The NeuroMedical Center Rehabilitation Hospital

Patient Handbook

The NeuroMedical Center
REHABILITATION HOSPITAL

Patient Handbook

Welcome to The NeuroMedical Center Rehabilitation Hospital. We hope that your stay here is as pleasant as possible. We are providing you with this Patient Handbook in order to help you become familiar with your new surroundings and to help you understand some of the activities you will be participating in during your stay here. It will include information about the different staff members that you will be working with and the role of each one. It will also include information about what you can expect during your stay here and what will be expected of you. While the Handbook should cover most of the questions that you may have about

Inpatient rehabilitation and our particular approach, if you should have any

questions that are not addressed, please do not hesitate to ask any staff member.0

OUR MISSION

Our Mission is Excellence in the Neurosciences and Care of the Spine. `

OUR VISION

Our Vision is to be a Nationally Known Center of Excellence for Neurosciences and for Treatment of Neurological and Neurosurgical Disorders.

OUR VALUES

Our Values include:

- High Quality Care
- High Patient Satisfaction
- Sound Moral and Ethical Decision Making
- Efficiency, Including a Reasonable Profit
- Team Spirit or “Esprit de Corp”

WHAT TO EXPECT DURING YOUR STAY HERE

Inpatient Rehabilitation is a specialized program that consists of a multidisciplinary team approach. The goal of rehab is to maximize your functional potential, decrease the burden of care and improve your quality of life. This is accomplished through intense therapy and rehabilitation nursing care. The average length of stay in an Inpatient Rehabilitation setting is approximately two weeks. So it is imperative that you and your family are actively involved in your Plan of Care in order to achieve the best possible results.

You will be required to participate in a total of fifteen hours of therapy per week, typically three hours of therapy a day for five days. We do provide therapy seven days a week in order to meet this requirement. Your therapy program will include Physical Therapy and Occupational Therapy. Speech Therapy may also be included in your program if needed. Either on the day of admission to our facility or the following day, you will meet your therapy team. They will perform an initial evaluation and plan a therapy program specifically for you, depending on your needs. You will then be placed on a daily therapy schedule which will be posted at the end of each day. Your therapy times may vary day to day, depending on the activities that are planned for you. It is very important that you participate in these therapy sessions to meet the fifteen-hour requirement as per the Federal Regulatory Guidelines for Inpatient Rehabilitation and prevent early discharge from the program

Shortly after your admission to our facility, you will meet your Nursing team. They will perform an initial assessment and formulate a Nursing Plan of Care specifically for you, depending on your needs. Rehabilitation nursing care is specialized and different from your acute hospital stay, as functional mobility is the goal. You will be encouraged to be an active participant in your care and be as mobile as possible.

The following is a description of the different activities that you will be engaged in during your stay here and which team members are responsible for each activity.

Your **Rehabilitation Physician (Physiatrist)** is ultimately responsible for your care while you are here. He/She will prescribe medication and treatments that you will need. He/She will make decisions regarding your care, such as your length of stay in the hospital, in conjunction with the other members of your treatment team. Your Rehabilitation Physician will visit you daily, however, one of their partners may cover for them on their day off and weekends that they are not on call. Also, a Physician Assistant or Nurse Practitioner may visit you as well to assist the Rehabilitation Physicians with your care.

Your **Internal Medicine Physician** is responsible for monitoring and managing any health problems you may have like high blood pressure, diabetes, etc. He/She

will visit you daily. These physicians rotate the call schedule so you may see different Internal Medicine Physicians during your stay.

Your **Physical Therapist** is responsible for strengthening and retraining your larger muscles. They perform range of motion, stretching, and flexibility exercises and use treatments to manage your pain. They work on balance and stability exercises which will help you transfer and walk safely. They will teach you to walk up and down stairs and get in and out of an automobile correctly. They will recommend equipment that you will need upon discharge from the hospital, teach you exercises that you can continue to do at home, and recommend any continued therapy treatments through either an Outpatient Therapy facility or a Home Health Agency.

Your **Occupational Therapist** is responsible for strengthening and retraining muscles which help you to become as independent as possible in your Activities of Daily Living (ADLs) such as hygiene, dressing, cooking, etc. They work on balance and stability exercises which will help you to transfer and perform your ADLs safely. They work on fine motor skills like holding your silverware, tying your shoes and buttoning your shirt. They perform range of motion, stretching, and flexibility exercises and use treatments to help manage your pain. They will recommend equipment that you will need upon discharge from the hospital, teach you exercises that you can continue to do at home and recommend any continued therapy treatments through either an Outpatient Therapy facility or a Home Health Agency.

Your **Speech Therapist** is responsible for evaluating and treating communication, cognition, and swallowing problems. They are responsible for identifying the most efficient method of communication between patient, staff and family. They will use techniques to strengthen and retrain muscles which are used in swallowing. They will recommend diet consistencies and eating strategies which will safely meet your nutritional needs, with the goal of returning you to eating regular foods. Cognitive therapy will be used to enhance compensation for memory, problem solving, and orientation. They will recommend any continued therapy treatments through either an Outpatient Therapy facility or a Home Health Agency.

