



# PATIENT HANDBOOK

8700 West Flagler Street, Suite #110 • Miami, Florida 33174

**PHONE: (305) 229-1400**

**FAX: (305) 229-1939**

**Office Hours: Monday-Friday 8:30 AM - 5:00 PM**

**ON CALL After Hours**

## 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.

YOUR PROFESSIONAL HEALTH CARE STAFF	
Nurse:	_____
Team Leader:	_____
Home Health Aide:	_____
Therapist:	_____
Social Worker:	_____
	_____



***“To report suspected  
Medicaid fraud, please call  
toll-free  
1-888-419-3456.”***

Medicaid Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. The office of the Inspector General at the Agency for Health Care Administration accepts complaints regarding suspected fraud and abuse in the Florida Medicaid system by phone at 1-888-419-3456 or on the Agency web site at

[http://ahca.myflorida.com/Executive/Inspector\\_General/medicaid.shtml](http://ahca.myflorida.com/Executive/Inspector_General/medicaid.shtml)

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## On-Call Guidelines

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**ASA Homecare, Inc. has a nurse on call 24 hours a day. You can reach the nurse by calling 305-229-1400.** After office hours and on weekends, an answering 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. 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 PAIN:** **Call 911.**

**TEMPERATURES:** Elevations in temperatures above 100° should be called in and instructions may be given over the telephone. A home visit may be necessary.

**RESPIRATORY DISTRESS:** **Call 911.**

**CATHETERS:** Catheters are not an emergency unless you are unable to urinate. Usually someone can wait 6-8 hours at night without a catheter if they are not taking in 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 to either irrigate or remove the catheter if it becomes stopped up. If it is leaking or comes out, pad yourself well with absorbent cloths and call early in the morning so someone can be scheduled to visit you.

**FEEDING TUBES:** 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:** **Call 911.**

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

In case of a serious medical emergency, the Patient should be taken to the hospital emergency room. ASA Homecare, Inc. does not operate as an emergency service; therefore, valuable time may be lost by contacting the agency if a medical emergency occurs.

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## Welcome and Philosophy

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**ASA Homecare, Inc.** 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.

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. We recognize that every human being has personal rights which must be respected and should not be violated.

This agency is privately owned. 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. 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.

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

### **The Management and Staff of ASA Homecare, Inc.**

This agency is in compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973, with the Age Discrimination Act of 1975, and with the American with Disabilities Act, Title II of 1990. We do not discriminate on the basis of race, color, religion, age, sex, sexual orientation, physical or mental handicap, national origin, age or disability with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes.

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# Home Care Overview

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ASA Homecare provides skilled care as ordered by your physician.

Skilled care is provided on an intermittent basis (visits) for patients confined to home due to illness or injury or who are recovering from surgery.

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## Services

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Services which may be provided under the direction and orders of your physician include: Nursing Care

- |  |                       |
|--|-----------------------|
| -Physical Therapy  | -Medical Social Work  |
| -Speech Therapy  | -Home Health Aide     |
| -Homemakers and Companions<br>(only provided under Private Division) | -Occupational Therapy |

- The **Skilled Nurse** is an RN or 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, 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
- **Physical, Occupational and Speech Therapy** services 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** 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 aide 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.

- **Homemakers and Companions** (only provided under Private Division)
  - Provide companionship for the patient.
  - Provide escort services such as accompanying the patient to the doctor's appointments and any other outings.
  - Provide LIGHT and limited housekeeping tasks such as preparation of a meal or laundering the patients' personal garments, cleaning counters, organizing patient area.
  - Maintain a chronological written record of services.
  - Report any unusual incidents or changes in patients' behavior to the supervisor.

- **Homemakers and Companions cannot provide:**
  - Vital signs
  - Personal hygiene, grooming, shampoo, nail and skin care, oral hygiene
  - Transfers or ambulation
  - ROM or positioning
  - Input & Output
  - Administration of medications
- **Supplies/Therapy:** Medical Supplies and Therapy Services 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, etc.) is covered separately and may be supplied by the home health agency or an outside Medicare- certified supplier of your choice.

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#### Criteria for Admission to Home Care

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Patients are admitted to Home Care if they

1. Have needs for intermittent care which is medically reasonable and necessary
2. Are under the direct care of a physician
3. Are homebound (depending on reimbursement).

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#### Hours of Operation

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Office Hours: **(Monday through Friday from 8:30 a.m. to 5:00 p.m.,** except when observing holidays approved by the agency governing body.

For After Hours, Weekends, and Holidays: Please call **305-229-1400**

- ASA Homecare provides 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.
- ASA Homecare is not an emergency service.
- In life threatening situations, go to the hospital emergency room, or call the Emergency Medical Services number. Please refer to our On-Call Guidelines on the inside front cover of this booklet.

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#### Problem Solving / Grievance Procedure

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Our goal is to assist you to return to your maximum level of functioning and best health condition possible for you. We are committed to assuring that your rights are protected. You have the right to voice grievances or to complain about the treatment or care that is (or fails to be) given to you or about lack of respect by anyone furnishing services to you. You also may complain about the agency's practices regarding advance directives and privacy. There will be no reprisal or discrimination as a result of your complaint. Please use the following procedure:

1. You may report problems to the agency supervisor, Mariela Lopez, RN - Clinical Manager, at the office phone number **305-229-1400**.
  - The Administrator or Director of Patient Services/Clinical Manager will investigate the problem with you and the involved staff, and, if necessary, take appropriate corrective action. The Administrator or Director of Patient Services / Clinical Manager will provide follow-up with you in a timely manner.
2. If you continue to be dissatisfied, you may speak to the Administrator,  
Diego A Jimenez at **305-229-1400**
3. If you feel that your complaint is not resolved to your satisfaction, you may also contact the State toll free Hotline **1-888-419-3456** which receives complaints 24 hours per day 7 days per week.

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## **Non-Discrimination and Accessibility Requirements Nondiscrimination Statement**

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### **Discrimination is Against the Law**

ASA Homecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ASA Homecare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **ASA Homecare**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact our Administrator Diego A Jimenez

If you believe that ASA Homecare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: our Administrator

Diego A Jimenez,  
8700 West Flagler Street #110 Miami, FL 33174  
Ph: 305-229-1400 Fax: 305-229-1939 or at [diego@asahomecare.com](mailto:diego@asahomecare.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Administrator Diego A Jimenez is available to help you.

You can also file a civil rights complaint with the **U.S. Department of Health and Human**

**Services, Office for Civil Rights**, electronically through the Office for Civil Rights Complaint

Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services 200  
Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201 1-800-368-  
1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.htm>



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## Language Services - Sample Taglines

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### Translations:

#### Spanish

Homecare Agency cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al

1-800-368-1019, 800-537-7697 (TDD)

#### Chinese

Homecare Agency

遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

1-800-368-1019, 800-537-7697 (TDD)

#### Vietnamese

Homecare Agency tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt x da trên chng tc, màu da, ngun gốc quố tui, khuyết tt, hoc gii tính.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số

1-800-368-1019, 800-537-7697 (TDD)

#### Serbo-Croatian

Homecare Agency pridržava se važećih saveznih zakona o građanskim pravima i ne pravi

diskriminaciju po osnovu rase, boje kože, nacionalnog porijekla, godina starosti, invaliditeta ili pola.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski sge ezike pomoći dostpne s vam

besplatno. Nazovite 1-800-368-1019, 800-537-7697 (TDD)- eefon za osoe sa otećenim govorom ili sluhom:

#### German

Homecare Agency erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-368-1019, 800-537-7697 (TDD)

لأوالمدين: الحق فوق الس ارية الاتحاد: ع  
Agency Homecare القواند مع يتوافق  
الأصل أو ب س أو، الإعاقة وأ السن أو القوا. الج.  
اللون

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: . : كنيت إذا ت  
ة اللغة المساعدة خدمات تتحدث

1-800-368-1019, 800-537-7697 (TDD)

## Korean

Homecare Agency 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-368-1019, 800-537- 7697 (TDD) 번으로 전화해 주십시오.

## Russian

Homecare Agency соблюдает применимое едеральное законодательство в области граждански прав и не допускает дискриминаии по признакам расы, вета кои, наиональной принадлежности, возраста, инвалидности или пола.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните 1-800-368-1019, 800-537-7697 (TDD)

## French

Homecare Agency respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le 1-800-368-1019, 800-537-7697 (TDD)

## Tagalog

Sumusunod ang Homecare Agency sa mga naaangkop na Pederal na batas sa karapatang sibil at

hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-368-1019, 800-537-7697 (TDD)

## Pennsylvania Dutch

Homecare Agency iss willich, die Gsetze (federal civil rights) vun die Owwerichkeet zu folliche un duht alle Leit behandle in der seem Weg. Es macht nix aus, vun wellem Schtamm ebber beikummt, aus wellem Land die Voreldre kumme sinn, was fer en Elt ebber hot, eb ebber en Mann iss odder en Fraa, verkrippelt iss odder net.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-368-1019, 800-537-7697 (TDD)

## Arabic

### Persian- Farsi

Homecare Agency

مطابق با قوانین فدرال حقوق مدنی قابل اجرا می کند و بر اساس نژاد، رنگ پوست، ملیت، سن، معلولیت و یا رابطه جنسی قائل نمی شود  
توجه: اگر شما صحبت می کنید (زبان درج) خدمات کمک زبان، رایگان، در دسترس شما هستند  
رنگ زدن

1-800-368-1019, 800-537-7697 (TDD)

## Cushite

Homecare Agency Seera hariiroo hawwaasummaa Fedeeraalaan wal qabatan sanyiidhaan, bifaan,

dhiigaan, umriidhaan, hiri'ina qaamaan, yookiin koorniyaadhaan hin loogu.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-368-1019, 800-537-7697 (TDD)

## Portuguese

Homecare Agency cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-xxx-xxx-xxxx 1-800-368-1019, 800-537-7697 (TDD)

