



*If you have a concern or complaint about patient care or safety, we encourage you to contact our patient relations staff at (859) 572-3126 (Ft. Thomas); (859) 212-5291 (Florence); or (859) 824-8151 (Grant).*

*If you do not feel like your concern can be resolved through the hospital, please refer to alternative contact information under "Grievances" in this handbook.*

### **Welcome to St. Elizabeth Healthcare Skilled Nursing Facility.**

We are pleased that you and your family have trusted us with your care. Our goal is to foster your independence. We want to support not only your medical care, but also your social, emotional, religious and recreational needs. Please take a few minutes to read through this booklet. It is filled with information that will be important to you during your stay with us.

### **What You Can Expect**

Our commitment is to help you achieve your goals with an individualized treatment plan designed to help you return to your prior functioning level. Our Interdisciplinary team is composed of nurses and nursing assistants, physical, occupational and speech therapists, dieticians, social worker, activities coordinators, physicians and administration. We provide outstanding care for inpatients and help to coordinate additional care needs once you are discharged from the unit. Exceptional quality care is our standard.

During the admission process, you will be greeted by a member of the nursing staff, who will help you get settled in your room, and orient you to your new environment. An admission assessment will be completed, review your pain level, and a full head to toe skin assessment. Later that day, or early in the next day, you will meet with a member of our therapy team, who will complete their initial evaluation and assessment. This will begin with your therapist asking you questions about your injury, pain level, and medical history. Then the therapist will use tools and hands on tests to determine your current strength level, range of motion, movement and functional limitations.

After your therapist determines what problems therapy can address, they will devise a plan to get you back to your activities. This plan may consist of exercise to improve strength, flexibility, balance, range of motion, and endurance; modalities (ice, heat, ultrasound, electrical stimulation) and hands on treatment called manual therapy.

One of the most critical components of your stay is patient education. We will teach you how to manage your symptoms at home and what you can do to achieve your goals. Rehabilitation is a team effort, so it is extremely important for you (and your family) to participate in your treatment.

## What We Ask of You

- Communicate with your nurse and therapy team on your pain levels and how you are doing.
- Participate in therapy as scheduled.
- Participate in your daily nursing care, including grooming and dressing in “street clothes” daily.
- Join us for meals in the Activity Room.
- Ask for assistance when transferring/ambulating to/from bed and the restroom.
- Communicate discharge needs/preferences to your Social Worker early in your stay.

## What You Ask of Us

- **Open communication of concerns and grievances without retaliation**
- **Prompt care and treatment**
- **Accessibility to your physician and medical staff**
- **Assistance with discharge planning and obtaining community needs**

### Mission Statement

As a Catholic healthcare ministry, we provide comprehensive and compassionate care that improves the health of the people we serve.

### Our Vision

St. Elizabeth is the preferred destination for healthcare, where innovative professionals deliver the highest quality of care.

### Our Values

**INNOVATION** - I seek better ways to perform my work, find creative solutions, and embrace change.

**COLLABORATION** - I understand that mutual respect and teamwork are critical to accomplishing goals. I work with others to achieve the best individual and collective outcomes.

**ACCOUNTABILITY** - I use resources efficiently, respond to others promptly, face challenges in a timely manner, and accept responsibility for my actions and decisions.

**RESPECT** - I respect the dignity and diversity of our associates, physicians, patients, family, and community members. I promote trust, fairness, and inclusiveness through honest and open communication.

**EXCELLENCE** - I believe in serving others by pursuing excellence in healthcare. I compassionately care for the mind, body, and spirit of each patient.

## 1. Affiliation

St. Elizabeth Healthcare and the Diocese of Covington

## 2. What to Bring

We want your stay on our Skilled Units to be a pleasant experience. Our goal is to assist patients in improving their quality of life and regain an active, independent lifestyle upon returning home. To ensure we have accurate billing information, please bring your insurance and prescription cards, power of attorney, living will and advance directives for the staff to copy.

We recommend you bring a week's worth of clothing (day clothes, night clothes, non-skid socks and footwear, etc) to allow you to participate in therapy daily, as well as unit activities.

Items used in regular oral hygiene and skin care are provided by the facility. If you prefer a different brand or type of item than provided, you may bring these from home including baby powder, shampoo, lotion, deodorant, combs or brushes, incontinence products, denture supplies, toothpaste, a toothbrush and mouthwash.

You are welcome to bring in pictures from home. There are bulletin boards provided in each room to display cards, pictures and letters. We recommend leaving all valuables and items with personal value at home to avoid loss or damage.

### **3. Physician Care**

Our Skilled Nursing Units have physicians rounding throughout the week, as well as available by phone. Within 72 hours of admission, you will be seen by your physician, who will complete a history and physical and medication reconciliation. The fees for your doctor's services are separate from your Skilled Nursing Facility bill and are billed separately to the physician. At your physician's request, consultations with dental, podiatric and ophthalmic specialists are available.

Your physician is available to the nursing staff via phone and network communication. After each visit, your physician will communicate with the nursing staff any changes or updates in your treatment plan, as well as document in your medical record. We encourage you to participate in your treatment, and will help answer any questions about your medical needs throughout your stay.

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**Your physician**

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**Physician's phone**

### **4. Length of Stay and Care Conferences**

The Skilled Nursing Facility encourages independence through rehabilitative and restorative services allowing you to return home or transition to another facility. Your actual length of stay will depend on several factors, including your health, response to treatment, physician's recommendation and insurance coverage.

Within the first seven days of your stay, a member of our Social Service team will contact you to schedule a care conference. Our Interdisciplinary team, consisting of representatives from our Social Service, Nursing, Nutrition, Rehabilitation and Activity Departments will meet with you to discuss your plan of care, discharge plans and medical progress and established goals while a patient on the unit. You may elect to have family members in your meeting either in person or via conference call. The meetings are approximately 15 minutes, but you may schedule additional time following the meeting if necessary.