Your **Nursing Staff** consists of registered nurses, licensed practical nurses, and certified nursing assistants. They work together as a team to provide quality patient care. The Charge Nurse is a registered nurse who is responsible for overseeing the care given to you by your nursing team. Feel free to discuss your care or any concerns you may have with your nursing staff, and they will relay your concerns to the Charge Nurse and/or your Rehabilitation Physician.

Your **Dietary Staff** is responsible for providing you with meals and snacks throughout your stay. If your physician orders a special diet for you, the Dietitian is responsible for ensuring that your meals and snacks are acceptable for your

particular diet. The Dietary Staff will talk to you about your "likes" and "dislikes" and accommodate these requests when possible.

Your **Social Worker** is responsible for identifying any social needs that you may have, including counseling if indicated. They will work with the other members of the Rehab Team to ensure that you have adequate care arranged at the time of your discharge from the hospital. They will order any equipment that you may need at discharge and either arrange placement for continued care needs or arrange recommended services through an Outpatient Therapy facility or Home Health Agency. The Social Worker will make regular contact with your family members to ensure their involvement in your therapy and discharge plans.

Your **Admissions Coordinator** is responsible for verifying your insurance benefits before you are admitted to our facility and once you are here she will communicate with your insurance provider regarding the coordination of your benefits.

Your **Housekeeping and Maintenance Staff** are responsible for the cleaning and maintenance of your room and its contents (bed, furniture, sinks, toilets, etc.)

The above members of your "Rehab Team" work together to make your stay here as pleasant and productive as possible. They will meet to discuss your goals, progress and plan of care every week. This meeting is called "Staffing or Team Conference". Each Rehabilitation Physician has an assigned day for this meeting. They are held on Tuesday, Wednesday, and Thursday of each week. On admission, you will be informed of the day and time your meeting will take place. After the "Staffing/Team Conference", the Social Worker will update you and your family regarding the recommendations of your rehab team.

As you get close to discharging from the hospital, there may be recommendations for a Family Conference or Family Training.

- Family Conference – the rehab team will meet with you and/or your family members to discuss concerns or placement issues and recommendations.
- Family Training – the therapists will demonstrate and teach your family members how to properly transfer you in different situations like car transfers, tub transfers, and bed to chair transfers. They will demonstrate proper positioning and use of durable medical equipment. They will also teach home exercise programs and techniques to allow you to be as independent as possible and as safe as possible. Nursing may also perform teaching with the family regarding medication administration, wound care, or any other treatments/procedures that you may require.

WHAT IS EXPECTED OF YOU DURING YOUR STAY

During your stay here, you will be expected to participate in all therapies and activities unless it has been determined by your physician, nursing staff and/or rehab team that you are medically unable to do so or that doing so would be harmful to you physically. You are welcomed and encouraged to have family and friends visit as it is very important for you to have support during your recovery and treatment. However, because therapy is a vital part of rehabilitation, visiting should be done around your therapy schedule since family and friends are not allowed in the therapy gym unless an appointment has been set up with your therapy team. This is to protect the privacy of the other patients in the therapy gym. The best times for family and friends to visit are:

- Monday through Friday – 12:00 p.m. to 1:00 p.m. and 4:00 p.m. to 9:00 p.m.
- Saturday – 12:00 p.m. to 1:00 p.m. and 4:00 p.m. to 9:00 p.m.
- Sunday – anytime around your therapy schedule.

*****We discourage late visitation as the patients need their rest because of the intensive therapy sessions and other activities they attend during the daytime hours*****

During the week, Monday through Friday, the entrance to the building will be locked each night at 6:00 p.m. and will open the next morning at 6:00 a.m. On the weekend and holidays the doors will remain locked. The elevators will be locked each night at 11:00 p.m. and will unlock at 6:00 a.m. the next morning. To gain access to the hospital between 6:00 p.m. and 11:00 p.m., visitors must use the silver, rectangle intercom on the wall to notify the staff, which can open the door remotely. **THERE WILL BE NO ADMITTANCE TO THE HOSPITAL BETWEEN THE HOURS OF 11:00 P.M. AND 6:00 A.M.** If a family member is staying overnight and leaves the building between 11:00 p.m. and 6:00 a.m., they will not be allowed back in until the elevators unlock at 6:00 a.m.

One adult will be allowed to stay overnight with you. There is a café on the 1st floor of the surgical hospital that serves breakfast and lunch Monday through Friday, and there are several restaurants within walking distance which are available for family and friends to purchase meals. There are also vending machines and cold drink machines in the Dining Room on the 6th floor. The public restrooms are located on the 6th floor in the hallway across from the Nurse's Station.