## Amharic

Homecare Agency የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፡ በቆዳ ቀለም፡ በዘር፡

ሃረግ፡ በእድሜ፡ በእካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግም። የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፡ በቆዳ ቀለም፡ በዘር ሃረግ፡ በእድሜ፡ በእካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግልም።

ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-368-1019, 800-537-7697 (TDD) (መስማት ለተሳናቸው፡

Additional translations may be found at: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>

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## Patient's Bill of Rights

### Exercise of rights and respect for property and person

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1. Patient has the right to exercise his or her rights as a patient of ASA Homecare.
2. ASA Homecare will provide information to the patient, patient identified representative (if any), and/or legally appointed representative (if any) regarding the Patient Bill of Rights and Responsibilities, in a language and manner the individual understands, both verbally and in writing unless requested electronically.
3. If the patient or his/her representative's understanding of English is inadequate for the patient's comprehension of his/her rights and responsibilities, [company] will provide the information in a language or format familiar to the patient or his/her representative.
4. The patient has the right to:
  - Have his or her property and person treated with respect.
  - Property, both inside and outside the home, is not stolen, damaged or misplaced by agency staff.
  - Agency consider and accommodate any patient requests within the parameters of the assessment and plan of care, and the patient must be treated by the HHA as an active partner in the delivery of care.
  - Make all reasonable attempts to respect the preferences of the patient regarding the services that will be delivered.
  - Keep the patient informed of the visit schedule and timely and promptly notify the patient when scheduled services are changed.
  - Be free from verbal, mental, sexual and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.
  - Voice grievances or complaints regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect of property and/or person by anyone that is furnishing services on the behalf of ASA Homecare and must not be subjected to discrimination or reprisal for doing so. ASA Homecare must investigate complaints made by a patient or the patient's family and must document both the existence of the complaint and the resolution of the complaint.
  - Receive all services outlined in the plan of care.
  - Be able to identify visiting personnel members through agency generated photo identification.
  - Choose a health care provider, including an attending physician.
  - Receive appropriate care without discrimination in accordance with physician orders.
  - Be informed of any financial benefits when referred to ASA Homecare.
  - Be fully informed of one's responsibilities.

1. The patient has the right to participate in, be involved with all facets of care, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
  - Completion of all assessments
  - The care to be furnished, based on the comprehensive assessment
  - Establishing and revising the Plan of Care
  - The disciplines that will furnish the care
  - The frequency of visits
  - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits. ASA Homecare is responsible to assist patient to form and shape achievable goals that are relevant to the delivery of care that they receive and documenting inappropriate patient-identified goals. Any factors that could impact treatment effectiveness
  - Any changes in the care to be furnished
  - The patient had the right to receive all services outlined in the plan of care
2. ASA Homecare complies with federal and state requirements relating to maintaining written policies and procedures regarding advance directives. ASA Homecare will inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable state law. ASA Homecare will furnish advance directives information to a patient at the time of the first home visit, prior to care being provided.
3. The ASA Homecare will provide any information contained in the clinical record, including the Plan of Care, free of charge, upon request from the patient or representative (if any) in accordance with the requirements of the Condition of Participation – Clinical Records.
4. The patient has a right to be informed of the right to access auxiliary aids and language services and how to access these services.
5. The patient and representative (if any) have a right to be informed of ASA Homecare policies for transfer and discharge. ASA Homecare may transfer or discharge the patient from ASA Homecare if:
  - The transfer or discharge is necessary for the patient's welfare because ASA Homecare and the physician responsible for the patient's home health Plan of Care agree that ASA Homecare can no longer meet the patient's needs, based on the patient's acuity. ASA Homecare will arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed ASA Homecare's capabilities.
  - Patient or payer will no longer pay for the services provided by ASA Homecare.
  - The physician who is responsible for the home health Plan of Care and ASA Homecare agree that the measurable outcomes and goals set forth in the Plan of Care have been achieved and that the patient no longer needs ASA Homecare's services.
  - The patient refuses services or elects to be transferred or discharged.
  - The patient dies
  - ASA Homecare ceases to operate
  - ASA Homecare determines, under a policy set by ASA Homecare for the purpose of addressing discharge for cause, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of ASA Homecare to operate effectively is seriously impaired. ASA Homecare must do the following before discharging a patient for cause:

- Advise the patient, representative (if any), the physician(s) ordering the Plan of Care, the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from ASA Homecare (if any) that a discharge for cause is being considered.
- Make efforts to resolve the problem(s) presented by the patient's behavior, behavior of other persons in the patient's home, or situation.
- Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care
- Document the problem(s) and efforts made to resolve the problem(s) and enter the documentation into the patient's clinical record.

6. The patient has the right to refuse a transfer to any provider or supplier.

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#### **Confidentiality of Medical Records**

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1. The patient has the right to confidentiality of the medical records maintained by ASA Homecare / third-party vendors.
2. ASA Homecare will advise the patient of the right to access to or release of patient information and clinical records in accordance with federal and state law.
3. ASA Homecare will advise the patient that they are a HIPAA compliant agency.

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#### **Patient Liability for Payment**

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1. The patient has the right to be advised, before care is initiated, of the extent to which payment for ASA Homecare services may be expected from Medicare or other sources and the extent to which payment may be required from the patient. Before the care is initiated, ASA Homecare will inform the patient, orally and in writing, of:
  - The extent to which payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to ASA Homecare.
  - The charges for services that will not be covered by Medicare.
  - The charges that the individual may have to pay.
  - Expedited determination process to dispute the termination of Medicare-covered services
  - If after services begin, a change occurs to the patient's status that necessitates the provision of new/additional services, the patient and representative (if any) has the right to be advised orally and in writing of any changes in the information provided in accordance with paragraph (1) of this section **prior to the initiation** of such new/ additional services.
2. The patient and representative (if any) has the right to be advised orally and in writing of any changes in the information provided in accordance with paragraph(1) of this section as soon as possible, **in advance of** the next home health visit.
3. The patient has a right to receive proper written notice, in advance of a specific service being furnished, if ASA Homecare believes that the service may not be covered or in advance of reducing or terminating on-going care.

The patient has a right to be advised of the names, addresses, and telephone numbers of the following Federally-funded and state funded entities that serve the area where the patient resides:

- **Agency on Aging**  
760 NW 107 Avenue #214 Miami,  
FL 33172  
Ph: (305)670-6500
- **Center for Independent Living** 4770  
Biscayne Blvd #150 Miami, FL 33137  
Ph: (305)751-8025
- **Protection and Advocacy Agency** 1930  
Harrison Street #105 Hollywood, FL 33020  
Ph: (800)342-0823
- **Aging and Disability Resource Center** 820 1<sup>st</sup>  
Street NE Suite 740 Washington, DC 20002  
Ph: (202)408-9514 Fax:(202)408-9520  
TTY: (220)408-9521
- **Quality Improvement Organization (QIO) KEPRO** 5201 Kennedy Blvd, Suite 900  
Tampa, FL 33609  
**Helpline Phone Number (complaints and appeals):** Ph: (844)455-8708 (toll-free)  
Fax: (844)834-7129

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#### Home Health Hotline

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1. The patient has the right to be advised of the availability of the toll-free Home Health Agency hotline in the state its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local home health agencies.
2. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the Advance Directive requirements.
3. State Department of Public Health toll free Hotline 1-800-962-2873
4. Calls are accepted 24 hours per day 7 days a week

**ASA Homecare**  
**Administrator Diego A Jimenez**  
**Address: 8700 West Flagler Street #110 Miami FL 33174 Phone Number:**  
**305-229-1400**

5. ASA Homecare Hours of Operation are: 8.30am to 5.00pm  
ACHC's telephone number must be provided **(855) 937-2242**

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#### Patient and Caregiver Responsibilities

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##### The patient/caregiver is responsible for:

- Notifying the home services provider if insurance coverage has changed in any way.
- Notifying the home services provider(s) prior to any change in important information, such as the patient's residence, phone number, place of service or physician.
- Reading their rights and responsibilities and preserving this information in an easily accessible place.
- Giving accurate and complete information regarding the patient's past illnesses, hospitalization, medications, allergies and other pertinent data.
- Being involved, as appropriate, in the development, evaluation, and revision of the patient's Plan of Care.
- Discussing your pain relief options with your Health Care Professional and assisting in your pain management plan. Informing your Health Care Professional about pain and discussing any concerns you have about your pain management plan.
- Following the treatment plan designed in connection with the patient's home services.
- Notifying the appropriate home services provider(s) when changes occur in the treatment plan (e.g., hospitalization, prescription changes, etc.).

- Any consequences if the patient refuses treatment or chooses not to follow a physician's and/or home services provider's instructions.
- Requesting information about items not fully understood.
- Registering grievances and/or complaints regarding the home services furnished with the staff member providing the home services or by calling the administrative offices of ASA Homecare and speaking with a supervisor or administrator in charge of the services being provided.
- Assisting in developing and maintaining a safe environment.
- Informing the home services provider when the patient will not be available for a scheduled home visit or delivery.
- Notifying the provider or visiting personnel when rented equipment is no longer needed, so that it may be picked up.
- Notifying the patient's physician and/or other appropriate home services provider when the patient is not feeling well or when the patient or caregiver notices a change in the patient's physical symptoms.
- Following through on alternatives and making other arrangements for care when the patient's level of care and/or treatment becomes inappropriate for home management.
- Respecting the rights, dignity, and safety of any person visiting the home for purposes of furnishing home services and/or delivering equipment or medications (e.g., pets and other animals may need to be restrained).