## **5. Financial Information/Insurance Changes**

Any changes in insurance or financial status must be brought to the attention of the billing department as soon as you are aware (i.e. Medicare termination, changes in Managed Care companies, etc). This is critical to allow us to help you coordinate your benefits to prevent any loss of coverage during your stay. Please note-we are billing your insurance company based upon the information we have upon admission. In the event your insurance company denies payment, the cost of the services provided will become your responsibility.

## **6. Outside Physician Appointments and Transportation**

If you or your physician has scheduled medical or other appointments during your stay unrelated to your primary reason for admission, please inform our team, and we will assist you in rescheduling these appointments to occur after you discharge. If you feel the appointment is necessary to keep, we will assist you in making transportation arrangements. Please note, only specific medical needs qualify for insurance to cover transportation costs. Wheelchair services are not covered under insurance, and would be a private, out of pocket cost. We are happy to assist with scheduling such services through third party providers.

## **7. Call Lights**

Our call light system is designed to send a signal to our Nurses Station, letting our staff know you require assistance or have a need to be addressed. Once you press the call light button, the light outside your door will illuminate in addition to a sound emitted at the nurses' station. A staff member may call into your room to help with your needs initially, but a staff member must come into your room to assist you and cancel your light.

## **8. Showering and Bathing**

While we have a shower schedule established, you may request your showers to be completed on a different date and time. At times, Occupational Therapy will complete your shower as part of your rehabilitation session. Please see a member of our nursing team for assistance.

## **9. Housekeeping and Laundry Services**

All resident rooms and public areas are cleaned daily. Bed linens and towels used during your stay will be laundered by St Elizabeth and is included in your stay free of charge. We ask that personal laundry be done by your family throughout your stay.

## **10. Visiting Hours**

The Skilled Nursing Facility believes that visits from relatives and friends can help you through the healing process by improving your outlook and giving you emotional support. Children are more than welcome, but we ask that they are accompanied by an adult other than the resident. Visitors with colds, sore throats or other contagious ailments are asked not to visit in order to prevent residents and staff from being exposed to the illness. Additional restrictions may apply during flu season.

Our visitors are reminded to value privacy. If a door is closed, please knock. To ensure a quiet atmosphere we ask visitors to refrain from loud activities.

### **After Hours Visitation Policy**

As a measure to ensure the safest possible environment for patients and others in the hospital, the after-hours visitation policy requires that all visitors who are in the hospital between 9 pm and 5 am wear a personalized photo badge. As part of this process, a visitor will supply identification information to a member of the Security team. This information will be entered into a visitor database, and then a photo badge will be generated and issued to the visitor. Badges are void after 24 hours. A member of the security team will visit patient to process information of those visitors staying after hours. Visitors may also go directly to the Security Department to obtain an after-hours badge.

### **Pet Visitation**

People benefit from human-animal interaction socially, psychologically, and physiologically. In Healthcare-related situations, programs for animal visitation, animal assisted activities, animal-assisted therapy, and service animals are intended to assist in returning patients to wellness and independence.

Personal Dog Visitation may occur for the following patients:

- Admitted patients with an anticipated length of stay greater than 7 days
- Those who are terminally ill
- Other special circumstances (i.e. the withdrawn patient refusing treatment, etc.)

Dogs are to remain on a leash and in the handlers possession at all times. Hand hygiene is encouraged after each visit for both the resident and visitor.

Visitors are asked to speak with the Nursing/Activity departments on each of the Skilled Units for additional requirements regarding pet visitation prior to bringing the dog onto the unit.

## **11. Valuables**

We respectfully ask that you leave all valuables and monies at home. This is strictly a standard precaution to prevent loss or misplacement of items that have actual or sentimental value. Upon admission, our nursing staff will complete an inventory of your personal items brought with you to the unit to properly account for your possessions upon admission and discharge. If you must bring valuable belongings or money, ask your nurse to have a security officer come and place them in the hospital safe for you. St. Elizabeth Healthcare is not responsible for any lost or misplaced items, or breakage of residents' personal items, including, but not limited to dentures, eye glasses and prosthesis.

## **12. Activities**

We offer a full range of activities and activity programs to help meet the needs of a wide range of residents. A monthly activity calendar is posted in your room, with additional copies found at

the nurses' station. We also have an extensive list of independent activity supplies available to loan you through the Activity Department. Your family is welcome to join you in group activities, as well as visit with you throughout the unit. We do ask that you speak with a member of the nursing or administrative staff before making plans to leave the unit.

### **13. Discharge Planning**

Discharge planning begins the day you are admitted to the hospital and will continue throughout your stay. Our Interdisciplinary team is here to assist you and your family with your discharge planning needs to ensure a smooth transition back home.

Our team meets weekly to monitor your progress, review medical records, communicate with your insurance company as required, and collaborates with physicians and the medical/therapy team to assist with arranging post hospital discharge needs.

If you are unable to return home after your stay, our team will meet with you and your family to discuss all options available to you, and assist with making that transition as seamless as possible.

Our goal is to facilitate a smooth and timely transition from the hospital to home, or if necessary, to another health care facility while simultaneously obtaining necessary approvals from the patient pay or source. Together, we will work with you, your family and other interdisciplinary team members to provide timely, personalized discharge planning for every patient.

If you are with us under the Medicare program\*, please remember that while you may have 100 Medicare days available, Medicare will only pay for your stay while you are receiving skilled services (i.e: physical, occupational and speech therapy, IV medications, wound care, and other services Medicare classifies as skilled services). The Medicare program also requires that you are continuing to make progress during your stay and have NOT reached your maximum or prior level of functioning. Our Social Worker/Discharge Planner will discuss any changes in your plan of care or discharge plan if you are no longer meeting skilled criteria as defined by Medicare.