Patients are allowed to go outside of the hospital once they have been cleared by the Rehab Team, if they are accompanied by family/friends. Patients are not allowed to go outside alone due to safety reasons. Your family/friends must notify

your primary nurse every time they wish to take you on an outing so that your schedule can be checked. Then they must sign you out at the Nurse's Station and leave a phone number where they can be reached. They will also need to sign in once you return. Outings should be limited to 30 minutes and should not interfere with your therapy schedule or nursing treatments/medication schedule. You must stay on The NeuroMedical Center campus, in front of the building near the fountain or near the benches on the side of the hospital. This is for your safety. This is where the staff will look for you if needed

PLEASE DO NOT GO ACROSS THE STREET INTO THE PERKINS ROWE COMPLEX.

Meal times are approximately:

- Breakfast – 7:00 a.m. to 8:15 a.m.
- Lunch – 12:00 p.m. to 1:00 p.m.
- Supper – 5:00 p.m. to 6:00 p.m.

Your breakfast tray will be served in your room to allow privacy for physician rounds and your morning medication administration. However, we encourage you to take all other meals in the Dining Room. If you require one-on-one feeding assistance, you will go to the Dining Room for all meals to take part in the Feeding Group.

Your family/friends may bring you food from home or restaurants if you can have a Regular Diet with no restrictions. There is a patient refrigerator in the Nourishment Room where food containers may be labeled and stored. If the food is not in a container with an expiration date, it will be discarded after three days.

Items that you **WILL WANT** to bring with you to rehab:

- Comfortable slacks and shirts that you can exercise in
- At least one button-down and one pull-over shirt
- A light jacket or sweater
- Rubber soled shoes or tennis shoes that completely cover your feet
- Socks
- Underwear
- Pajamas/nightgown and robe
- Grooming articles

Items we ask that you **NOT** bring with you to rehab:

- Candles, matches or cigarette lighters
- Sheer or revealing clothing
- Appliances to cook with
- Large amounts of cash or other valuable items
- Food items, unless cleared by Nursing/Dietary Staff
- Over-the-counter medications. Once your home medications have been verified by the Nursing Staff, Pharmacy and your Physician, we ask that you have your family bring them home.
- Cell phones during therapy sessions

If any of the above items are found in your room, we will ask that they be removed from the hospital or they can be stored in the Nurse's Station.

SAFETY

At The NeuroMedical Center Rehabilitation Hospital the safety of our patients and their families is very important. There are a few rules in place to ensure your safety and that of other patients and staff members. We ask you to please abide by these rules during your stay here.

- Smoking is NOT allowed in the hospital or on the NeuroMedical campus. We are a smoke-free facility. Employees are not allowed to bring patients outside to smoke. This includes E-Cigarettes. We also ask that you do not charge your E-Cigarette packs in our facility. If you do go outside, you must be accompanied by family/friends for safety reasons.

- Call for assistance any time you need to get into or out of your bed, go to the restroom, or move around your room or the rest of the hospital until you have been evaluated and instructed otherwise. (See Fall Prevention Education)

- All two-pronged electronic devices must be checked by Bio Med before being used in your room.

During your stay you may observe or experience some of our safety drills. If an emergency arises while you are here, you will be given instructions by the staff on how to proceed safely. The most important thing to do is to remain calm, listen to instructions carefully and follow them. You may hear a color code called over the intercom system, followed by a description or "Plain Talk" with instructions on

what to do. Once the drill is over, they will call "All Clear". Below are some of the drills that may take place during your stay:

- Fire (Code Red):
    - Staff will make sure that the doors to all patient rooms are closed and that designated fire doors have closed automatically. This provides a barrier or "fire zone"
    - Staff will clear the hallways of all equipment. This provides an uncluttered walkway in case of evacuation.
    - Exit routes are posted throughout the units, but the staff will also direct everyone to the closest exits if needed.
    - Staff will be stationed at the elevator to prevent its use if instructed by the Fire Chief and at stairwells to assist with evacuation.
    - If evacuation is required, we ask that families and visitors leave first to clear the exit routes and then the staff will assist the patients.
    - Once outside of the building we will direct everyone to move away to the grassy area in front of the hospital.

- Severe Weather (Code Gray):
    - In case of a Tornado Warning in the immediate area of the hospital, all patients and families will be moved out of the patient rooms, away from the windows and into the hallway. The staff will make sure all the patient room doors have been closed.
    - Anyone in the Dining Room or Therapy Gym will be moved into the hallways away from the windows.
    - A list will be made of all patients present on the 5th and 6th floors as well as a number of visitors with them.
    - Once the tornado has moved out of the area and the Warning has been lifted. Patients and visitors will be allowed to return to their rooms, or common areas.
    - In case of a hurricane, we will shelter in place (weather out the storm) or evacuate our patients to another facility if warranted – depending on the severity of the storm. If evacuation is recommended, patients who are medically stable may be discharged early.

- Missing Child (Code Pink)
    - A description of the missing child will be given and if there is a description of the abductor, it will be given as well.
    - Staff will be positioned at all exits and the units will be searched for the missing child.
    - All bags and suitcases will be inspected as people leave the unit.