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## **Patient Participation**

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**In order to participate effectively in their care and treatment, patients receiving home services should have access to appropriate information regarding the following matters:**

- A financial benefit, if any, received by a referring organization when the patient is referred to another organization.
- Alternative means and providers of care, including experimental and investigational studies, research, and/or clinical trials that offer a beneficial alternative to the patient's care or treatment.
- Safety concerns and procedures with regard to the use of medicines or medical equipment furnished by ASA Homecare.
- The right to examine and receive an explanation of the bill for service regardless of the source of payment.
- The right to access the State home health and hospice toll-free hotline. This hotline 1- 888-419-3456 is available on a 24-hour basis to receive complaints and questions regarding home services.

**Policy:**

1. ASA Homecare will discharge and/or transfer patients in a timely, coordinated manner when the patient meets the agency discharge/transfer criteria.
  - a. In extreme situations when there is a serious imminent threat of physical harm to agency staff, the agency may take immediate action to discharge or transfer the patient without first making efforts to resolve the underlying issue.
2. The patient and representative, if any, have a right to be informed of ASA Homecare's policies for transfer and discharge. ASA Homecare may transfer or discharge the patient from ASA Homecare if:
  - a. The transfer or discharge is necessary for the patient's welfare because ASA Homecare and the physician responsible for the patient's home health Plan of Care agree that the ASA Homecare can no longer meet the patient's needs, based on the patient's acuity. ASA Homecare will arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the agency's capabilities.
  - b. Patient or payer will no longer pay for the services provided by ASA Homecare.
  - c. The physician who is responsible for the home health Plan of Care and ASA Homecare agree that the measurable outcomes and goals set forth in the Plan of Care have been achieved and that the patient no longer needs ASA Homecare's services.
  - d. The patient refuses services or elects to be transferred or discharged.
    - ASA Homecare will educate the patient on the risks and potential adverse outcomes that can result from refusing services.
    - ASA Homecare will document its communication with the physician who is responsible for the patient's home health plan of care, as well as the measures the HHA took to investigate the patient's refusal and the interventions the agency attempted in order to obtain patient participation with the plan of care.
    - ASA Homecare may discharge if the patient's decision to decline services compromises the agency's ability to safely and effectively deliver care to the extent that the agency can no longer meet the patient's needs.
  - e. When a patient's care needs change to require more than intermittent services or require specialized services not provided by ASA Homecare, the agency will inform the patient, patient representative (if any), and the physician who is responsible for the patient's home health plan of care that the HHA cannot meet the patient's needs without potentially adverse outcomes.
    - ASA Homecare should assist the patient and his or her representative (if any) in choosing an alternative entity by identifying those entities in the patient's geographic area that may be able to meet the patient's needs based on the patient's acuity.
    - Once the patient chooses an alternate entity, the HHA will contact that entity to facilitate a safe transfer.
    - ASA Homecare will ensure timely transfer of patient information to the alternate entity to facilitate continuity of care, i.e., the HHA will ensure that patient information is provided to the alternate entity prior to or simultaneously with the initiation of patient services at the new entity.
  - f. ASA Homecare determines, under a policy set by ASA Homecare for the purpose of addressing discharge for cause, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of ASA Homecare to operate effectively is seriously impaired.
    - Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;



4. Discharge instructions will be given to patients verbally or in writing as needed.
5. The staff will provide a patient a complete list of medications that the patient is to take after being discharged from the agency, as well as instructions on any new medications. The patient will be encouraged to carry this list and share it with any healthcare facilities or caregivers who provide any follow up care.
  - Identification of the problems encountered;
  - Assessment of the situation;
  - Communication among HHA management, patient caregiver, legal representative and the physician responsible for the plan of care;
  - A plan to resolve the issues; and
  - Results of the plan implementation.
- g. The patient dies
- h. ASA Homecare ceases to operate
  - ASA Homecare must provide sufficient notice of its planned cessation of business to enable patients to select an alternative service provider and to enable the HHA to facilitate the safe transfer of its patients to other agencies.
3. ASA Homecare must do the following before discharging a patient for cause:
  - a. Advise the patient, representative (if any), the physician(s) ordering the Plan of Care, the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from ASA Homecare (if any) that a discharge for cause is being considered.
  - b. Make efforts to resolve the problem(s) presented by the patient's behavior, behavior of other persons in the patient's home, or situation.
  - c. Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care
  - d. Document the problem(s) and efforts made to resolve the problem(s) and enter the documentation into the patient's clinical record.
4. The patient has the right to refuse a transfer to any provider or supplier.
5. ASA Homecare must document in the patient's clinical record the behaviors and circumstances that warranted patient discharge for cause as well as the HHA's efforts to resolve the problems.

**Definitions:**

**Disruptive, Abusive Behavior** includes verbal, non-verbal or physical threats, sexual harassment, or any incident in which agency staff feel threatened or unsafe, resulting in a serious impediment to the agency's ability to operate safely and effectively in the delivery of care.

**Uncooperative** is defined as the patient's repeated declination of services or persistent obstructive, hostile or contrary attitudes to agency caregivers that are counterproductive to the plan of care.

**Procedure:**

1. The assigned staff member will confirm the need for discharge.
2. The assigned staff member will document physician notification and as needed obtain a discharge/transfer order.
3. A telephone or home visit discharge may occur depending on the criteria for discharge and patient's status (i.e., denied further visits from physician, moved out of area, etc.).
  - 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 efforts made to resolve the problem(s), and enter this documentation into its clinical records:
6. A discharge summary must be sent to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within five (5) business days of the date of the order for discharge from the responsible physician.

- a. A completed transfer summary that is sent within 2 business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or
- 7. Appropriate OASIS Discharge Assessment will be completed.
- 8. If the patient identifies an attending physician (whether it is the responsible HHA physician or another physician) who will resume their care after the HHA episode, the contact information of the physician should be included in the clinical record.
- 9. Evidence in the record should document that the HHA provided the patient and his or her representative (if any) with information including contact numbers for other community resources and names of other agencies or providers that may be able to provide services to the patient.

**Transfer:**

- 1. A transfer summary is completed, and a copy is maintained in the patient record and a copy forwarded to the receiving service entity. The transfer summary includes, but is not limited to:
  - a. Date of transfer
  - b. Patient identifying information
  - c. Emergency contact
  - d. Destination of patient transferred
  - e. Date and name of person receiving report
  - f. Patient's physician and phone number
  - g. Diagnosis related to the transfer
  - h. Significant health history
  - i. Transfer orders and instructions
  - j. A brief description of services provided and ongoing needs that cannot be met
  - k. Status of patient at the time of transfer
- 2. A completed transfer summary is sent:
  - a. Within 2 business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or
  - b. Within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the agency becomes aware of the transfer.

**Discharge:**

- 1. A discharge summary is completed, and a copy is maintained in the patient record. The discharge summary includes, but is not limited to:
  - a. Date of discharge
  - b. Patient identifying information
  - c. Patient's physician and phone number
  - d. Diagnosis
  - e. Reason for discharge
  - f. A brief description of care provided
  - g. Patient's medical and health status at the time of discharge
  - h. Any instructions given to the patient or responsible party
- 2. A completed discharge summary is sent:
  - a. Within 5 business days of the patient's discharge to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the agency.

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## ADVANCE DIRECTIVES

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An **“Advance Directive”** means a written instruction, such as a living will or durable power of attorney for health care, recognized under state law, relating to the provision of health care when the individual is incapacitated.

ASA Homecare recognizes the patient’s rights under state law to:

- Accept or refuse medical, therapeutic or surgical treatment, including withholding or withdrawing life sustaining measures,
- Formulate advance directives such as a living will, durable power of attorney,
- Be involved in decisions regarding resuscitation. The agency supports the need for patient participation in health care decisions and will make every effort to provide the patient with information to make a voluntary and informed decision.

The following information regarding advance directives is only for informational purposes. Please consult a legal advisor to discuss such issues in detail.

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### Durable Power of Attorney

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A patient may create a durable power of attorney designating a person as his or her attorney in fact by executing a power of attorney. The power of attorney may authorize the attorney in fact to arrange for and consent to medical, therapeutic, and surgical procedures for the patient.

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### Living Will

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A “living will” is a declaration by an individual containing instructions regarding the withdrawal or withholding of the life prolonging procedures in the event that such procedures become necessary to keep the person alive.

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### Do Not Resuscitate

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A “Do Not Resuscitate” (DNR) order is written by a patient’s physician with the consent of the patient instructing health care workers not to revive that patient with cardiopulmonary resuscitation in the event that the patient suffers cardiac or respiratory arrest.

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## Health Care Advance Directives

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### The Patient’s Right to Decide

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#### Introduction

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Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment. When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer’s disease), they are considered incapacitated. To make sure that an incapacitated person’s decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes).

The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as the following information, concerning health care advance directives. The state rules that require this include 58A- 2.0232, 59A- 3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

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## Questions About Health Care Advance Directives

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**What is an advance directive?** It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning. Three types of advance directives are a: (1) Living Will; (2) Health Care Surrogate Designation; and (3) Anatomical Donation. You might choose to complete one, two, or all three of these forms. The following provides information to help you decide what will best serve your needs.

**What is a living will?** It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

**What is a health care surrogate designation?** It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

**Which is best?** Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

**What is an anatomical donation?** It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form or expressing your wish in a living will.

**Am I required to have an advance directive under Florida law?** No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend. The person making decisions for you may or may not be aware of your wishes. When you make an advance directive and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

**Must an attorney prepare the advance directive?** No, the procedures are simple and do not require an attorney, though you may choose to consult one. However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

**Where can I find advance directive forms?** Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. We have also included resources where you can find more information and other types of advance directive forms.

**Can I change my mind after I write an advance directive?** Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

**What if I have filled out an advance directive in another state and need treatment in Florida?** An advance directive completed in another state, as described in that state's law, can be honored in Florida.