\*Managed Care companies operate under similar guidelines to Medicare. Please see our Admissions Coordinators or Social Worker for specific information regarding your insurance benefits.

### **14. Patient Satisfaction Survey**

After your discharge from the Skilled Unit, you may be contacted to complete a post-discharge follow up satisfaction survey. These calls are made by a third party provider, and assist us in making improvements to our care provided and environment. While these surveys are not mandatory, the feedback and information you share is helpful and appreciated.

## **15. Parking**

### **Visitors**

Visitors may park in any of St. Elizabeth's parking garages or lots at no charge.

### **Patients**

Patients are asked to park in the parking facility that best describes the type of service needed at the hospital while you are here (e.g. emergency, outpatient, etc.).

For more information about parking, contact the St. Elizabeth Security Department by calling the main hospital switchboard at (859) 301-2000 and asking to speak with Security.

St. Elizabeth maintains a professional security staff at Edgewood, Covington, Ft. Thomas, Florence, and Grant. Our trained staff provides 24-hour security service over our facilities. Security staff can provide assistance for patients and visitors with minor vehicle repairs such as battery jumps, keys locked in vehicles, and tires needing air. For other vehicular problems, Security will be happy to contact professional vehicle assistance for you.

## **16. Smoking**

St. Elizabeth Healthcare went tobacco-free on December 31, 2011. After this time, no tobacco use of any kind is permitted on hospital owned or leased property.

As a healthcare organization, we are committed to the health and safety of our employees and patients. We believe that we have a responsibility to take a leadership role on this major health issue, and establishing our entire campus as tobacco-free firmly supports that belief.

The U.S. Surgeon General has confirmed that exposure to secondhand tobacco smoke is a serious health hazard and that there is no risk-free level of exposure. Tobacco use in and around hospitals poses health and safety risks for patients, employees and visitors.

The tobacco-free initiative is a concrete way to demonstrate our ongoing commitment to healthy living.

## **17. Television, Internet and Telephones**

When you arrive in your room, the telephone will be ready to use if you wish. You may also elect not to have a phone. If you do not want telephone service, call the switchboard (dial "0") and the operator will disconnect your line. You may receive calls from 7 a.m. to 9 p.m. This ensures a quiet time in the evening so residents may rest. You may place outgoing calls at any time.

All long distance calls are routed to the switchboard and must be made collect, billed to your home phone number or paid for with a credit card or phone card. Please do not accept long distance charges on your room phone.

**To place a call:** Dial 9 for local outside line.

**Toll free calls:** 9 + 1 + 800 + number

9 + 1 + 877 + number

9 + 1 + 888 + number

**Other long distance carriers:** Dial 9 + the access code provided by the carrier.

**Directory assistance from coast to coast:**

Dial 9 + 411

For the hearing impaired, we are part of the TTY system. If you require this service, let your nurse know so the patient representative can be contacted.

Television service is provided to the residents at no cost. If you have any problems with your television set contact your nurse or the patient representative. An updated channel listing can be found in your room, and additional copies received from the Activity Department. All televisions are equipped with close captioning.

### **Wireless Internet**

We offer free wireless internet access throughout St. Elizabeth system allowing patients, families, physicians and staff to connect to the internet anytime during your stay. Computers are not provided by the hospital, but patients or guests who bring their own laptop computer or handheld device can connect to the internet free of charge.

## **18. Fall Prevention**

### **Always:**

- Have nonskid socks or shoes on when ambulating
- Ask for help if you feel weak, dizzy or lightheaded when you need to get up.
- Use the call switch in the bathroom if you become weak or need assistance back to bed.
- Notify the nursing staff if a spill occurs on the floor.
- Ask to have objects such as the bedside table, phone and call light within easy reach if you are not able to be up.
- Use your call light for help, and if possible, please wait for assistance.



## 19. Newspaper, Mail and Flowers

Flowers and mail are delivered daily by volunteer staff. To ensure your privacy, mail comes to you unopened. Flowers are delivered as soon as possible after they are received from the florist. Stationary, postage and writing implements are available for purchase in the hospital gift shops.

The hospital mailing address is:

**St. Elizabeth Ft. Thomas**  
**C/O (resident name and room number)**  
85 North Grand Avenue  
Ft. Thomas, KY 41075  
(859) 572-3530

**St Elizabeth Florence**  
**C/O (resident name and room number)**  
4900 Houston Rd  
Florence, KY 41042  
(859) 212-4302

**St. Elizabeth Grant**  
**C/O (resident name and room number)**  
238 Barnes Rd  
Williamstown, KY 41097  
(859) 824-8240

Arrangements for a daily newspaper may be made through the Activity Department. Members of Primewise are eligible to receive a free newspaper daily during your stay. Additional information may be received through our Activity Department.

## 20. Side rails and Restraints

The Skilled Nursing Unit is a restraint free environment. This means our staff help each resident attain and maintain his/her highest practicable well-being in an environment that prohibits the use of restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints.

The upper bedside rails on your bed may be raised to enable you to access the bed controls. This will also enable you to move easier in bed and prevent injury. If you wish to lower or eliminate them, please ask your nurse or nurse aide for assistance. Bedside rails are not intended to be used as a barrier to keep you in bed, or restrict or impede in your movement.

## 21. Emergency Preparedness

St Elizabeth Healthcare System has site specific emergency operation plans that are accessible to staff, residents and visitors for review. This plan is designed to manage hospital space, supplies, communications and personnel during disasters at all locations (Ft Thomas, Florence and Grant County hospitals included). All hospital employees, medical staff and volunteers are able to activate the plan should a disaster strike in our service area. Employees are trained on

this plan during their new employee orientation, as well as annually or with necessary updates or changes to the plan. Specific communication guidelines are explained in the specific plan.

During a disaster, St Elizabeth Skilled Units at Ft Thomas, Florence and Grant County will cooperate fully with all area fire, police and EMS officials, county and State Disaster and Emergency Services, Greater Cincinnati Health Council and the National Disaster Medical System.