- Bomb Threat (Code Black)
    - Law enforcement will be notified immediately
    - Staff will search the units for suspicious packages or items.
    - Staff will prepare for possible evacuation if directed by law enforcement.
    - If evacuation is ordered, we ask that families and visitors leave first and staff will assist the patients.
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- Hostile Individual (Code White)
    - Law enforcement will be notified immediately
    - Staff will respond and attempt to de-escalate the situation
    - We ask that patients and families stay in the patient rooms and not attempt to intervene.

- Emergency Evacuation:
    - Staff will give directions on evacuation procedures. You will be directed to the closest exit. We ask that families and visitors leave first and the staff will assist the patients.

- Individual with a Gun/Active Shooter (Code Silver)
    - Law enforcement will be notified immediately
    - Attempts will be made to announce a description of the perpetrator – location, clothing, race, etc.
    - If you are not in the vicinity of the shooter, exit the building immediately, as quickly as possible.
    - If you are in the vicinity of the perpetrator, DO NOT ATTEMPT TO INTERVENE. Stay in the patient room or get to the nearest room, shut the door, lock it if possible and barricade it. If there is no lock, use something to secure it like a belt, a purse strap, etc. or barricade it.
    - Hide and silence your cell phone. Be very quiet and do not open the door until law enforcement arrives and orders it.
    - Once law enforcement arrives you will be given very specific instructions. Listen carefully and follow the instructions exactly as given. You may be frisked and asked to keep your hands up where they can be seen. Don't keep anything in your hands that may be mistaken for a weapon, like a cell phone.

This information is not intended to alarm you, but to give you important information that would be necessary in case of an emergency.

COMPLAINTS AND GRIEVANCES

If you should have any complaints/grievances regarding our facility or your care here, the following Grievance Procedure should be followed:

- Verbal discussion with the Charge Nurse. A complaint/grievance event will be entered into the computer and sent to the Chief Clinical Officer (DON) or the Chief Executive Officer. They can be reached at (225) 906-3820.
- The Chief Clinical Officer (DON) or the Chief Executive Officer will investigate the complaint/grievance, develop a corrective plan of action and follow up with a written response.
- If you feel your complaint/grievance was not handled appropriately, you may call a Rehab Holding Services Representative at (225) 635-5228 ext. 200 or submit a written complaint/grievance to:

The NeuroMedical Center Rehabilitation Hospital
Attn: Grievance Officer
10101 Park Rowe Avenue, Suite 500
Baton Rouge, Louisiana 70810
(225) 906-3820

- You or your family may also contact the State Agency for Louisiana at:

Department of Health and Hospitals
P.O. Box 3767
Baton Rouge, Louisiana 70821
(225) 342-0138 or 1-866-280-7737

If a you or your family wishes to file a discrimination complaint/grievance, the following procedure should be followed:

- Submit a written complaint/grievance to:

The NeuroMedical Center Rehabilitation Hospital
Attn: Grievance Officer
10101 Park Rowe Avenue, Suite 500
Baton Rouge, Louisiana 70810
(225) 906-3820

- Include the name and address of the person filing it and a brief description of the complaint/grievance.
- The Chief Clinical Officer (DON) or Chief Executive Officer will investigate the complaint/grievance and issue a written response no later than 30 days after its filing.
- The patient/family may also contact:

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, Texas 75202
Ph# (214) 767-4056
Fax# (214) 767-0432
TDD# (214) 767-8940

PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights:

- The right to be informed of your rights before receiving care and/or upon discontinuation of care, whenever possible.
- The right to have a designated representative or physician promptly notified upon your admission.
- The right to receive medically appropriate, considerate and respectful care given by competent personnel without discrimination based upon age, race, creed, color, religion, sex, sexual preference/orientation, marital status, disability, national origin, handicap, diagnosis, ability to pay or source of payment.
- The right to be treated with consideration, respect and recognition of your individuality, including the need for personal privacy in treatment.
- The right to be informed of the names, functions, and qualifications of all healthcare professionals providing you with direct care and to know who has overall responsibility for your care and coordinating your care.
- The right to receive the services of a translator or interpreter.
- The right to participate in the development and implementation of your plan of care.
- The right to make informed healthcare decisions or have your family, with your permission, or legal representative (as allowed by state law), make informed healthcare decisions regarding your care. You have the right to the information necessary to make informed consent to a procedure or treatment

and to request a change in your physician or transfer to another health facility due to religious or other reasons.

