do in the Event of Fire**

- Contact your local fire department
- Leave the building immediately
- Do not use elevators in multi-story buildings
- Feel doors for warmth or look for smoke seeping under the door before opening
- If you see smoke or feel warmth, do not open the door and use another escape route
- If you cannot escape, stuff cloth around doors and cover vents to keep the smoke out
- If you must exit through smoke, CRAWL! That is where the air is
- If your clothing catches fire, STOP, DROP & ROLL or smother the fire with a blanket

### **Burn Prevention**

- Unplug appliances after use
- Turn pot handles to back of stove
- Do not smoke in bed
- Turn off oven and stove burners
- Label hot and cold faucets
- Store flammables properly
- Have fire extinguishers
- Do not use lighted matches or lighters around suspected natural gas leaks
- Do not use heating pads
- Clearly mark controls on stove
- Avoid exposed wiring
- Report faulty wiring and outlets
- Be very cautious around any open flame, heater or fireplace
- Be aware that nylon catches fire very easily

### **Poison Prevention**

- Label all poisons
- Keep all substances in their original containers
- Have Syrup of IPECAC on hand
- Store cleaning agents away from food and medications

### **Cold Weather Precautions**

- Have warm blankets
- Wear warm housecoat



- Avoid icy sidewalks and porch steps
- Have easy access to thermostat
- Wear warm socks
- Cover head - you can lose up to 20% of body heat through your scalp

### Hot Weather Precautions

- Drink plenty of cool, non-alcoholic fluids
- Avoid strenuous and outdoor activities between 11am and 6pm - this is the hottest time of day
- Use fan or air conditioner during temperatures above 80 degrees
- If necessary, visit your local neighborhood cooling center for relief
- Wear light (cotton) loose-fitting clothes
- If you feel dizzy, weak, short of breath, confused, nauseous and/or have a headache, apply cool compress to forehead, drink cool fluids, rest, and if you don't feel better call Continuity Care Home Health

### Other

- Mark glass doors with decals
- Avoid reaching overhead, use lower shelves
- Get up slowly to avoid dizziness
- Avoid sharp-cornered furniture
- Keep doors locked, ask visitors to identify themselves before you open the door. Open only if you know or are expecting that person
- Install proper locks
- Do not smoke if you have oxygen in the home
- Obtain emergency response system
- Be cautious with sharp objects
- Tornado safety
  - Go to closet or bathroom, avoid windows
  - Wrap yourself in a blanket
  - Cover your head with a pillow

### Emergency Preparedness

- In case of emergency, have these items handy
  - Flashlight
  - Portable radio
  - First aid kit
  - Fire extinguisher
  - Blankets
  - Extra clothing
  - Canned food (can opener)
  - Water
  - Medication supply
  - Pipe or crescent wrench
  - Batteries
- Tune into the emergency information station in your area
- Have an emergency plan for you and your family
- Know how to operate back-up medical equipment

## **NOTICE OF PRIVACY PRACTICES**

Effective Date: March 14, 2003

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.

### Notice of Privacy Practices for Protected Health Information

Our agency is required by law to maintain the privacy of protected health information and to provide you adequate choice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. [45 CFR 165.520] We will use or disclose protected health information in a manner that is consistent with this notice. The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide you. This record includes physicians' orders, assessments, medication lists, clinical progress notes and billing information.

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

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

Treatment: Providing, coordinating, or managing health care and related services; consultation between health care providers relating to a patient; or referral of a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care to patients and schedule visits.

Payment: Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), pre-certification, medical necessity review. For example, occasionally the insurance requests a copy of the medical record be sent to them for review prior to paying the bill.

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

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

Your insurance company, self-funded or third-party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;

Any person or entity affiliated with or representing for purposes of administration, billing, and quality and risk management;

Any hospital, nursing home, or other health care facility to which you may be admitted;

Any assisted living or personal care facility of which you are a resident;

Any physician providing your care;

Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the state agency acting as a representative of the Medicare/Medicaid program;

Contacting you to provide appointment reminders or information about other health activities we provide;

Contacting you to raise funds for the agency;

Other health care providers to initiate treatment.

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

In emergency treatment situations, if we attempt to obtain consent as soon as practicable after treatment;

Where substantial barriers to communicating with you exist and we determine that the consent is clearly inferred from the circumstances;

Where we are required by law to provide treatment and we are unable to obtain consent;

Where the use or disclosure of medical information about you is required by federal, state, or local law;

To provide information to state or federal public health authorities, as required by law to: prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be suing; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence (if you agree or when required or authorized by law);

Health care oversight activities such as audits, investigations, inspections, and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs, and compliance with civil rights laws;

Certain judicial administrative proceedings if you are involved in a lawsuit or a dispute. We may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested;

Certain law enforcement purposes such as helping to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;

To coroners, medical examiners, and funeral directors, in certain circumstances, for example, to identify a deceased person, determine the cause of death, or to assist in carrying out their duties;

For cadaveric organ, eye, or tissue donation purposes to communicate to organizations involved in procuring, banking, or transplanting organs and tissues (if you are an organ donor);

For certain research purposes under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individually identifiable health information;

To avert serious threat to health and safety: To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat;

For specialized government functions, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations;

For Workers' Compensation purposes: Workers' Compensation or similar programs provide benefits for work-related injuries or illness.

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

Use of a directory (includes names, location, condition described in general terms) of individuals served by our agency;

To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care; to notify a family member, relative, friend, or other identified person of the individual's location, general condition, or death.

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

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

Request restrictions on uses and disclosures of your protected health information for treatment, payment, or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however, be terminated under applicable circumstances (e.g., emergency treatment).

Confidential communication of protected health information. We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.

Inspect and obtain copies of protected health information which is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 [42 USC 263a and 45 CFR 493 (a)(2)]. If you request a copy of your health information we will provide it for you. If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights, and an explanation to how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.

Request to amend protected health information for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. We may deny the request for amendment if the information contained in the record was not created by us, unless the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; and the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit the statement.

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

To obtain a paper copy of this notice even if you had agreed to receive this notice electronically, from us upon request.

COMPLAINTS – If you believe that your privacy rights have been violated, you may complain to the agency or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing, should state the specific incident(s) in terms of subject, date, and other relevant matters. A complaint to the Secretary must describe the acts or omissions believed to be in violation of applicable requirements. [45 CFR 160.306] For further information regarding filing a complaint, contact:

**FACILITY PRIVACY OFFICIAL: CONTINUITY CARE HOME HEALTH**

**Jose M. Lara, Administrator**

**1110 Kingwood Dr Suite 200JK**

**Kingwood, TX 77339**

**281-348-2328**

EFFECTIVE DATE – This notice is effective March 14, 2003. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving service), we will promptly revise and distribute an updated notice to you as soon as practicable by mail, email (if you have agreed to electronic notice), or hand delivery.