## **22. Clergy**

Pastoral care staff is available to meet your spiritual and emotional needs while staying with us. The Skilled Nursing Facility works closely with area clergy. If requested, our staff will notify them of your admission to the unit. Chaplains are available within the hospital system to respond to your request for a visit, pastoral conversation and sacramental ministry. Please ask your nurse or call a chaplain at extension 2-3549.

## **23. Nutrition**

You will be given a menu based on the diet the physician ordered for you. With the menu you will be able to select your meals each day. A staff member will be available each day to assist you and a dietitian is on staff to manage special dietary needs.

Families are welcome to bring in snacks and drinks from home, as long as they are stored in sealed containers. Items should be compliant with your diet ordered by the physician. Refrigerated food must be dated and labeled with your name and room number. These items may be given to the nursing staff for storage in our galley refrigerator. All refrigerated items will be disposed of after 24 hours per state regulations.

Guest meals may be ordered. Ask a member of the nursing team to assist with ordering. Special event meals are also available upon request for a pre-paid fee.

As part of your rehabilitation journey, we encourage residents to eat meals in the Activity Room. Joining us for meals will help to increase your endurance, encourage you to be up and dressed throughout the day, as well as allow opportunities for socialization with other residents. Members of our staff are available to assist you in getting to/from the Activity Room.

## **24. Advance Directives**

Advance directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. They give you a way to tell your wishes to family, friends, and health care professionals and to avoid confusion later on.

Filling out advance directives gives people control over their health care. Choices about end-of-life care can be hard to make even when people are healthy. But if they are already seriously ill, such decisions can seem overwhelming. Some cancer patients want to try every drug or treatment in the hope that something will be effective. Others will choose to stop treatment.

Although patients may turn to family and friends for advice, ultimately it is the patient's decision.

It's important to keep in mind that if a day comes where you choose not to receive or to stop treatment to control your disease, medical care to promote your well-being (palliative care) continues. This type of care includes treatment to manage pain and other physical symptoms, as well as support for psychosocial and spiritual needs. You have the right to make your own decisions about treatment. Filling out advance directives gives you a way to be in control.

A living will tells which treatments you want if you are dying or permanently unconscious. You can accept or refuse medical care. You might want to include instructions on

- The use of dialysis and breathing machines
- If you want to be resuscitated if your breathing or heartbeat stops
- Tube feeding
- Organ or tissue donation

A durable power of attorney for health care is a document that names your health care proxy. Your proxy is someone you trust to make health decisions for you if you are unable to do so.

Ideally, these documents should be completed when you're healthy. Yet many people connect filling out advance directives to making decisions near the end of life. But you don't need to wait until being diagnosed with a serious illness to think about your wishes for care. In fact, making these choices when you're healthy can reduce the burden on you and your loved ones later on. Talking about these issues ensures that when the time comes, you will face the end of your life with dignity and with treatment that reflects your values.

As you prepare your advance directives, you should talk about your decisions with family members and loved ones and explain the reasons behind your choices. Our team at St Elizabeth is happy to help you in this process.

It's hard to talk about these issues. But the benefits of talking to the people close to you about the kind of care you want are:

- Your wishes are known and can be followed.
- It often comforts family members to know what you want.
- It saves family members from having to bring up the subject themselves.
- You may also gain peace of mind. You are making the choices for yourself instead of leaving them to your loved ones.
- It can help you and your loved ones worry less about the future and live each day to the fullest.

If talking with your family and other loved ones is too hard, consider having a family meeting and invite a social worker or member of the faith community to guide the discussion. Our Social Worker/Discharge Planners are happy to help arrange a meeting with your family, or provide educational material as needed.

To learn more about advance directives please visit <https://www.stelizabeth.com/livingwill.aspx>.

## **25. Tipping**

Tips and gratuities to employees from residents and families are not necessary and are prohibited.

## **26. Room Transfers and Roommates**

In order to meet reasonable accommodations of our residents, it may be advisable or necessary to transfer you from one room to another. Room changes are kept to a minimum in order to minimize the potential effects of adaptation to transfer change, however they may be necessitated by certain conditions or treatment plans (i.e. isolation precautions). Prior to a room change, you will be notified by our staff, allowing for any questions or concerns to be discussed. Your cooperation in easing this transition is appreciated.

On the Skilled Nursing Units, we have both private and semi-private rooms. Residents are advised that Medicare, Medicaid and other health insurance programs provide payment for a semi-private room only. Requests may be made for a private room, which will be made available in order of request and medical necessity. Married residents are permitted to share a room if they wish, unless medically contraindicated.

## **27. Bed Hold Policy**

Medicare and Managed Care Companies (Humana, Anthem, United Healthcare, etc) do not provide for reservation of a beneficiary's bed in a skilled nursing facility during a period of hospitalization. If you wish to reserve a bed during a period of hospitalization, you must make arrangements to pay privately. Full payment for each day at the established rate is expected. If you do not wish to pay privately to hold the bed, your belongings will be transferred with you. If you wish to return to the Skilled Nursing Unit upon your discharge from the acute care setting, a referral will be made by care coordination to our Admission Nurses. Once the referral is received, the Admission Nurse will review for eligibility and speaking with you and your family individually.

## **28. Non Discrimination**

All residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.

## **29. Grievances**

### **Your Satisfaction is Important to Us**

The staff of the St. Elizabeth Healthcare Skilled Nursing units is dedicated to providing the finest quality care available so that your stay may be comfortable. In the event that you're not satisfied with any service, we suggest that these steps be taken in the following order:

#### **1. Your Nurse**

Please address any concerns or complaints to the nursing staff. They will make every effort to correct the problem.

## **2. Charge Nurse**

If the nursing staff cannot resolve your problem, please ask to see the charge nurse.