**What should I do with my advance directive if I choose to have one?**

- ☐ If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document. Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.
- ☐ Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- ☐ Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located. If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

**Additional Information Regarding Health Care Advance Directives:** Before making a decision about advance directives you might want to consider additional options and other sources of information, including the following:

- ☐ As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes. If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.
- ☐ If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form.
- ☐ More information is available on the DOH website, [www.doh.state.fl.us](http://www.doh.state.fl.us) or [www.MyFlorida.com](http://www.MyFlorida.com) (type DNRO in these website search engines) or call (850) 245-4440. When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.
- ☐ If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at (800) 628-2594 or [www.med.ufl.edu/anatbd](http://www.med.ufl.edu/anatbd).
- If you would like to read more about organ and tissue donation to persons in need you can view the Agency for Health Care Administration's website [www.fdhc.state.fl.us](http://www.fdhc.state.fl.us) (Click on "Site Index," then scroll down to "Organ Donors") or the federal government site [www.organdonor.gov](http://www.organdonor.gov). If you have further questions you may want to talk with your health care provider.
- Various organizations also make advance directive forms available. One such document is "Five Wishes" that includes a living will and a health care surrogate designation. "Five Wishes" gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things. You can find out more at the following resources:

**Aging with Dignity**  
(888) 594-7437  
[www.agingwithdignity.org](http://www.agingwithdignity.org)

**American Association of Retired  
Persons (AARP)** [www.aarp.org](http://www.aarp.org)

**Partnership for Caring**  
(800) 989-9455  
[www.partnershipforcaring.org](http://www.partnershipforcaring.org)

Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.

Brochure: **End of Life Issues** • Phone: (888) 419-3456 • [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) (Under Reports and Guides)

In accordance with the Omnibus Reconciliation Act of 1991, our Agency:

Rev. February 2006

- ☐ recognizes its responsibilities to provide our patients with information regarding advance directives or "living wills." ascertains, in advance of the individual coming under the care of the agency, if the individual has executed an advance directive, and notes this information in the patient's records.
- ☐ will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.
- ☐ is committed to ensuring compliance with the requirements of Florida's law respecting advance directives and encourages individuals and their families to participate in decisions regarding care and treatment and designates who should make treatment choices, should the individual lose decision making capacity.
- ☐ will provide for education of our staff and the local community on the issues concerning advance directives

This agency cannot honor your advance directive unless you provide us with a copy. In the absence of advance directives our agency staff will provide appropriate care according to the plan of treatment authorized by the attending physician and will administer cardiopulmonary resuscitation unless otherwise ordered by the attending physician. Wishes not to be resuscitated require a signed order by the attending physician. The order may be changed/terminated/rescinded at any time orally or in writing.

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

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

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

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

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

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

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

We keep anything we learn about you confidential.

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

- You have the right to refuse to answer questions.

We may need your help in collecting your health information.

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

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

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

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

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

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

This is a Medicare & Medicaid Approved Notice.





## 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.

#### I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.

Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & 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.

#### II. PRINCIPAL 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 & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & 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;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

#### III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

#### IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

**NOTE:** This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

#### CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.  
TTY for the hearing and speech impaired: 1-877-486-2048.

Home Health Agency  
Outcome and Assessment Information Set (OASIS)  
**NOTICE ABOUT PRIVACY**  
**For Patients Who Do Not Have Medicare**  
**or Medicaid Coverage**

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

This is a Medicare & Medicaid Approved Notice.





**ASA Homecare****NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

We have summarized our responsibilities and your rights on this first page. For a complete description of our privacy practices, please review this entire notice.

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**Our Responsibilities**

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**ASA Homecare is required to:**

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you following a breach of unsecured protected health information.

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**Your Rights**

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**As a client of ASA Homecare,** you have several rights with regard to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

**NOTICE OF PRIVACY PRACTICES - continued**

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will provide you or your authorized representative a copy of our revised Notice of Privacy Practices, as well as post a copy of the revised Notice of Privacy Practices on our website. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. Thus, for example, we will require your authorization before we would use or disclose your protected health information for marketing purposes, and, we will not sell your health information without a specific authorization from you.

If have questions and would like additional information, you may contact our Agency's Privacy Officer at 305-229-1400

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**Understanding Your Health Record/Information**

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Each time you receive services from ASA Homecare a record is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials who oversee the delivery of healthcare in the United States;
- A source of data for agency planning and marketing; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

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#### How We Will Use or Disclose Your Health Information

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1. **Treatment.** We will use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. That way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.
2. **Payment.** We will use or disclose your health information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. **Health care operations.** We will use or disclose your health information for our regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case

management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

4. **Business associates.** There are some services provided through the use of outside people and entities. Examples of these "business associates" include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information, and they are also required to do so by law.
5. **Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible of your care and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

6. **Communication with Family.** We may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.
7. **Research.** We may disclose information to researchers when certain conditions have been met.
8. **Transfer of Information at Death.** We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
9. **Organ Procurement Organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
10. **Marketing.** We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment for such product or service.
11. **Fundraising.** We may contact you as part of a fundraising effort, but you will be provided an opportunity to opt out of these communications.
12. **Food and Drug Administration (FDA).** We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
13. **Workers Compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
14. **Public Health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
15. **Correctional institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
16. **Law enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
17. **Reports.** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more individuals, workers or the public.

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## Your Health Information Rights

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Although your health record is the physical property of our Agency, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our Agency. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket. For more information about this right, see 45 Code of Federal Regulations (C.F.R.) §164.522(a).
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the Agency. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. § 164.522(b).
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, in order to better respond to your request, we ask that you make such requests in writing on our Agency's standard form. If you request to have copies made, we will charge you a reasonable fee. For more information about this right, see 45 C.F.R. § 164.524.

- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment. We ask that you use the form provided by our Agency to make such requests. For a request form, please contact our Privacy Officer at 305-229-1400. For more information about this right, see 45 C.F.R. §164.526.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our Agency. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment, or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures made pursuant to a valid authorization; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. §164.528.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website.
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

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#### For More Information or to Report a Problem

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If you have questions and would like additional information, you may contact our Agency's Privacy Officer Diego A Jimenez

If you believe that your privacy rights have been violated, you may file a complaint with us. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

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#### Medicare Guidelines

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In order for a beneficiary to be eligible to receive covered home health services under Medicare, the following criteria are required:

1. Services must be **Medically Necessary and Reasonable**, or more specifically:
  - Care that is consistent with the symptoms or treatment of the patient's condition.
  - Care that is not greater than the level or amount that is necessary (For example: Home Care services versus out-patient services).
  - Care is not to be provided primarily for the convenience of the patient or family.
2. The physician must certify that the patient is **Homebound**. To qualify as homebound, you must be unable to leave home without assistance due to considerable and taxing effort, or away from home only for short intervals, such as for a medical appointment.
3. The service must meet the **skilled care requirements for the professional services of a nurse or therapist** or more specifically:
  - Instruction, teaching, and training that require the skills of a nurse or therapist.
  - Medical treatments or interventions that can only be performed by a skilled clinician.
  - Evaluation or assessment of an unstable medical condition.

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## Face to Face Encounter

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When Medicare and Medicaid are paying for home health care services, you will be required to meet one of the face to face encounter requirements:

- You have seen a physician / non-physician practitioner within the past 90 days or see a physician / non-physician practitioner within 30 days of your home health start of care; or
- You are being admitted to home health care services directly from being discharged from an acute / post-acute setting where you were seen by a physician or non-physician practitioner who has admitting and treating privileges in that facility

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## Appeals Process

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### Your Appeal Process if Medicare coverage is denied:

You, the patient, have a right to an immediate independent medical review if you disagree with the decision to end coverage of home visits.

- At least 2 visits prior, ASA Homecare will notify you of the date of the last covered home visit.
- If you, the patient, disagree with the decision or have questions, you must contact the Appeal Review representative at (844) 455-8708 (toll-free) The representative must be contacted no later than noon of the day before the last covered home visit.
- Within 24 hours, the Appeal Review representatives will contact ASA Homecare to review your medical records and also obtain information from your Insurance Company or Primary Care Physician to determine if Home Care services should continue.
- The Appeal Review representative will notify you, the patient, of its decision as soon as possible, generally no later than the date of the last covered home care visit.

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## EMERGENCY PREPAREDNESS PLAN

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### In the Event of An Emergency or Natural Disaster:

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- ASA Homecare will activate an emergency plan in an effort to continue necessary patient services.
- Each patient is evaluated upon admission and assigned a risk category code.
- The code assignment determines agency response priority in case of a disaster or emergency.
- If a natural emergency or natural disaster occurs while you are on service, you will be prioritized and be contacted at the earliest possible opportunity.
- If you are directly involved in the emergency situation or natural disaster, please call or have someone else call to advise of your condition and needs.
- If a medical emergency exists, dial 911 or the appropriate emergency number for your area.
- If telephone communications are disrupted, please listen for public service announcements on the radio or TV. Try to always have a battery-powered radio available should electricity also be disrupted.
- Please be aware that every effort will be made to contact you as soon as possible following any type of emergency of which your home services provider is aware. This may be by phone, public service announcement, or visit to your home utilizing emergency vehicles.
- Remember we will make every effort to contact you during any emergency situation. Try to leave your phone line free if possible.

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**Emergency Management Instructions:**

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1. As appropriate, ASA Homecare staff will educate you and your caregiver how to manage care temporarily should the staff be unable to visit due to a disaster or emergency situation. Patients who are dependent on equipment will be provided with backup battery power and educated regarding battery use and time. The patient with battery backup will also be educated to notify local utilities to request priority service in case of emergency. Oxygen patients will be provided with emergency use tanks from their DME supplier and instructed on their use.
2. In the event of an emergency or natural disaster, ASA Homecare will activate an emergency management plan in an effort to prevent extended and unnecessary interruptions of services to those in need.
3. If you are a patient receiving home services and a natural disaster or emergency occurs, you will be prioritized and contacted at the earliest possible opportunity.
4. If you were directly involved in the emergency situation or natural disaster, please call or have someone else call your home services provider to advise them of your condition and needs. If a medical emergency exists, dial 911 or the appropriate emergency number for your area.
5. If telephone communications are disrupted, please listen for public service announcements on the radio or TV. Try to always have battery-powered radio available should electricity be disrupted.
6. Please be aware that every effort will be made to contact you as soon as possible following any type of emergency of which your home services provider is aware, whether it be by phone, public service announcement, or visit to your home utilizing emergency vehicles. If you have had to relocate due to the emergency situation, contact your home service provider with your new location and phone number as soon as you are able.
7. Remember that your home service provider will be making efforts to contact you during any emergency situation. Try to leave your phone line free if possible.

