



Client Handbook Wisconsin

Your rights and responsibilities as a health care consumer.

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Welcome

Dear Client:

Thank you for choosing Recover Care for your home care needs – we are so honored you have chosen to partner with us. We promise you that we will do our very best to help you achieve your health care goals, by developing a Care Plan that is specifically and uniquely designed to meet your needs.

Driven by our core values, we are dedicated and committed to the highest possible quality services. The following information offers answers to commonly asked questions, as well as resources to support when you need assistance.

We value the trust you have placed in us, and we invite you to contact us whenever you have questions or concerns.

Sincerely,



Linda Engdahl
Chief Operating Officer
Recover Care

Recover Care Mission and Core Values

Our mission is to create relationships that make a meaningful difference in people's lives.

Authentic.

We mean what we say and we say what we mean. We believe in full honesty and transparency in every interaction. We give and receive feedback with grace and always assume good intent.

Invested.

We treat the company money, quality, and compliance like it is our own. The small things matter. Be cautious appropriately, and take risks appropriately. When the company does well, everyone does!

Purpose Driven.

We are here for a reason. Understand and share your personal reason and story for being here. It's not about what you do, it's about why you do it!

Relationship Focused.

We believe relationships are the most important part of our job. We do not prioritize clients, partners, or employees – we balance the relationships with all three to generate the best outcome for all!

Committed to Excellence.

We strive for 100% every time! We understand perfection is hard to achieve – learn from mistakes and those made ahead of you. Take accountability for your own actions and continue to grow and thrive!

Results Oriented.

Results matter. We cannot serve clients without business profitability, quality, and compliance. Everyone has a number that is realistic, well understood and evaluated often.

Recover
Care 

Recover
Care 

Statement of Home Care Services

Comprehensive Home Care Provider Name: Recover Care

Below is a list of all services that *may* be provided with a Comprehensive Home Care License.

Each service that is offered by this provider is indicated by a check in the box next to the service.

<input checked="" type="checkbox"/> Registered Nurse Services	
<input checked="" type="checkbox"/> Licensed Practical Nurse Services	
<input checked="" type="checkbox"/> Medication Management Services	
<input checked="" type="checkbox"/> Delegated tasks to unlicensed personnel	
<input checked="" type="checkbox"/> Hands-on assistance with transfers and mobility	
<input checked="" type="checkbox"/> Providing eating assistance for clients with complicating eating problems (i.e. difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube, parenteral or intravenous instruments)	
<input checked="" type="checkbox"/> Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing	
<input checked="" type="checkbox"/> Providing standby assistance within arm's reach for safety while performing daily activities	
<input checked="" type="checkbox"/> Providing verbal or visual reminders to take regularly scheduled medication (includes bringing clients previously set-up medication, medication in original containers, or liquid or food to accompany the medication)	
<input checked="" type="checkbox"/> Providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises	
<input checked="" type="checkbox"/> Preparing modified diets ordered by licensed health professional	
<input checked="" type="checkbox"/> Laundry	
<input checked="" type="checkbox"/> Housekeeping/Other household chores	
<input checked="" type="checkbox"/> Meal preparation	
<input checked="" type="checkbox"/> Shopping	
	<input type="checkbox"/> Advanced Practice Nurse Services
	<input type="checkbox"/> Physical Therapy Services
	<input type="checkbox"/> Occupational Therapy Services
	<input type="checkbox"/> Speech Language Pathologist Services
	<input type="checkbox"/> Respiratory Therapy Services
	<input type="checkbox"/> Social Worker Services
	<input type="checkbox"/> Services by a Dietitian or Nutritionist
	<input type="checkbox"/> Complex or Specialty Healthcare Services

WI Home Care Bill of Rights

- (a) To be fully informed, as evidenced by home health agency documentation, of all rules and regulations governing patient responsibilities;
- (b) To be fully informed, prior to or at the time of admission, of services available from the agency and of related charges, including any charges for services for which the patient or a private insurer may be responsible;
- (c) To be informed of all changes in services and charges as they occur;
- (d) To be fully informed of one's own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research;
- (e) To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal;
- (f) To confidential treatment of personal and medical records and to approve or refuse their release to any individual outside the agency, except in the case of transfer to another health facility, or as required by law or third-party payment contract;
- (g) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;
- (h) To be taught, and have the family taught, the treatment required, so that the patient can, to the extent possible, help himself or herself, and the family or other party designated by the patient can understand and help the patient.
- (i) To exercise his or her rights as a patient of the home health agency;

To have the patient's family or legal representative exercise the patient's rights when the patient has been judged incompetent by a court of law.