## **3. Administrator/Nursing Management or Patient Representative**

If you feel that your concern still hasn't been addressed to your satisfaction, please ask to see the administrator/nursing management or your patient representative.

After this procedure has been followed and you still feel there is a problem, you have the right to contact any of the following and report your concern.

### **Northern Kentucky District Long Term Care Ombudsman**

Northern Kentucky Area Development District/Area Agency on Aging and Independent Living  
22 Spiral Drive  
Florence, KY 41042  
(859) 283-8185 or (866) 766-2372  
Email: [bethany.breckel@nkadd.org](mailto:bethany.breckel@nkadd.org)

### **State Ombudsman**

#### **Nursing Home Ombudsman Agency**

3138 Custer Drive, Suite 110  
Lexington, KY 40517  
(859) 277-9215 or (800)-372-2991  
Email: [nhoa@ombuddy.org](mailto:nhoa@ombuddy.org)

### **Office of Inspector General-Eastern Enforcement Branch**

1055 Wellington Way, Suite 125  
Lexington, KY 40203  
(859) 246-2301 phone  
(859) 246-2307 fax  
Email: [EEB.Complaints-reports@ky.gov](mailto:EEB.Complaints-reports@ky.gov)

### **Department of Community Based Services (DCBS)**

#### **Boone County**

Victory Centre  
8311 US Hwy 42, 1st Floor  
Florence, KY 41042  
Family Support (Food stamps, medical, welfare, etc)  
(859) 306-8959 phone  
(859) 371-0265 fax  
Protection and Permanency (Child/Adult abuse and neglect, ect)  
(859) 371-8832 phone  
(859) 371-0265 fax

#### **Campbell County**

Watertower Square, 3<sup>rd</sup> Floor

601 Washington Ave  
Newport, KY 41071

Family Support (Food stamps, medical, welfare, etc)

(859) 306-8959 phone

(859) 292-6684 fax

Protection and Permanency (Child/Adult abuse and neglect, etc)

(859) 292-6733 phone

(859) 292-6728 fax

Grant County

120 North Main Street

Williamstown, KY 41097

Family Support (Food stamps, medical, welfare, etc.)

(855) 306-8959 phone

(859) 824-7910 fax

Protection and Permanency (Child/adult abuse and neglect, etc.)

(859) 824-4471 phone

(859) 824-7910 fax

*Toll Free Abuse Hotline: 877-597-2331 (emergency situations)*

*Web: [prdweb.chfs.ky.gov/ReportAbuse](http://prdweb.chfs.ky.gov/ReportAbuse) (non-emergency situations)*

**Protection and Advocacy**

5 Mill Creek Park

Frankfort, KY 40601

(502) 564 2967 or (800) 372-2988

(502) 695-6764 fax

[KYPandAinquiry@gmail.com](mailto:KYPandAinquiry@gmail.com)

[www.KYPA.net](http://www.KYPA.net)

**Department of Health**

**Public Affairs**

200 Indiana Avenue, SW

Washington, D.C. 20201

(202) 245-1850

**OAG-Medicaid Fraud and Abuse Office**

1024 Capital Center Drive

Frankfort, KY 40601

**MA Fraud/Patient Abuse Hotline**

877-ABUSE-TIP (877-228-7384)

Email: [AbuseNeglect.referrals@ky.gov](mailto:AbuseNeglect.referrals@ky.gov)

### 30. Corporate Compliance

At St. Elizabeth Healthcare, we are committed to providing high quality healthcare and services consistent with our mission, vision, and values and with honesty and integrity.

Healthcare is a complex, highly-regulated industry, which continually faces changes in technology, delivery systems, standards of care, rules and regulations, funding and reimbursement, and finally and most importantly, the service needs of our patients and their families. With that complexity in mind, and at the direction of our Board of Trustees, St. Elizabeth has established a Corporate Compliance Program to assist us in our efforts to adhere to applicable laws, government regulations, and our own policies. Our Corporate Compliance Program is rooted in our mission and values, and re-affirms the values of honesty and integrity and professional standards that already exist among those associated with St. Elizabeth Healthcare.

Our Corporate Compliance Program serves two main purposes:

- to communicate the commitment of management to compliance with laws, regulations, standards of care, ethical business practices and the basic standards expected in the workplace;
- to ensure that all those associated with St. Elizabeth understand their responsibility for complying with these laws and regulations and specifically for their responsibility as part of the Corporate Compliance Program.

Our Corporate Compliance Program has the full endorsement of the Board of Trustees, as well as our Administrative Council. While the Corporate Compliance Program may not cover the specifics of every situation you may encounter, it does provide a resource to direct you when you have questions. The management team stands ready to answer your questions about this document and the Corporate Compliance Program in general. Speak with your supervisor anytime you have a question regarding a possible violation of laws, regulations, standards of care, or ethical business practices. Additionally, we have a Corporate Compliance Officer and a toll-free compliance hotline as further resources to help resolve such issues. The Compliance Officer can be reached at (859) 301-5580, or reports may be made anonymously to the compliance hotline at 1 (877) 815-2414. Management will not tolerate retaliation against those who report compliance issues in good faith.

At St. Elizabeth Healthcare, we pledge our full commitment to upholding our Corporate Compliance Program as we fulfill our mission of healthcare excellence.

For more information on our Corporate Compliance please visit our website at <https://www.stelizabeth.com/CorporateCompliance.aspx>.

### **31. Survey results**

#### **Availability of Most Recent Survey Reports**

A readable copy of our unit's **most recent** federal and/or state survey report and plans of correction (as applicable) is maintained in a 3-ring binder entitled: **"Results of Most Recent Survey"**.

For your convenience, this binder is located in the main lobby and is available for review by interested persons who wish information relative to our company's compliance with federal or state rules, regulations, and guidelines governing our company's operation.

If you have any questions about the location of the survey binder, need copies of survey reports, or would like to discuss the information with company management, please contact/visit with our administrator.