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**INFECTION CONTROL**

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**Proper hand washing is the most important factor in preventing the spread of infection. Wash hands with soap and water:**

1. After going to the bathroom.
2. Before and after eating.
3. After blowing your nose or covering a cough or sneeze.
4. Before and after handling any dressings.
5. Before preparing meals.
6. Before handling any medical supply or equipment.
7. Before handling medicine.
8. After touching pets.
9. After taking out the trash.
10. After cleaning up blood, urine, stool or phlegm.

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## HOME SAFETY

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### General Safety:

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1. Stairways should have safe and sturdy railings or banisters.
2. Keep stairways, halls and exits free of clutter such as shoes, tools, toys, etc.
3. Stair surfaces should be non-slip.
4. Throw rugs should have non-slip backing and should not be used in traffic areas.
5. Stairways and halls should be well lit.
6. Waxed and highly polished floors can be hazard.
7. Use night lights in bedrooms, bathrooms, and hallways.
8. Do not block doorways with furniture.
9. Storage places for often-used items should be within easy reach.
10. Emergency phone numbers should be placed by the telephone.
11. Wipe up spilled liquids and grease right away. Clean up any dropped food particles right away.
12. Store all poison and dangerous chemicals, such as cleaning agents, separate from food items and out of reach of small children. All chemicals should be clearly labeled.
13. Wear shoes or slippers when up and about rather than going barefoot.
14. If shoes have laces they should be well tied to prevent tripping.
15. Be alert to unsafe conditions.

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### Bathroom Safety:

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1. Use rubber mats or non-slip strips on the floor of the bathtub or shower.
2. Do not use soap-holder handles or towel racks as a grab bar for support when getting in or out of the tub.
3. Avoid use of oil in the bath; this can make the tub slippery.
4. Make sure feet are dry before stepping onto tile floor.
5. Make sure water temperature is not too hot before getting into tub or shower.
6. Do not use electrical appliances in the bathtub or shower.

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**Patient Care Safety:**

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1. Bedrails should be raised and securely fastened when the patient is in bed.
2. Assure that the patient is safely positioned while seated in a chair. Use a safety belt if necessary.
3. If restraints are used, make sure that they do not interfere with circulation, are properly applied, do not cause irritation to the skin, are comfortable, and are removed frequently.
4. Make sure wheelchair locks are secured before getting in or out. Move footrest out of the way before trying to stand. Do not stand on footrests. Place feet firmly on the floor before trying to stand.
5. Clear room of extra equipment that might block a pathway, especially at night.
6. Keep electric heating pads at low-medium heat. Place the pad on or over the patient, rather than the patient on the pad.

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**Fire Safety:**

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1. Never cover a bright light with material to try to dim the light. Instead, use a smaller watt bulb or a night light.
2. Lighted matches and cigarettes should be completely extinguished before throwing them away.
3. Do not use shallow ash trays.
4. Do not smoke in bed.
5. Stoves should not be placed by curtained windows.
6. Turn pot handles toward back of stove.
7. Establish an evacuation plan.
8. Make sure long sleeves and loose parts of clothing are out of the way of the fire when cooking.
9. When heaters are in use, make sure room is well ventilated.
10. Smoke detectors should be placed on each level of the home and checked periodically for proper functioning, change batteries at least 2 times per year.
11. Call local fire department if elderly or bed bound person is in the home.



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**Electrical Safety:**

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1. Plugs and sockets should fit firmly and require some force to insert and remove.
2. If children are present in the home, all unused outlets should have childproof caps inserted.
3. Unplug any plugs or outlets that form a connection which is warm to touch. Do not use them until they have been repaired or replaced.
4. Always grasp the plug to remove it from the outlet. Never pull the cord.
5. All electrical devices should be properly grounded unless they are double insulated.
6. Cheaters, which convert three-prong plugs into two prong plugs, should not be used.
7. Avoid using extension cords and never overload them.
8. Check cords for fraying bare wires or other defects, especially at the point where the cord attaches to the equipment.
9. Keep cords away from oil, grease or any material that causes deterioration.
10. Never touch an electrical appliance and plumbing at the same time.
11. Never run a cord across the sink or across a wet floor.
12. Make sure circuits are not overloaded.
13. Disconnect equipment that sparks, stalls, blows a fuse or gives the slightest shock.
14. Report equipment malfunctions to your equipment supplier.
15. Repairs to wiring and circuits should be done by a qualified electrician only.

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**Electrical Fire:**

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1. Get everyone out of the area.
2. Report the fire.
3. If the fire is small enough, and you are physically able:
  - Pull the plug, turn off the switch or trip the circuit breaker of the piece of equipment causing the fire.
  - Extinguish the fire with a “Class C” fire extinguisher made to put out electrical fires.
4. If the fire is larger than you are physically able to manage or threatens flammable materials, **DO NOT** attempt to fight the fire yourself.
5. Never use water on electrical fires.

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**Electrical Shock:**

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1. **DO NOT** touch the person. If you touch the victim with hands, you can get shocked too.
  2. Turn off the power or pull the plug to the machine, appliance or equipment.
  3. If you are unable to cut off the power, call the electric company.
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**Oxygen Safety:**

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1. Oxygen increases the flammability of other materials. Take precautions to prevent sparks in oxygen therapy areas.
  2. Keep oxygen at least 5 feet from any potential source of spark or flame.
  3. Do not use oil or grease of any kind on cylinder valves, gauges, regulators, or other fittings.
  4. Use water-based lubricants only for nasal dryness.
  5. DO NOT smoke while using oxygen.
  6. Post "Oxygen in Use" signs to display in front of the house and the room in which the oxygen is being stored.
  7. Always store oxygen cylinders upright, in a secured and well-ventilated area. If necessary, the cylinders may be stored lying flat as long as they are safely secured.
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**Medications:**

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1. Medicines should be clearly labeled.
2. Take exactly the amount of the drug prescribed by your doctor and follow the dosage as closely as possible.
3. Ask your doctor or pharmacist about side effects that may occur, special rules for storage, and foods or beverages, if any to avoid.
4. Always call your doctor promptly if you notice unusual reactions.
5. Never take drugs prescribed for another person.
6. Make reasonable efforts or safely store medications out of the reach of children.
7. Discard or destroy prescription medications when the illness is over or if the date on the container has expired unless directed otherwise by your health care professional.
8. Keep a record of the drugs you are currently taking, including prescription, non-prescription, and home remedies. This is important information that must be shared with you doctor, pharmacist and other health care providers.
9. Always tell your doctor or pharmacist about past problems you have had with medications.
10. Dispose of used needles carefully! Hypodermic needles and syringes (sharps) used outside a medical facility must be handled as follows:
  - Avoid recapping needles
  - Place used needles directly in a puncture resistant container as plastic detergent bottle, empty bleach bottle, or heavy-duty plastic container
  - Tightly seal the container
  - Place in household trash
  - Never use a glass container for needle disposal

- Many drug companies or pharmacies will supply you with a special container to dispose of their products – ask when you pick up or have your injectable prescriptions delivered.
- Oxygen Safety - Oxygen Risk Assessment

Oxygen must be prescribed by your physician, who will determine how much is needed, at what times and for how long. The equipment company that delivers your oxygen will explain how to set up and use the equipment.

Our staff can also assist in answering any questions you may have, as we want you to safely get the most benefit from your oxygen therapy.

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#### Safety Tips to Follow:

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1. Oxygen cannot explode or catch fire by itself. It can however make an existing spark or flame burn more fiercely. Oxygen, including the tubing carrying the oxygen to your nose or mouth, **MUST** be at least **5 feet away** from any source of heat or flame. **Do not smoke or allow others to smoke near you when using oxygen.** You should not be closer than 5 feet from a gas grill, gas stove or open gas fireplace when your oxygen is in use.
  2. **Post NO SMOKING signs** and make sure family and visitors comply.
1. Always have **working smoke detectors** in your home.
  2. **Do not store oxygen equipment in unvented areas** such as a closet or the trunk of your car.
  3. **Secure oxygen cylinders to a fixed object.** If knocked over, the gas may escape causing the cylinder to take off like a missile. Upright storage of cylinders requires a cylinder base or cart, and cylinders laying flat should be stored out of pathways. Secure oxygen cylinders to a fixed object. If necessary, the cylinders may be stored lying flat as long as they are safely secured.
  4. **Notify the electric company** if you use an oxygen concentrator so you'll be a top priority if power is disrupted. Also notify the fire department that you keep oxygen at home, and make sure the equipment company leaves enough oxygen in cylinders to give you approximately six hours' worth of oxygen.
  5. Be sure to **order more oxygen** from your supplier **at least 2-3 days** before you'll need it.
  6. **Don't change the flow rate** without consulting with your nurse or physician. Oxygen is a prescription drug.
  7. **Use water-based lubricants** to moisten your lips and nostrils. Never use oil-based products like petroleum jelly.
  8. **Do not use oil or grease of any kind** on cylinder valves, gauges, regulators, or other fittings.
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#### Falls

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##### Tips to Prevent:

1. Wear shoes that offer support all the way around the foot at all times.
2. Clear cluttered walkways, remove all throw rugs.
3. Turn on lights before entering a room and use a night light.
4. The tub or shower stall should have a non-slip floor surface. Do not use moisturizing type soap in the shower as it can make the floor slippery.
5. Use a rubber backed bath mat on the floor when stepping out of the shower or bathtub.
6. Stairways should have a sturdy railing, non-slip surface and be well lit.
7. Keep frequently used items within easy reach.
8. Keep a cordless telephone or a Lifeline button with you at all times.
9. Keep your glasses clean. Have your eyes checked at least annually.