We Listen to You

Recover Care welcomes your feedback at any time, please feel free to contact us with any question or concern. We also welcome your feedback through periodic customer satisfaction surveys. We urge you to give honest and constructive feedback, so we can be the best support you need. We value your time and appreciate any feedback that you can provide on the survey.

If You Have a Grievance

Your satisfaction is important to us; and your suggestions can help us provide the quality services described in our Mission Statement and Core Values. As our client, it is your right and obligation to tell us if you are unhappy with your care and to share your comments concerning our policies and procedures. We will make every effort to satisfy you without reprisal.

How do you file a grievance?

Call us. In most instances, it is best to start the grievance process immediately by contacting your Administrator. Although we prefer that you contact your Administrator at your local office, you may notify the Regional Director or COO through the corporate office: (office hours are 8am – 5pm Monday through Friday)

Recover Care of Wisconsin

(952) 230-6332

Director, Operations: Carly Checkalski

Chief Operations Officer: Linda Engdahl, RN

How do we respond to your grievance?

Our policy is to address your grievance immediately. Under no circumstances will our response take longer than seven days.

Other Agencies

A home care provider may not require a person to surrender these rights as a condition of receiving services. A guardian or conservator or, when there is not a guardian or conservator, a designated person may seek to enforce these rights. A provider must protect and promote these rights.

- Agency on Aging: 800-333-2433
- Center for Independent Living for Western Wisconsin: 877-577-8452
- Protection and Advocacy Agency: State Wide- 800-928-8778
- Wisconsin Home Health Hotline: 1-800-642-6552

Consumer Responsibilities

With your help, we can serve you better.

Just as we are accountable to you, as our client you are responsible to us to provide accurate information and to cooperate with the Care Plan created by your Registered Nurse. Without your help, we cannot serve your needs effectively.

These are your responsibilities as a home care consumer. You must...

1. Provide accurate and complete health information during your health assessment.
2. Notify us when your health changes.
3. Help your nurse develop and revise your Care Plan.
4. See your doctor regularly about your on-going health concerns
5. Report any changes in your health care insurance or private pay status immediately.
6. Notify your nurse or our office when you are hospitalized for a scheduled visit. We request a 24-hour notice, when possible.
7. Cooperate and support the treatments and services prescribed by your physician and outlined in your Care Plan. This includes a contingency plan for service interruption described in your Service Agreement.
8. Provide a safe environment for your home care services.
9. Treat our staff with consideration, courtesy, and respect.
10. Tell us when you have questions or problems regarding our services.
11. Notify us if you have a Health Care Directive or if it has been changed.
12. Pay bill by invoice date.
13. Follow the terms and conditions of your written agreement
14. Pay any fees outlined in your service agreement, by invoice due date

Health Care Directives

A Health Care Directive is a legal document in which you can state your wishes and instructions regarding the kinds of medical treatment you desire if you become terminally ill, injured, or unable to make decisions for yourself. It helps your family and caregivers to know what you want if you can't speak for yourself; and it helps to avoid family disagreements, guilty feelings, and doubts about how to treat you. A Health Care Directive is a document that includes one or more health care instructions, a Health Care Power of Attorney, or both. A Health Care Directive must be in written form and must be signed before a person is incapacitated.