### **32. Private Duty Sitter**

St Elizabeth Skilled Nursing Units are staffed to meet the needs of our residents. At times, families may elect to provide private duty nurses or sitters while hospitalized due to confusion, long term relationships, or companionship. Our Skilled Units support this practice however, the nursing department retains the responsibility to monitor and/or provide all nursing care requirements. The private duty nurse may assist with care, but the nursing staff delivers all care and administers all medications.

### **33. Rights of Residents**

Before admission to a long-term care facility, the resident and his or her responsible family member or his or her guardian shall be fully informed in writing of all services available at the long-term care facility as evidenced by the resident's written acknowledgement and that of his or her responsible family member or his or her guardian. Every long-term care facility shall keep the original document of each written acknowledgement in the resident's personal file.

Our services at St Elizabeth include:

- Skilled nursing
- Physician services
- Speech therapy
- Physical therapy
- Occupational therapy
- Laboratory
- Nutrition services
- Social services, discharge planning
- Radiology
- Pharmacy
- Housekeeping
- Televisions, VCRs are available



- Telephone
- Pastoral care
- Guest meals
- Daily activities
- Special events
- Resident birthday parties upon request
- Mail delivery
- Notary public on request

Every resident in a long-term care facility shall have at least the following rights:

1. **Resident rights.** The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
2. **Exercise of rights.** The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.
  - a. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights.
  - b. In the case of a resident who has not been adjudged incompetent by the State court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by State law.
  - c. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.
  - d. The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative.
  - e. The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation or rights, except as limited by State law.
3. **Planning and implementing care.** The resident has the right to be informed of, and participate in, his or her treatment, including:
  - a. The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.
  - b. The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:
    - i. The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.
    - ii. The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.
    - iii. The right to be informed, in advance, of changes to the plan of care.
    - iv. The right to receive the services and/or items included in the plan of care.
    - v. The right to see the care plan, including the right to sign after changes to the plan of care.
  - c. The right to be informed in advance, of the care to be furnished and the type of care giver or professional that will furnish care.

- d. The right to be informed by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.
  - e. The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate and advance directive.
  - f. The right to self-administer medications if the interdisciplinary team has determined that this practice is clinically appropriate.
  - g. Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.
4. **Choice of attending physician.** The resident has the right to choose his or her attending physician.
5. **Respect and dignity.** The resident has a right to be treated with respect and dignity, including:
- a. The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.
  - b. The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
  - c. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents.
  - d. The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.
  - e. The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.
  - f. The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed.
  - g. The right to refuse to transfer to another room in the facility, if the purpose of the transfer is:
    - i. to relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or
    - ii. to relocate a resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.
    - iii. solely for the convenience of staff.
  - h. A resident's exercise of the right to refuse transfer does not affect the resident's eligibility or entitlement to Medicare or Medicaid benefits.
6. **Self-determination.** The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to:
- a. The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.
  - b. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.
  - c. The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.
  - d. The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner,

that does not impose on the rights of another resident.

- e. The resident has a right to organize and participate in resident groups in the facility.
  - f. The resident has a right to participate in family groups.
  - g. The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) or other residents in the facility.
  - h. The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.
  - i. The resident has a right to choose to or refuse to perform services for the facility and the facility must not require a resident to perform services for the facility. The resident may perform services for the facility, if he or she chooses, when
    - i. The facility has documented the resident's need or desire for work in the plan of care;
    - ii. The plan specifies the nature of the services performed and whether the services are voluntary or paid;
    - iii. Compensation for paid services is at or above prevailing rates; and
    - iv. The resident agrees to the work arrangement described in the plan of care.
  - j. The resident has the right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds.
7. **Information and communication.** The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.
- a. The resident has the right to access personal and medical records pertaining to him or herself.
  - b. The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including:
    - i. Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes—
      - A description of the manner in protecting personal funds,
      - A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources
      - A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and
      - A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.
  - c. Information and contact information for State and local advocacy organizations, including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program and the protection and advocacy system;
  - d. Information regarding Medicare and Medicaid eligibility and coverage;

- e. Contact information for the Aging and Disability Resource Center; or other No Wrong Door Program
  - f. Contact information for the Medicaid Fraud Control Unit; and
  - g. Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.
  - h. The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overhead. This includes the right to retain and use a cellular phone at the resident's own expense.
  - i. The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to:
    - i. Privacy of such communications consistent with this section; and
    - ii. Access to stationary, postage, and writing implements at the resident's own expense.
  - j. The resident has the right to have reasonable access to and privacy of their use of electronic communication such as email and video communications and for internet research.
    - i. If the access is available to the facility
    - ii. At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident.
    - iii. Such use must comply with state and federal law.
  - k. The resident has a right to—
    - i. Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and
    - ii. Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.
8. **Privacy and confidentiality.** The resident has a right to personal privacy and confidentiality of his or her personal and medical records.
- a. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.
  - b. The resident has a right to secure and confidential personal and medical records.
    - i. The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.
9. **Safe environment.** The resident has a right to a safe, clean, comfortable and Homelike environment, including but not limited to receiving treatment and supports for daily living safely.
10. **Grievances.** The resident has the right to—
- a. Voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished; and the behavior of staff and of other residents; and other concerns regarding their LTC facility stay.
  - b. The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have.

**11. Contact with External Entities.** A facility must not prohibit or in any way discourage a resident from communicating with federal, state, or local officials, including, but not limited to, federal and state surveyors, other federal or state health department employees, including representatives of the Office of the State Long-Term Care Ombudsman, and any representative of the agency responsible for the protection and advocacy system for individual with mental disorder, regarding any matter, whether or not subject to arbitration or any other type of judicial or regulatory action.