10. Review your medications with your doctor; some medications or combination of medications can cause a risk for falls.

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## DURABLE MEDICAL EQUIPMENT

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### Crutches

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If an injury or surgical procedure requires you to keep your weight off your leg or foot, you may have to use crutches.

- The top of your crutches should reach to 1-1 1/2 inches below your armpits while you stand up straight.
- The handgrips of the crutches should be even with the top of your hip line.
- Your elbows should bend a bit when you use the handgrips.
- Hold the top of the crutches tightly to your sides and use your hands to absorb the weight.
- Don't let the tops of the crutches press into your armpits.

#### How to use crutches, canes and walkers:

If you ever break a bone in your leg or foot, have a surgical procedure on your lower limb or suffer a stroke, you may need to use crutches, a cane or a walker. In the beginning, everything you do may seem difficult, but with a few tips and some practice, you will gain confidence and learn to use your walking aid safely

#### Walking with Crutches

- Lean forward slightly and put your crutches about one foot ahead of you.
- Begin your step as if you were going to use the injured foot or leg but shift your weight to the crutches instead of the injured foot.
- Your body swings forward between the crutches.
- Finish the step normally with your non-injured leg. When the non-injured leg is on the ground, move your crutches ahead in preparation for the next step.
- Keep focused on where you are walking, not on your feet.

#### Sitting with Crutches

- Back up to a sturdy chair.
- Put your injured foot in front of you and both crutches in one hand.
- Use the other hand to feel for the seat of your chair.
- Slowly lower yourself into it.
- Lean your crutches upside down in a handy location. (Crutches tend to fall over when they stand on their tips).
- To stand up, inch yourself to the front of the chair.
- Hold both crutches in the hand on your good leg side.
- Push yourself up and stand on the good leg.

#### Stairs and Crutches

- To walk up and down stairs with crutches, you need to be both strong and flexible.
- Facing the stairway, hold the handrail with one hand and tuck both crutches under your armpit on the other side.
- When you're going up, **lead with your good foot**, keeping the injured foot raised behind you.

- When you're going down, hold your injured foot up in front, and hop down each stair on your good foot.
- Take it one step at a time.
- You may want someone to help you, at least at first.
- If you're facing a stairway with no handrails, use the crutches under both arms and hop up or down each step on your good leg, using more strength.
- An easier way is to sit on the stairs and inch yourself up and down each step.
- Start by sitting on the lowest stair with your injured leg out in front.
- Hold both crutches flat against the stairs in your opposite hand.
- Scoot your bottom up to the next step, using your free hand and good leg for support.
- Face the same direction when you go down the stairs this way.

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### Canes

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- You may find it helpful to use a cane if you have a small problem with balance or instability, a minor weakness in your leg or trunk, an injury or pain.
- If you are elderly, a single point cane may also help you to keep living independently.
- The top of your cane should reach to the crease in your wrist when you stand up straight.
- Your elbow should bend a bit when you hold your cane.
- Hold the cane in the hand opposite the side that needs support.

#### When you walk

- The cane and your injured leg swing and strike the ground at the same time.
- To start, position your cane about one small stride ahead and step off on your injured leg. Finish the step with your normal leg.
- To climb stairs, grasp the handrail (if possible) and step up on your good leg first, with your cane in the hand opposite the injured leg.
- Then step up on the injured leg.
- To come down stairs, put your cane on the step first, then your injured leg, and finally the good leg, which carries your body weight.

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### Walkers

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- If you've had total knee or hip joint replacement surgery, or you have another significant problem, you may need more help with balance and walking than you can get with crutches or a cane.
- A pickup walker with four solid prongs on the bottom may give you the most stability.
- It lets you keep all or some of your weight off your lower body as you take your steps.
- You use your arms to support some of the weight.
- The top of your walker should match the crease in your wrist when you stand up straight.
- Don't hurry when you use a walker.
- As your strength and endurance get better, you may gradually be able to carry more weight in your legs.

**First, put your walker about one step ahead of you, making sure the legs of your walker are level to the ground.**

- With both hands, grip the top of the walker for support and walk into it, stepping off on your injured leg.
- Touch the heel of this (injured leg) foot to the ground first.
- Then flatten the foot.
- Finally lift the toes off the ground as you complete your step with your good leg.
- Don't step all the way to the front bar of your walker.
- Take small steps when you turn.
- To sit, back up until your legs touch the chair.
- Reach back to feel the seat before you sit.

#### **To get up from a chair**

- Push yourself up and grasp the walker's grips.
- Make sure the rubber tips on your walker's legs stay in good shape.
- Never try to climb stairs or use an escalator with your walker/ walking aides.

#### **Other general guidelines for using walking aids around the house include:**

- Remove scatter rugs, electrical cords, spills and anything else that may cause you to fall.
- In the bathroom, use non-slip bath mats, grab bars, a raised toilet seat and a shower tub seat.
- Simplify your household to keep the items you need handy and everything else out of the way.
- Use a backpack, fanny pack, apron or briefcase to help you carry things around.

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## **PAIN MANAGEMENT**

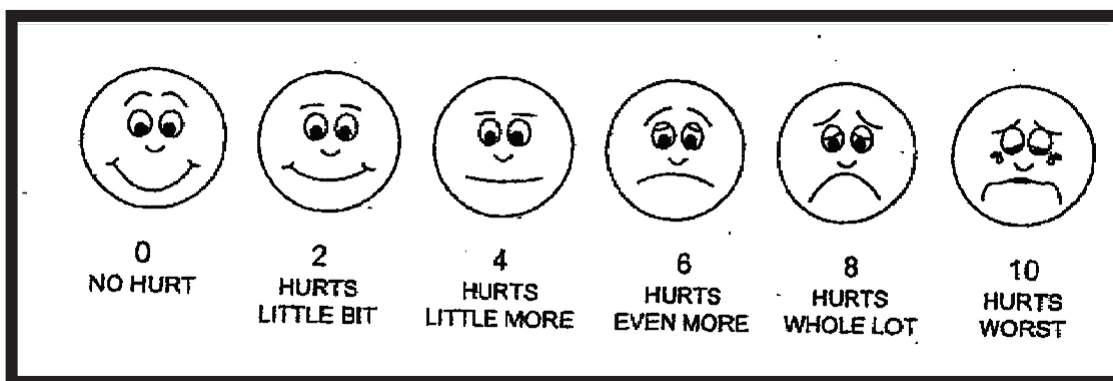
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### **IT IS IMPORTANT TO US THAT YOUR PAIN IS VERY WELL CONTROLLED**

Pain or discomfort can be expected after illness, injury, or surgery. How pain feels are different to each person. How people respond to pain is also different; some people feel anxious, irritable, or tired.

We care about your pain and want to help you control it. When your pain is well managed, you may feel better, sleep better, move better, and recover faster. Asking about your pain is as important to us as measuring your pulse, temperature and blood pressure because pain often causes people to stop doing things they want or need to do. We will ask about your pain at every visit.

We will ask you to pick a number between 0 and 10 to describe how strong your pain is. This helps us understand how you feel and progress in your pain relief.



We will also ask you:

- How does your pain feel? *"My neck is aching; my knee is throbbing."*
- How often does the pain occur? *"Off and on, only in the morning, when I walk, constantly, when I sit or stand too long."*
- How long does the pain last? *"For one hour after I wake up, until I walk around, for 30 minutes after I take my medication."*
- What makes the pain better or worse? *"Walking, sitting, coughing, doing, exercise, medication."*
- What medications are you taking? Are you having any side effects?  
*"Constipation, dizziness, dry mouth, itching, sleepiness, upset stomach"*
- What else helps relieve your pain? *"Massage, watching TV, heat or cold."*

If your pain level stays the same or gets worse, let us know. We will work with your doctor to try to relieve your pain.

Disposal of Unused Medicines:

### **What You Should Know**

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#### **Overview**

Medicines play an important role in treating many conditions and diseases, but when they are no longer needed it's important to dispose of them properly to avoid harm to others. Below, we list some disposal options and some special disposal instructions for you to consider when throwing out expired, unwanted, or unused medicines.

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#### **Medicine Take-Back Programs**

Medicine take-back programs for disposal are a good way to remove expired, unwanted, or unused medicines from the home and reduce the chance that others may accidentally take the medicine. Contact your city or county government's household trash and recycling service to see if there is a medicine take-back program in your community and learn about any special rules regarding which medicines can be taken back. You can also talk to your pharmacist to see if he or she knows of other medicine disposal programs in your area.

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#### **Disposal in Household Trash**

If no medicine take-back program is available in your area, consumers can also follow these simple steps to dispose of most medicines in the household trash:<sup>1</sup>

- Mix medicines (do NOT crush tablets or capsules) with an unpalatable substance such as kitty litter or used coffee grounds;
- Place the mixture in a container such as a sealed plastic bag; and
- Throw the container in your household trash.

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#### **Flushing of Certain Medicines**

There is a small number of medicines that may be especially harmful and, in some cases, fatal in a single dose if they are used by someone other than the person the medicine was prescribed for. List of medicines recommended for disposal by flushing. For this reason, a few medicines have specific disposal instructions that indicate they should be flushed down the sink or toilet

when they are no longer needed and when they cannot be disposed of through a drug take-back program. When you dispose of these medicines down the sink or toilet, they cannot be accidentally used by children, pets, or anyone else.