- The right to be fully informed about your healthcare including the rights to: accept or reject care; be informed of your health status/diagnosis; be involved in care planning and treatment; prognosis for recovery; request or refuse treatment to the extent permitted by state law; and to be informed of the medical consequences of refusing treatment.
- The right to be included in, or to refuse to participate in, experimental research through your informed and written consent.
- The right to know the identity and function of other healthcare or educational institutions authorized to participate in your treatment. You also have the right to refuse treatment from these healthcare or educational institutions.
- The right to formulate advanced directives and appoint a surrogate to make healthcare decisions on your behalf to the extent permitted by law and have hospital staff and practitioners who provide care in the hospital comply with these directives.
- The right to be informed by the attending physician and other providers of healthcare services about any continuing healthcare requirements after you discharge from the hospital. You also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.
- The right for each patient or, if applicable, the patient's legal guardian, to have one opportunity to designate an uncompensated caregiver following the patient's inpatient admission into a hospital and prior to the patient's discharge, for provision of the patient's post hospital aftercare at the patient's residence.
- The right to have your medical records, including all computerized medical information, kept confidential in accordance with applicable federal and state law.
- The right to access information contained in your medical records within a reasonable time frame by you or your legal representative within the limits of state or federal law. Psychiatric records may be limited in accordance with hospital policy, state or federal law. The hospital will seek to meet these requests as quickly as possible.
- The right to be free from restraints and seclusion of any form that is not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- The right to be free from all forms of abuse, physical and mental, harassment and corporal punishment.
- The right to receive care in a safe setting.

- The right to examine and receive an explanation of your bill, regardless of the source of payment, and the right to receive upon request information relating to financial assistance available through the hospital.
- The right to be informed of your responsibility to comply with hospital rules, cooperate in your own treatment, provide a complete and accurate medical history, be respectful of other patients, staff and property, and provide required information regarding payment of charges.
- The right to receive a full explanation of the reason for transfer, alternatives available, provisions for continuing care and acceptance by the receiving institution (except in emergencies). Medical records will be forwarded on or before the date of transfer.
- The right to be informed in writing about the hospital's policies and procedures for initiation, review, and resolution of a complaint, including the address where complaints may be filed with the Department of Health and Hospitals.
- The right to choose who may visit you during your inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner), or another type of visitor, as well as the right to withdraw such consent to visitation at any time.
- The right to assistance in obtaining consultation with another physician or practitioner at your request and own expense.
- The right, upon request, regardless of reimbursement mechanisms, to be informed of customary charges, in advance, for the type of hospital stay anticipated.
- The right to be informed that this hospital does not have a physician present in the hospital 24 hours per day, 7 days per week, and in the event that you develop a medical emergency, you may be transferred to another hospital for treatment.
- The right to know the reasons for any proposed change in the professional staff responsible for his/her care.
- The right to be informed of the right to have pain treated as effectively as possible.

Patient Responsibilities:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaint, past illnesses and hospitalizations, and other matters relating to his/her health.
- The patient is responsible for making it known whether he/she clearly comprehends the course of medical treatment and what is expected of him/her.

- The patient is responsible for following the treatment plan established by his/her physician including instructions from nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for his/her actions
- The patient is responsible for assuring that the financial obligations of his/her hospital care are fulfilled as promptly as possible.
- The patient is responsible for being considerate of the rights of other patients and hospital personnel.
- The patient is responsible for being respectful of his/her personal property and that of other people in the hospital.

Concerns or complaints may be expressed to the hospital Chief Clinical Officer (DON) or Chief Executive Officer either verbally at (225) 906-3820 or in writing at 10101 Park Rowe Avenue, Suite 500, Baton Rouge, LA 70810.
You may also contact the NMC Rehab Compliance Officer via email at Compliance@nmcrehab.com. You have the right to express a grievance externally by contacting the Department of Health and Hospitals, P.O. Box 3767, Baton Rouge, LA 70821-3767 or call (225) 342-6429 or toll free at 1-866-280-7737.

PRIVACY NOTICES

Your Information **Your Rights** **Our Responsibilities**	This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review carefully**

Your Rights	**You have the right to:** • Get a copy of your paper or electronic medical record • Correct your paper or electronic medical record • Request confidential communication • Ask us to limit the information we share • Get a list of those with whom we've shared your information • Get a copy of this privacy notice • Choose someone to act for you • File a complaint if you believe your privacy rights have been violated

Your Choices	**You have some choices in the way that we use and share information as we:** • Tell family and friends about your condition • Provide disaster relief • Include you in a hospital directory • Provide mental health care • Market our services and sell your information • Raise funds

Our Uses and Disclosures	**We may use and share your information as we:** • Treat you • Run our organization • Bill for your services • Help with public health and safety issues • Do research • Comply with the law • Respond to organ and tissue donation requests • Work with a medical examiner or funeral director • Address worker's compensation, law enforcement, and other government requests • Respond to lawsuits and legal actions

Your Rights	**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.

Ask us to limit what we use or share	• You can ask us NOT to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, an health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 15. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting. • We will not retaliate against you for filing a complaint.

Your Choices	**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or other involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory *If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:	• Marketing purposes • Sales of your information • Most sharing of psychotherapy notes

In the case of fundraising	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures	How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you.	Example: A doctor treating you for an injury asks another doctor about your overall health condition
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary	Example: We use health information about you to manage your treatment and services.
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	Example: We give information about you to your health insurance plan so it will pay for your services

How else can we share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

Help with public health and safety issues	• We can share health information about you for certain situations such as: ☐ Preventing disease ☐ Helping with product recall ☐ Reporting adverse reactions to medications ☐ Reporting substance abuse, neglect or domestic violence ☐ Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share information for health research
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to the organ and tissue donation requests	• We can share health information about you with organ procurement Organizations.