### **Resident Responsibilities**

Your responsibilities as a resident include:

- Providing accurate healthcare information about your present symptoms, past illnesses, hospitalizations and medications.
- Asking questions when you do not understand information or instructions.
- Following the recommended care, service and treatment plan.
- Accepting the outcome of your actions if you do not follow the treatment plan.
- Following any and all hospital rules and regulations concerning resident care and conduct.
- Being considerate of the rights and property of other residents, hospital associates, equipment and facilities.
- Complying with the hospital's non-smoking policy.
- Meeting financial obligations agreed upon with the hospital and providing insurance or financial information regarding the responsible party for the bill.
- Being involved in your care and pain management.

**If you have questions regarding a patient right, advance directive (living will, surrogate or durable health care power of attorney) or wish to voice a concern or suggestion, you may call the patient representative office at the following numbers.**

**St. Elizabeth Ft. Thomas  
(859) 572-3126**

**St Elizabeth Grant  
(859) 824-8151**

**St. Elizabeth Florence  
(859) 212-5291**

Patient representatives are available Monday through Friday, 8:30 a.m. to 5 p.m. During other hours, dial "0" from any hospital phone to reach the nursing supervisor via the hospital operator.

### **34. What you should know about AIDS What is AIDS?**

AIDS is the Acquired Immune Deficiency Syndrome — a serious illness that makes the body unable to fight infections. A person with AIDS is susceptible to certain infections and cancers. When a person's body cannot fight off infections, they become ill and sometimes die.

### **What causes AIDS?**

AIDS is caused by a virus called the Human Immunodeficiency Virus or HIV.

### **Transmission**

HIV can be spread by:

- Sexual contact (oral, anal or vaginal intercourse) with an infected person.
- When blood, semen or vaginal secretions are exchanged.
- Sharing a syringe/needle with someone who is infected.
- Receiving contaminated blood or blood products (this is very unlikely now, because blood use for transfusions has been tested since March 1985).
- An infected mother may pass the virus to her unborn child before or during child birth.

You cannot get AIDS through casual, non-sexual contact such as:

- Sharing food, utensils or plates.
- Touching someone who is infected with HIV.
- Touching or shaking hands.
- Donating blood (this has never been a risk for HIV).
- Using public restrooms.
- Being bitten by mosquitoes or any other insect.

### **Prevention**

- Do not share needles or syringes with anyone.
- Do not have sexual intercourse, except with a permanent partner whom you know is not infected. If you choose to have sex with anyone else, use latex condoms along with spermicide containing Nonoxynol-9 each time you have sex.
- Educate yourself and others about HIV infection and AIDS.

### **Treatment**

Early diagnosis of HIV infection is important! Persons with HIV must get prompt medical treatment. Call your local health department or AIDS Volunteers of Cincinnati (AVOC) at (513) 421-2437 for information on testing and treatment. You do not have to be afraid of a person living with HIV or AIDS!

## **35. HIPAA Notice of Privacy Practices**

**Effective April 14, 2003**

**Revised May 1, 2008, September 1, 2009, & April 1, 2010**

**Effective Date: September 23, 2013**

**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.**

### **Organized Health Care Arrangement**

St. Elizabeth Healthcare participates in a clinically integrated care setting in which patients typically receive health care from more than one health care provider. This arrangement is

called an Organized Health Care Arrangement (or OHCA) under the federal laws governing the privacy of patient health information. This means that when you receive services at St. Elizabeth Healthcare, you may receive certain professional services from physicians on our Medical Staff, residents, and/or medical students who are independent practitioners and not employees or agents of St. Elizabeth Healthcare. These independent practitioners have agreed to abide by the terms of this Notice when providing services at St. Elizabeth Healthcare. Therefore, this Notice applies to all of your health information that is created or received as a result of being a patient at St. Elizabeth Healthcare. However, this Notice does not apply to the independent practitioners in their private offices. As a result, you will also receive Notices of Privacy Practices from these independent practitioners when they provide services in their private offices.

### **Who will follow this notice?**

The privacy practices in this notice will be followed by any health care professional that treats you at any of our locations, by all departments and units of our organization (including all off-campus units or departments), and by all employed associates, staff and volunteers of our organization.

### **Our pledge to you**

We understand that medical information about you is personal. We are committed to protecting your medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of your care records that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

### **Purpose**

We are required by law to keep medical information about you private, to give you this notice of our legal duties and privacy practices with respect to your medical information, and to follow the terms of the notice that is currently in effect.

### **Changes to this Notice**

We may change our policies at any time. Changes will apply to information we already hold, as well as new information after the change occurs. If we make a material change in our policies that affects this notice, we will change our notice and post the new notice in our facilities and on our Web site at [www.stelizabeth.com](http://www.stelizabeth.com). You may receive a copy of the current notice at any time. The effective and revised dates are listed just below the title. You will be offered a copy of the current notice each time you register. You will also be asked to acknowledge in writing that you were offered the notice.

### **How we may use and disclose medical information about you**

Under certain circumstances, we are entitled to use or disclose your medical information without obtaining your written authorization. Some examples of when we are permitted to do this are presented below:

- **Treatment**

We will use or disclose medical information about you for treatment purposes to doctors,

nurses, technicians, and other caregivers in accordance with the Medical Authorization and Release that you signed and provided to us. We will make health information about you available through an electronic medical record system to healthcare providers who treat you. For example, a physician treating you for a broken leg in our facility may need to know whether you are a diabetic because diabetes slows the healing process. A nurse or diabetic counselor may discuss your medical condition with your physician.

- **Payment**

We will use and disclose your medical information as necessary for payment purposes, in accordance with the Medical Authorization and Release that you signed and provided to us. For instance, we may forward information regarding your medical treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. We may use and disclose your medical information to another entity or health care provider for payment of the entity that receives the information. For instance, we may forward information to the ambulance company that brought you to the hospital so they can prepare a bill for you or your insurance company for the ambulance service.