You may have also received disposal directions for these medicines when you picked up your prescription. [If your medicine is on this list](#), and you did not receive information containing disposal instructions along with your dispensed prescription, you can find instructions on how to dispose of the medicines at [DailyMed](#)<sup>1</sup>, by searching on the drug name, and then looking in one of the following sections of the prescribing information:

- Information for Patients and Caregivers
- Patient Information
- Patient Counseling Information
- Safety and Handling Instructions
- Medication Guide

FDA remains committed to working with other Federal agencies and medicine manufacturers to develop alternative, safe disposal policies. Below is some additional information about flushing medicine that is no longer needed. If you have additional questions about disposing of your medicine, please contact us at 1-888-INFO-FDA (1-888-463-6332).

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## Frequently Asked Questions

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### ***Why do the medications on the list have flushing directions for disposal?***

The medicines on this list of medicines recommended for disposal by flushing are safe and effective when used as prescribed, but they could be especially harmful to a child, pet, or anyone else if taken accidentally. Some of the possible harmful effects include breathing difficulties or heart problems, possibly leading to death. For these reasons, FDA advises that when it isn't possible to return these medicines through a medicine take-back program, flushing these medicines down the sink or toilet is currently the best way to immediately and permanently remove the risk of harm from the home. FDA continues to work with and encourage the manufacturers of these medicines to develop alternative, safe disposal systems.

All other expired, unwanted, or unused medicines should be disposed of by using a medicine take-back program, if available, or by throwing them away in the household trash.

### ***Does flushing the medicines on the list down the toilet or sink drain pose a risk to human health and the environment?***

We are aware of recent reports that have noted trace amounts of medicines in the water system. The majority of medicines found in the water system are a result of the body's natural routes of drug elimination (in urine or feces). Scientists, to date, have found no evidence of harmful effects to human health from medicines in the environment.

Disposal of these select, few medicines by flushing contributes only a small fraction of the total amount of medicine found in the water. When a medicine take-back program isn't available, FDA believes that any potential risk to people and the environment from flushing this small, select list of medicines is outweighed by the real possibility of life-threatening risks from accidental ingestion of these medicines.



## Medicines Recommended by the FDA For Disposal by Flushing

This list from FDA tells you what expired, unwanted, or unused medicines you should flush down the sink or toilet to help prevent danger to people and pets in the home. Flushing these medicines will get rid of them right away and help keep your family and pets safe.

FDA continually evaluates medicines for safety risks and will update the list as needed.

### MEDICINES RECOMMENDED FOR DISPOSAL BY FLUSHING:

#### MEDICINE AND ACTIVE INGREDIENT

##### **Medicine**

##### **Active Ingredient**

**Abstral** ([PDF - 1M](#)), tablets (sublingual)

Fentanyl

**Actiq** ([PDF - 251KB](#)), oral transmucosal lozenge \*

Fentanyl Citrate

**Avinza** ([PDF - 51KB](#)), capsules (extended release)

Morphine Sulfate

**Buprenorphine Hydrochloride**, tablets (sublingual) \*

Buprenorphine Hydrochloride

**Buprenorphine Hydrochloride; Naloxone Hydrochloride**, tablets (sublingual) \*

Buprenorphine Hydrochloride;  
Naloxone Hydrochloride

**Butrans** ([PDF - 388KB](#)), transdermal patch system

Buprenorphine

**Daytrana** ([PDF - 281KB](#)), transdermal patch system

Methylphenidate

**Demerol**, tablets \*

Meperidine Hydrochloride

**Demerol**, oral solution \*

Meperidine Hydrochloride

**Diastat/Diastat AcuDial**, rectal gel [for disposal instructions: click on link, then go to "Label information" and view current label]

Diazepam

**Dilaudid**, tablets \*

Hydromorphone Hydrochloride

**Dilaudid**, oral liquid \*

Hydromorphone Hydrochloride

**Dolophine Hydrochloride** ([PDF - 48KB](#)), tablets \*

Methadone Hydrochloride

**Duragesic** ([PDF - 179KB](#)), patch (extended release) \*

Fentanyl

**Embeda** ([PDF - 39KB](#)), capsules (extended release)

Morphine Sulfate; Naltrexone  
Hydrochloride

<b>Exalgo</b> ( <a href="#">PDF - 83KB</a> ), tablets (extended release)	Hydromorphone Hydrochloride
<b>Fentora</b> ( <a href="#">PDF - 338KB</a> ), tablets (buccal)	Fentanyl Citrate
<b>Kadian</b> ( <a href="#">PDF - 135KB</a> ), capsules (extended release)	Morphine Sulfate
<b>Methadone Hydrochloride</b> , oral solution *	Methadone Hydrochloride
<b>Methadose</b> , tablets *	Methadone Hydrochloride
<b>Morphine Sulfate</b> , tablets (immediate release) *	Morphine Sulfate
<b>Morphine Sulfate</b> ( <a href="#">PDF - 282KB</a> ), oral solution *	Morphine Sulfate
<b>MS Contin</b> ( <a href="#">PDF - 433KB</a> ), tablets (extended release) *	Morphine Sulfate
<b>Nucynta ER</b> ( <a href="#">PDF - 38KB</a> ), tablets (extended release)	Tapentadol
<b>Onsolis</b> ( <a href="#">PDF - 297KB</a> ), soluble film (buccal)	Fentanyl Citrate
<b>Opana</b> , tablets (immediate release)	Oxymorphone Hydrochloride
<b>Opana ER</b> ( <a href="#">PDF - 56KB</a> ), tablets (extended release)	Oxymorphone Hydrochloride
<b>Oxecta</b> , tablets (immediate release)	Oxycodone Hydrochloride
<b>Oxycodone Hydrochloride</b> , capsules	Oxycodone Hydrochloride
<b>Oxycodone Hydrochloride</b> ( <a href="#">PDF - 100KB</a> ), oral solution	Oxycodone Hydrochloride
<b>Oxycontin</b> ( <a href="#">PDF - 417KB</a> ), tablets (extended release)	Oxycodone Hydrochloride
<b>Percocet</b> , tablets *	Acetaminophen; Oxycodone Hydrochloride
<b>Percodan</b> , tablets *	Aspirin; Oxycodone Hydrochloride
<b>Suboxone</b> ( <a href="#">PDF - 83KB</a> ), film (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride
<b>Xyrem</b> ( <a href="#">PDF - 185KB</a> ), oral solution	Sodium Oxybate
<b>Zubsolv</b> ( <a href="#">PDF - 354KB</a> ), tablets (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride

\* These medicines have generic versions available or are only available in generic

formulations.

FDA continually evaluates medicines for safety risks and will update the list as needed. List revised: November 2013

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*<sup>1</sup>Consumers are advised to check their local laws and ordinances to make sure medicines can legally be disposed of with their household trash.*

For specific drug product labeling information, go to [DailyMed](#) or [Drugs@FDA](#).

# ASA HOME CARE, INC.

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

We have summarized our responsibilities and your rights on this first page. For a complete description of our privacy practices, please review this entire notice.

### **Our Responsibilities Our**

#### **Agency is required to:**

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you following a breach of unsecured protected health information.

### **Your Rights**

As a client of our Agency, you have several rights with regard to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will provide you or your authorized representative a copy of our revised Notice of Privacy Practices, as well as post a copy of the revised Notice of Privacy Practices on our website. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. Thus, for example, we will require your authorization before we would use or disclose your protected health information for marketing purposes, and, we will not sell your health information without a specific authorization from you.

If have questions and would like additional information, you may contact our Agency's Privacy Officer at 305-229-1400.

### **Understanding Your Health Record/Information**

Each time you receive services from our Agency, a record is made. Typically, this record contains your symptoms, examination and test results, diagnoses,

treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third- party payer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials who oversee the delivery of healthcare in the united states;

- A source of data for agency planning and marketing; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

#### **How We Will Use or Disclose Your Health Information**

1. Treatment. We will use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. That way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.
2. Payment. We will use or disclose your health information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. Health care operations. We will use or disclose your health information for our regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.
4. In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and
5. (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.
6. Business associates. There are some services provided through the use of outside people and entities. Examples of these "business associates" include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information, and they are also required to do so by law.

7. Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible of your care and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.
8. Communication with family. We may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.
9. Research. We may disclose information to researchers when certain conditions have been met.
10. Transfer of information at death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
11. Organ procurement organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
12. Marketing. We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment for such product or service.
13. Fundraising. We may contact you as part of a fundraising effort, but you will be provided an opportunity to opt out of these communications.
14. Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
15. Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
16. Public health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
17. Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
18. Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
19. Reports. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more individuals, workers or the public.

## Your Health Information Rights

Although your health record is the physical property of our Agency, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our Agency. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket. For more information about this right, see 45 Code of Federal Regulations (C.F.R.) §164.522(a).
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the Agency. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. § 164.522(b).
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, in order to better respond to your request, we ask that you make such requests in writing on our Agency's standard form. If you request to have copies made, we will charge you a reasonable fee. For more information about this right, see 45 C.F.R. § 164.524.

## For More Information or to Report a Problem

If have questions and would like additional information, you may contact our Agency's Privacy Officer **Diego A. Jimenez**.

If you believe that your privacy rights have been violated, you may file a complaint with us. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment. We ask that you use the form provided by our Agency to make such requests. For a request form, please contact our Privacy Officer at [305-229-1400](tel:305-229-1400). For more information about this right, see 45 C.F.R. §164.526.

- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form

provided by our Agency. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment, or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures made pursuant to a valid authorization; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. §164.528.







- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website.
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.