Work with medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address worker's compensation, law enforcement, and other government requests	• We can use or share health information about you: ☐ For worker's compensation claims ☐ For law enforcement purposes or with a law enforcement official ☐ With health oversight agencies for activities authorized by law ☐ For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Certain state health information laws and regulations, such as those dealing with mental health, HIV/AIDS or drug and alcohol records may be more stringent than that of the federal privacy laws and further limit the hospital's use and disclosure for your health information described above.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as describe here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Privacy Information: HIM Department -Address: 10101 Park Rowe Avenue, Suite 500, Baton Rouge, LA 70810; Phone: 225-906-3825; Email: lcomeaux@nmcrehab.com

Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities

This notice is a simplified plain language summary of the information contained in the attached "Privacy Act Statement-Health Care Records"

As a hospital rehabilitation inpatient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**
  We are required by federal law to collect health information to make sure:
  1) you get quality health care, and
  2) payment for Medicare patients is correct.

- **You have the right to have your personal health care information kept confidential and secure.**
  You will be asked to tell us information about yourself so that we can provide the most appropriate, comprehensive services for you.
  We keep anything we learn about you confidential and secure. This means only those who are legally permitted to use or obtain the information collected during this assessment will see it.

- **You have the right to refuse to answer questions.**
  You do not have to answer any questions 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. You may ask to review the information you provided. If you think we made a mistake, you can ask us to correct it.

In addition, you may ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal identifying health information which this Federal agency maintains in its IRF-PAI System of Records. For CONTACT INFORMATION or a detailed description of your privacy rights, refer to the attached PRIVACY ACT STATEMENT – HEALTH CARE RECORDS.
Note: The rights listed above are in concert with the rights listed in the hospital conditions of participation and the rights established under the Federal Privacy Rule.

This is a Medicare & Medicaid Approved Notice.

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This statement gives you notice of a data collection required by law (section 552a(e)(3) of the Privacy Act of 1974).
This statement is not a consent form. It will not be used to release or to use your health care information.

- **Authority for collection of your information, including your social security number, and whether or not you are required to provide information for this assessment. Sections 1102(a), 1154, 1861(z), 1864, 1865, 1866, 1871, 1886(j) of the Social Security Act.**

Medicare participating inpatient rehabilitation facilities must do a complete assessment that accurately reflects your current clinical status and includes information that can be used to show your progress toward your rehabilitation goals. The inpatient rehabilitation facility must use the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IFR-PAI) as part of that assessment, when evaluating your clinical status. The IRF-PAI must be used to assess every Medicare Part A fee-for-service inpatient, and it may be used to assess other types of inpatients. This information will be used by the Centers for Medicare & Medicaid Services (CMS) to be sure that the inpatient rehabilitation facility is paid appropriately for the services that they furnish you, and to help evaluate that the inpatient rehabilitation facility meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information to the inpatient rehabilitation facility for the assessment. Information provided to the federal government for this assessment is protected under the Federal Privacy Act of 1974 and the IRF-PAI System of Records. You have the right to see, copy, review, and request correction of inaccurate or missing personal health information in the IRF-PAI System of Records.

PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the IRF-PAI System No. 09-70-1518. Your health care information in the IRF-PAI System of Records will be used for the following purposes:

- support the IRF prospective payment system (PPS) for payment of the IRF Medicare Part A fee-for-services furnished by the IRF to Medicare beneficiaries;
- help validate and refine the Medicare IRF-PPS
- study and help ensure the quality of care provided by IRFs;
- enable CMS and its agents to provide IRFs with data for their quality assurance and ultimately quality improvement activities;
- support agencies of the State government, deeming organizations or accrediting agencies to determine, evaluate and assess overall effectiveness and quality of IRF services provided in the State;

- provide information to consumers to allow them to make better informed selections of providers;
- support regulatory and policy functions performed within the IRF or by a contractor or consultant;
- support constituent requests made to a Congressional representative;
- support litigation involving the facility;
- support research on the utilization and quality of inpatient rehabilitation services; as well as, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health for understanding and improving payment systems.

ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the IRF-PAI 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 protected health information authorized by these routine uses may be made only if, and as, permitted or required by the 'Standards for Privacy of Individually Identifiable Health Information.' (45 CFR Parts 160 and 164). Disclosures of the information may be to:

- To agency contractors or consultants who have been contracted by the agency to assist in the performance of a service related to this system of records and who need to have access to the records in order to perform the activity;
- To a Peer Review Organization (PRO) in order to assist the PRO to perform Title XI and Title XVIII functions relating to assessing and improving IRF quality of care. PROs will work with IRFs to implement quality improvement programs, provide consultation to CMS, its contractors, and to State agencies;

3. To another Federal or State agency:

   a. To contribute to the accuracy of CMS's proper payment of Medicare benefits,
   b. To enable such agency to administer a Federal health benefits program, or as necessary to enable such agency to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds, or
   c. To improve the state survey process for investigation of complains related to health and safety or quality of care and to implement a more outcome oriented survey and certification program.