- **Health Care Operations**

We may use and disclose medical information about you to support our health care operations. For example, we may use or disclose your medical information in order for us to review our services and to evaluate our staff's performance. We may also use or disclose your medical information to obtain a medical consultation regarding your care or treatment.

While you are a patient in our facility, unless you tell us otherwise, we will list in the patient directory your name, your location in the hospital, and your general condition (in terms such as "fair" or "good"). We will release this information to anyone who asks about you by name. Your religious affiliation may be disclosed only to clergy members, even if they do not ask for you by name. If you do not want us to release such information, please inform the person assisting you during registration and/or admission.

Unless you tell us otherwise, we may disclose your medical information to a family member, friend, and others whom you have identified as being involved with your care. If family members or friends are present while care is being provided, we will assume you are comfortable with your companions hearing the discussion, unless you state otherwise. In a disaster situation, we also may disclose relevant protected health information to disaster relief organizations to help locate your family members or friends or to inform them of your location, condition or death.

We may use or disclose medical information about you for **fundraising** efforts in support of our facility, unless you tell us otherwise. We also may contact you for **appointment reminders** or to tell you about or recommend **possible treatment options and other health-related benefits or services** that may be of interest to you.

Subject to certain requirements, we are **permitted or required by law** to make certain other uses and disclosures of your medical information without your authorization.



For instance, we will release your medical information if we suspect child abuse or neglect, if we believe you to be a **victim of abuse, neglect, or domestic violence**, and as required by law to report wounds, injuries and crimes. We may disclose your medical information for **public health purposes** such as reporting births and deaths, and reporting information to prevent and control disease. We may disclose your medical information to a health oversight agency such as the Department of Health and Human Services for **health oversight activities** including, but not limited to, conducting an audit or inspection of our facility. We may also disclose your medical information to coroners **and funeral directors**, as well as to **organ donation agencies** (to facilitate organ and tissue donation and transplantation).

We may disclose medical information about you for **workers' compensation** purposes if you are injured on the job. We may also disclose medical information **when permitted or required by law**, such as in response to a request from **law enforcement officials** in specific circumstances, and in response to valid judicial, administrative, or court orders. We may also disclose information about you in certain **emergencies** or to **avert or lessen a serious threat to the health and safety** of a person or the public. We may release your medical information if you are a member of the military as required by armed forces services, or if necessary for **national security or intelligence activities**. We may also disclose medical information for purposes of medical **research studies** when such use has been approved by an Institutional Review Board.

#### **For Health Information Exchange**

We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment and healthcare operations purposes with other participants in the HIEs. HIEs allow your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. For example, we may participate in quality improvement projects with the Greater Cincinnati Health Council, HealthBridge, Inc. and/or the Health Improvement Collaborative of Greater Cincinnati in an effort to improve care and treatment related to certain diseases such as adult diabetes and pediatric asthma. If you do not opt-out of this exchange of information, we may provide your health information to the HIEs in which we participate in accordance with applicable law.

#### **Other uses of medical information**

Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization. In any other situation not covered by this notice, we must receive your written authorization before using or disclosing your medical information. If you choose to authorize use or disclosure, you have the right to later revoke that authorization by notifying us in writing of your decision.

#### **Your rights regarding your medical information**

In most cases, **you have the right to receive a copy and/or inspect the medical information** we retain about you, upon written request. After the first request for copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request, you may submit a written request for a review of that decision. In some circumstances, another licensed health care professional chosen by St. Elizabeth Healthcare may review your request and denial. The person conducting the review will not be the person

who denied your request. We will comply with the outcome of the review. However, in some circumstances, our denial of a request by you to inspect and/or receive copies of your information is not subject to review.

**You have the right to request that we amend your medical information**, by submitting a request in writing that provides your reason for requesting the amendment. We have the right to deny your request if the information was not created by us, if it is not part of the medical information maintained by us, if it is not part of the information which you would be permitted to inspect and copy, or if in our opinion that record is accurate. If we deny your request, we will provide you with a written statement of the basis for the denial and a description of how you may file a written statement of disagreement. If you do not file a written statement of disagreement, you may request that your request for amendment and our written denial be provided with any future disclosures of your medical information.

**You have the right to a list of those instances where we have disclosed your medical information** when you submit a written request. This list will not include: disclosures made for treatment, payment or health care operations; disclosures made directly to you; disclosures you authorized pursuant to a signed authorization; disclosures for facility directory purposes or to persons involved in your care; and disclosures made to correctional institutions and for other law enforcement purposes. The request must state the time period desired for the accounting, which must be less than a 6-year period and start after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free. Additional requests may be provided for a fee. We will inform you of the fees before you incur any costs.

**You also have the right to be notified if there is a breach of your unsecured protected health information.** If this notice was sent to you electronically, **you have the right to a paper copy of this notice.** **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to a P.O. Box instead of your home address, by notifying us in writing of the specific way or location for us to use to communicate with you. We will not ask you the reason for your request. We will accommodate all reasonable requests, but we may not be able to agree to your request.

**You may request, in writing, that we not use or disclose medical information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. You are entitled to a restriction to not disclose information to your health plan for health care services that we provided for which you paid us directly in full when the purpose of the disclosure is for the health plan's payment or health care operations. We are not required to agree to other types of requests. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**All written requests or appeals should be submitted to our HIPAA Privacy Officer at St. Elizabeth Healthcare, attention HIPAA Privacy Officer, 1 Medical Village Dr., Edgewood, KY 41017.**

### **Complaints**

If you are concerned that your privacy rights may have been violated, or if you disagree with a

decision we made about access to your records, you may lodge a written complaint with our Privacy Officer (listed below). Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Our Privacy Officer can provide you with the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

**Privacy Officer**

If you have questions or need further assistance regarding this Notice, please contact the HIPAA Privacy Officer at St. Elizabeth Healthcare, 1 Medical Village Dr., Edgewood, KY 41017, (859) 301-5580.

Updated 11/11/2022