8700 West Flagler Street Suite #110, Miami, FL 33174  
Phone: (305) 229-1400 Fax: (305) 229-1939

## PATIENT CARE PLAN

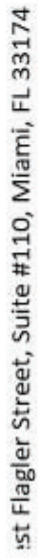
Demographics		
<b>Administrator/Clinical Manager:</b> Diego A Jimenez Administrator - Mariela Lopez, RN Clinical Manager Phone Number 305-229-1400. <i>Please contact if you have any concerns or questions regarding your care.</i>		
Plan of Care Date	Allergies	
Physician Name	Physician Contact Number	
DME Supplier	DME Supplier Number	
<b>Patient Instructions:</b> Keep this document where you and/or your family can easily access this information.		
ASA Home Care has an on-call nurse that is available 24 hours a day. Call 305-229-1400 1. <b>In Case of a Serious Medical Emergency – Call 911.</b> ASA Homecare does not provide emergency services. Examples of a serious emergency are severe chest pain, diabetic coma, etc. This is your individualized plan of care and any changes or updates to it, you will be informed.		
My Plan of Treatment		
<b>Treatment Goals</b> These measurable goals are to help me improve or manage my medical diagnosis and/or manage the symptoms ( <i>Example – Improve ambulation &gt; 100 feet without an assistive device and improve muscle weakness in left leg within 4 weeks</i> ) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
When to Call Home Health Signs / Symptoms		
 <b>Heart Lung</b> <input type="checkbox"/> Congestion / productive cough <input type="checkbox"/> Increased shortness of breath <input type="checkbox"/> Swelling in your legs or feet <input type="checkbox"/> Weight gain in 24 hours - _____ lbs. <input type="checkbox"/> Other: _____	 <b>Diabetic Problems</b> <input type="checkbox"/> Blood sugar levels – greater than ____ / less than ____ <input type="checkbox"/> Sudden dizziness / weakness <input type="checkbox"/> Drowsiness <input type="checkbox"/> Increased urination <input type="checkbox"/> Increased hunger and/or thirst	 <b>Take Blood Thinners (Warfarin / Coumadin / Xarelto)</b> <input type="checkbox"/> Bruising <input type="checkbox"/> Bleeding-mouth/gums/nose/ rectal <input type="checkbox"/> Black stools
 <b>Urinary / Catheter</b> <input type="checkbox"/> Unable to urinate <input type="checkbox"/> Back or flank pain <input type="checkbox"/> Catheter not draining <input type="checkbox"/> Foul odor <input type="checkbox"/> Bloody / change in urine color	 <b>Wound</b> <input type="checkbox"/> Increased redness <input type="checkbox"/> Changes in drainage <input type="checkbox"/> Gets bigger <input type="checkbox"/> More painful <input type="checkbox"/> New / change in Odor	 <b>Other:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

SERVICES PROVIDED	CARE PLAN	UPDATES AND/OR CHANGES	COMMENTS
Skilled Nursing	<b>Visit Frequency:</b> _____ <input type="checkbox"/> Assess and teach on disease process <input type="checkbox"/> Assess and teach medications <input type="checkbox"/> Assess and teach diet <input type="checkbox"/> Assess and teach home safety <input type="checkbox"/> Teach emergency plan <input type="checkbox"/> Assess and teach wound / ostomy care <input type="checkbox"/> Assess and teach medication injection (shot) <input type="checkbox"/> <input type="checkbox"/> Assess and teach infusion therapy <input type="checkbox"/> Discharge planning / notice <input type="checkbox"/> Perform _____ <input type="checkbox"/> Perform _____ <input type="checkbox"/> Perform _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		
	<b>RN's Signature:</b> _____	<b>Date:</b> _____	
Physical Therapy	<b>Visit Frequency:</b> _____ <input type="checkbox"/> Assess and teach the home exercise program <input type="checkbox"/> <input type="checkbox"/> Assess and teach patient use of assistive devices <input type="checkbox"/> <input type="checkbox"/> Assess and teach home safety <input type="checkbox"/> Perform _____ <input type="checkbox"/> Perform _____ <input type="checkbox"/> Perform _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		
	<b>Therapist's Signature:</b> _____	<b>Date:</b> _____	
Occupational Therapy	<b>Visit Frequency:</b> _____ <input type="checkbox"/> Assess and teach the home exercise program <input type="checkbox"/> <input type="checkbox"/> Assess and teach patient use of assistive devices <input type="checkbox"/> <input type="checkbox"/> Assess and teach home safety <input type="checkbox"/> Perform _____ <input type="checkbox"/> Perform _____ <input type="checkbox"/> Perform _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		
	<b>Therapist's Signature:</b> _____	<b>Date:</b> _____	
Speech Therapy	<b>Visit Frequency:</b> _____ <input type="checkbox"/> Assess and teach the language program <input type="checkbox"/> Assess and teach patient use of assistive devices <input type="checkbox"/> Assess and teach home safety <input type="checkbox"/> Perform _____ <input type="checkbox"/> Perform _____ <input type="checkbox"/> Perform _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <b>Therapist's Signature:</b> _____		
	<b>Therapist's Signature:</b> _____	<b>Date:</b> _____	
Home Health Aide	<b>Visit Frequency:</b> _____ <input type="checkbox"/> Assist the patient with bathing and grooming <input type="checkbox"/> Assist the patient with mobility and safety <input type="checkbox"/> Complete light housekeeping tasks <input type="checkbox"/> Other: _____		
	<b>RN's Signature:</b> _____	<b>Date:</b> _____	
Medical Social Services	<b>Visit Frequency:</b> _____ <input type="checkbox"/> Assess patient home and living status and assist with identified needs <input type="checkbox"/> Assess and teach home safety <input type="checkbox"/> Other: _____ <b>Social Worker's Signature:</b> _____		
	<b>Social Worker's Signature:</b> _____	<b>Date:</b> _____	



## Home Visit Calendar

[illegible]



FAX: (305) 229-1939

## Home Chart Communication

Patient Name	Physician:	Start of Care
		____ / ____ / ____
Last	First	

[illegible]

# Think. Plan. Act.

## Your Guide to Hurricane Readiness

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### Phone Numbers & Web Addresses

#### 9-1-1 Emergencies

#### 3-1-1 Government Information

Toll-free outside

Miami-Dade County  
1-888-311-DADE (3233)  
TTY/TDD: 305-468-5402

#### 2-1-1 Family Social Services

TTY: 305-644-9449

#### American Red Cross

305-644-1200  
[www.miamiredcross.org](http://www.miamiredcross.org)

Miami-Dade Department of  
Emergency Management  
[www.miamidade.gov/oem](http://www.miamidade.gov/oem)

#### Federal Emergency Management Agency

1-800-621-FEMA (3362)  
TDD: 800-462-7585

[www.fema.gov](http://www.fema.gov)

#### Florida Power and Light

1-800-4-OUTAGE (1-800-468-8243)  
7-1-1 (hearing impaired)

#### AT&T

1-888-757-6500  
TDD: 305-780-2273

6-1-1 (repairs)

#### Food safety during emergencies

[www.foodsafety.gov/keep](http://www.foodsafety.gov/keep)

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### “Miami-Dade Alerts”

Don't be the last to know when a hurricane is coming. Sign up for weather advisories with Miami-Dade Alerts. Find out more at <http://miamidade.gov/wps/portal/Main/safety>

### Did you know?

By dialing 3-1-1 you get one-on-one personal service in English, Spanish or Creole that provides the answers you need to question about government services and programs.



## HURRICANE EVACUATION CENTERS

Evacuating locally to the home of a friend or family member outside of the evacuation area is highly recommended. Hurricane Evacuation Centers should be utilized when that alternative does not exist. Remember, evacuation centers are not designed for comfort and not all accept pets.

**NOT EVERY SITE WILL OPEN FOR EVERY EVACUATION!**

Please monitor the local radio or television, or dial 3-1-1 (T DD (305) 468 -5402) to find out which centers are open when an evacuation order is announced. People who require special assistance in evacuating or would like to register for the pet-friendly evacuation center can dial 3-1-1 to get information about specialized evacuation centers.

The schools listed below are accessible for people with disabilities. 

Facility Name	Address	City/Neighborhood	Zip Code
<b>Northeast Miami-Dade County</b>			
Dr. Michael M. Krop Senior	1410 NE 215 <sup>th</sup> Street	North Miami-Dade	33179
North Miami Senior	800 NE 137 <sup>th</sup> Street	North Miami	33161
Miami Carol City Senior	3301 Miami Gardens Drive	Miami Gardens	33056
North Miami Beach Senior	1247 NE 167 <sup>th</sup> Street	North Miami Beach	33162
Highland Oaks Middle	2375 NE 203 <sup>rd</sup> Street	North Miami Beach	33180
<b>Northwest Miami-Dade County</b>			
Lawton Chiles Middle	8190 NW 197 <sup>th</sup> Street	Northwest Miami-Dade	33015
Hialeah Gardens Senior	11700 Hialeah Gardens Blvd.	Hialeah Gardens	33018
Barbara Goleman Senior	14100 NW 89 <sup>th</sup> Avenue	Miami Lakes	33018
Country Club Middle	18305 NW 75 <sup>th</sup> Place	Northwest Miami-Dade	33015
American Senior	18350 NW 67 <sup>th</sup> Avenue	Northwest Miami-Dade	33015
<b>Central Miami-Dade County</b>			
Booker T. Washington Senior	1200 NW 6 <sup>th</sup> Avenue	City of Miami	33136
Ronald Reagan Senior	8600 NW 107 <sup>th</sup> Avenue	Doral	33178
Charles Drew Middle	1801 NW 60 <sup>th</sup> Street	City of Miami	33142
Miami Coral Park Senior	8865 SW 16 <sup>th</sup> Street	Westchester	33165
W.R. Thomas Middle	13001 SW 26 <sup>th</sup> Street	West Miami-Dade	33175
<b>Southern Miami-Dade County</b>			
Robert Morgan Senior	18180 SW 122 <sup>nd</sup> Avenue	Miami	33177
South Dade Senior	28401 SW 167 <sup>th</sup> Avenue	Homestead	33030
Jorge Mas Canosa Middle	15735 SW 144 <sup>th</sup> Street	Miami	33196
South Miami Senior	6856 SW 53 <sup>rd</sup> Street	South Miami	33155
Felix Varela Senior	15255 SW 96 <sup>th</sup> Street	West Kendall	33196