4. To an individual or organization for a research, evaluation, or epidemiological projects related to the prevention of disease or disability, the restoration or maintenance of health epidemiological or for understanding and improving payment projects.

5. To a member of Congress or to a congressional staff member in response to an inquiry of the Congressional Office made at the written request of the constituent about whom the record is maintained.

6. To the Department of Justice (DOJ), court or adjudicatory body when:
   a. The agency or any component thereof; or
   b. Any employee of the agency in his or her official capacity; or
   c. Any employee of the agency in his or her individual capacity where the employee; or
   d. The United States Government; is a party to litigation or has an interest in such litigation, and by careful review, CMS determines that the records are both relevant and necessary to the litigation and the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which the agency collected the records.

7. *To a CMS contractor (i*ncluding, but not necessarily limited to fiscal intermediaries and carriers) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS - administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud or abuse in such program.

8. To another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any State or local governmental agency), that administers, or that has the authority to investigate potential fraud or abuse in whole or part by Federal funds, when disclosure is deemed reasonable necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat frauds or abuse in such programs;

9. To a national accrediting organization that has been approved for deeming authority for Medicare requirements for inpatient rehabilitation services (i.e., the Joint Commission for the Accreditation of Healthcare Organizations, the American Osteopathic Association and the Commission of Accreditation of Rehabilitation Facilities). Data will be released to these organizations only for those facilities that participate in Medicare by virtue of their accreditation status.

10. To insurance companies, third party administrators (TPA), employers, self-insurers, manage care organizations, other supplemental insurers, non-coordinating insurers, multiple employer trusts, group health plans (i.e., health maintenance organizations (HMO) or a competitive medical plan (CMP)) with a Medicare contract, or a Medicare-approved health care prepayment plan (HCPP), directly or through a contractor, and other groups providing protection for their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive the information, they must agree to:

    a. Certify that the individual about whom the information is being provided is one of its insured or employees, or is insured and/or employed by another entity for whom they serve as a third-party administrator;

b. Utilize the information solely for the purpose of processing the individual's insurance claims; and
c. Safeguard the confidentiality of the data and prevent unauthorized access

EFFECT ON YOU IF YOU DO NOT PROVIDE INFORMATION

The inpatient rehabilitation facility needs the information contained in the IRF-PAI in order to comply with the Medicare regulations. Your inpatient rehabilitation facility will also use the IRF-PAI to assist in providing you with quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it difficult to evaluate if the facility is giving you quality services. If you choose not to provide information, there is no federal requirement for the inpatient rehabilitation facility to refuse your services.

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ADVANCED MEDICAL DIRECTIVES INFORMATION

An "advance directive" lets you continue to direct your healthcare if the time comes that you cannot tell your family, doctor, nurse, and others your wishes.

There are several types of Advance Medical Directives; a **Living Will**, **Durable Power of Attorney** and **Do Not Resuscitate (DNR)**.

The **Living Will** is a document that states your intentions of your medical care to be used when you are unable to make your wishes known. A Living will can be a formal declaration form or can be handwritten and it must have two witnesses. This document must be initiated and signed only by the person named in the declaration. A family member or friend cannot create a living will for someone else. In Louisiana, the Living Will does not have to be notarized. Other state laws may be different. The patient or declarant is responsible for providing copies of their Living Will to the medical doctor or hospital. You may also wish to use the "Five Wishes" document that can be ordered, for a small fee, by calling 1-888-594-7437. If a patient does not have a Living Will, the doctor or social worker will discuss the care with the legal next-of-kin. If you have questions or would like to complete a Living Will, please ask a staff member to contact a social worker to assist you.

A **Durable Power of Attorney** for healthcare is a document used to designate a family member or friend to make your medical decisions only when you are no longer able to make them for yourself. You may designate one or more persons, but one should be primary. Be sure that the person you designate is willing to accept this responsibility and that you discuss your wishes with them. The durable power of attorney for medical decisions does not need to be notarized. There is also a Power of Attorney for financial decisions that can be completed at your attorney's office. If you have questions or need assistance with a medical power of attorney, please contact the social worker.

A **Do Not Resuscitate or DNR** is a common term used by health care professionals. It is an order written by a doctor that indicates the patient or patient's family wishes not to have "heroic" or otherwise invasive procedures performed in order to sustain life and that they wish to allow a natural death. It is usually used for a terminally ill or elderly patient who wishes to simply "die in peace" when it is their time. This order includes whether or not the patient wants CPR – chest compressions, Intubation – a tube inserted into the patient's lungs to help or control breathing and/or emergency medications – to restart the heart or lungs, etc.

If you do not want to be resuscitated and you want to allow a natural death while you are a patient at The NeuroMedical Center Rehabilitation Hospital, please notify your doctor, nurse or social worker so that a DNR (Do Not Resuscitate) order can be implemented.

FALL PREVENTION INFORMATION

INTRODUCTION

A fall can be very serious, especially if you have just had surgery or have an illness. Falling can have serious effects on your health and independence. Falls may cause physical injury, decreased self-confidence, increased fear of falling, and restriction of activities.

WHO IS AT RISK FOR FALLING?

Everyone is at risk of falling. This pamphlet tells you how to reduce your risk of falls and what to do if you experience a fall.

PREVENTING FALLS IN THE HOSPITAL

It is important to listen to the recommendations of the health care staff. This is for your safety. To reduce your risk of falling, use your call light and wait for assistance before getting out of bed or a chair. Sometimes our healthcare staff are busy assisting other people in the hospital. Please wait patiently and a staff member will assist you as soon as possible.

10 RISK FACTORS OF FALLING

- Medications
  Side effects of medicines may increase your risk of falling. Some medications may affect your mental or physical state. For example, pain medications can make you drowsy and weak. Sit on the side of your bed for a minute before you get up to walk. Other medications, such as diuretics, may cause urgency to use the restroom. Remember to use your call light and wait for assistance before getting out of bed or a chair, even if you are in a hurry.

- Pathways
  There may be furniture in your path that you could stumble over. If you have an intravenous (IV) line, a catheter, or oxygen, the equipment must move with you. It is difficult to manage this equipment by yourself, and you could lose your balance. Use your call light and wait for assistance before

getting out of bed or a chair to help manage this equipment and clear objects from your path.

- Footwear
  On admission, you were given a pair of non-skid socks to wear. It is important to wear these or a supportive pair of shoes when you are getting out of bed. A staff member will help you put on your socks and/or shoes.

- Foot Problems
  Pain or loss of feeling in your feet can change the way your walk. These changes can cause you to stumble and fall. Use your call light and wait for assistance before getting out of bed or a chair.

- Dizziness
  Tell your healthcare staff if you feel dizzy. Dizziness can occur when you get up from lying down or stand up from sitting. It can make you lose your balance and fall. When you get up from lying down, sit for a few minutes. Then stand and get your bearings before your walk. Remember to use your call light and wait for assistance.

- Loss of Strength
  After surgery, you may have weakness in your legs or feet. Some diseases may also affect your physical strength and balance. This can affect the way that you walk and increase your risk of falling. Use your call light and wait for assistance before getting out of bed or a chair.

- Confusion
  When you are in a new place, you may be confused. You may not remember where you are if you wake up during the night. You may also not remember how the room is arranged. Do not get out of bed at night by yourself. Use your call light and wait for assistance before getting out of bed.

- Assistive Devices
  Canes, walkers, and wheelchairs are called “assistive devices”. These devices provide extra stability when walking and can help you avoid falls. If you are given one of these items, remember to use it when you are in your room. Use your call light and wait for assistance and a staff member will help you use your device.

- Vision and Lighting
  If you can't see well, your risk of falling is greater. Blurred vision is a side effect of some medicines. Cataracts and other illnesses can limit your vision. Walking in a dark room increases your risk of tripping over objects. Be sure to wear your glasses or contact lenses.

- Drops and Spills
  If you spill your beverage, do not clean it up yourself. You may miss a spot. If you drop an item on the floor, do not pick it up. Bending over can make you dizzy and you could lose your balance. Do not lean out of bed to pick up something from the floor. Use your call light and wait for assistance.

Ask a health care staff member if you have any questions regarding this information. Remember…..

Call, Don't Fall!

DISCHARGE INFORMATION

The typical discharge time is between 10:00 a.m. and 11:00 a.m. on the scheduled discharge day. Please make arrangements in advance for this time.

Planned discharge is determined by your Rehabilitation Physician and Rehab Team. Any equipment needed at the time of discharge will be determined by patient needs and can be arranged by our facility through a medical equipment supplier of your choice. Information on such companies can be supplied to you by your Medical Social Worker.

If Home Health therapy and/or nursing services or Outpatient Therapy services are required, this can be arranged by our facility through a provider of your choice. Information on such companies can be supplied to you by your Medical Social Worker. Please note that some Home Health or Outpatient Therapy companies may not provide all the services that you may require.

Family Training will be scheduled and performed prior to the scheduled discharge day if needed.

Medication prescriptions may be given to you on the day of discharge, or the physician may send them electronically. Your nurse will go over the medications, dosages and times the medications are to be taken before you are discharged from the facility.

On the day of discharge your nurse will go over your discharge instructions and give you a copy to take home for a reference. The Discharge Instruction Sheet includes:

- Medications
- Diet
- Special Instructions (wound care, etc.)
- Physician appointments
- Medical Equipment ordered and the Supplier
- Home Health or Outpatient orders and the Company

If you have any questions, please do not hesitate to ask a staff member, department director or contact our Chief Clinical Officer (DON) at (225) 906-3835. Again, we hope that you have a pleasant stay here at The NeuroMedical Center Rehabilitation Hospital.