Under federal and state law, Recover Care is required to explain your rights to make personal decisions regarding your medical care and to ask whether or not you have documented your wishes. We are also required to provide the following information:

Health Care Power of Attorney or Health Care Agent

You are allowed to name another person to represent you in making health care decisions if you are unable to do so yourself. That person is aware of what you want and has a copy of your Health Care Directive. This is in effect only when you are unable to make your own decisions. In most states your physician cannot be your representative.

Health Care Instructions

Health Care Instructions are a written statement of your values, preferences, guidelines or directions regarding health care. Health Care Instructions are meant to direct health care providers, family members and a health care agent to follow your wishes at a time you are not able to speak for yourself.

Nomination of a Guardian or Conservator

If you anticipate the eventual need for a court-appointed guardian or conservator, you may choose a guardian who may not normally be considered by the court. If you have executed Health Care Instructions or Health Care Power of Attorney, the proxy appointed in those documents will automatically be nominated as guardian or conservator, unless expressly stated otherwise.

Mental Health Treatment Directive

If you need psychiatric medication and/or electroconvulsive therapy, you may indicate your preference to your health care providers and/or appoint another person to make decisions for you if you become incapacitated. It is similar to Health Care Instructions, but does not require a terminal condition to be effective. Health care providers must still obtain your informed consent for treatment as long as you are able to give it. This is most often drafted and

executed separately from Health Care Instructions or Health Care Power of Attorney. However, if you wish, you can give your Health Care Power of Attorney agent authority over psychiatric medications and electroconvulsive therapy by including a special provision in that document.

Our Policy on Health Care Directives

If you have a Health Care Directive, we need a copy to comply with its terms.

If there is no Health Care Directive, we will take all actions necessary to sustain life. However, not all staff who serve you are required to be CPR certified.

Therefore, the first response in an emergency would be to call 911.

We will not discriminate against nor require any conditions for care based on whether or not you have executed a Health Care Directive.

If you would like more information about obtaining a Health Care Directive, we can assist you or you may call your State Health Care Hotline at 1-800-369-7994 to obtain more information about a Health Care Directive.

Recover Care Privacy Notice / HIPAA

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

As part of providing services to you, we will collect information about your health care. We need this information to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the records of your care generated by an affiliate of Recover Care.

The law requires us to:

1. Make sure that information that identifies you is kept private;
2. Give you this notice of our legal duties and privacy practices with respect to information about you; and
3. Follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Information About You

Listed below is a number of reasons or ways in which information about you might be disclosed. In each category we will explain what we mean and give an example. Not every use or disclosure in a category will be listed.

The ways we might disclose information include:

For Treatment

We may disclose information about you to any personnel at Recover Care or outside of Recover Care who are involved in your care. For example, your direct care staff may need to share information about your medications with your nurse.

For Payment

We may use and disclose information about you so that services may be billed and payment may be collected from you, an insurance company, or a government health program. We may also tell your health plan about a service you may receive to obtain prior approval or to determine whether your Plan will cover the treatment.

For Health Care Operations

We may use information about you to run our agency and to make sure you receive quality services, or to decide if we should change or modify our services.

As Required by Law

We will disclose information about you when required by federal state, or local law. For example, we may reveal information about you to the proper authorities to report suspected abuse or neglect.

To Avoid a Serious Threat to Health or Safety

We may use or disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans

If you are a member of the armed forces, we may release information about you as required by military command authorities.

Worker's Compensation

We may release information about you for workers' compensation or similar programs.

Health Oversight Activities

We may disclose information to a health oversight agency for activities authorized by law. Examples are government audits, investigations, inspections and licensure.



Recover Care Privacy Notice / HIPAA cont.

Lawsuits and Disputes

If you are involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning your services, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discover request, or other lawful process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

In certain situations, we may release information about you to law enforcement officials. For example, we might release information about you to identify or locate a missing person; about a death we suspect may be the result of criminal conduct; or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description and of location of the person believed to have committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release information to a coroner or medical examiner to identify a deceased person or determine a cause of death. We may release information to funeral directors as necessary to help them carry out their duties.

National Security and Intelligence, Protective Services for the President and Others

We may release information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Correctional Programs

If you are an inmate or in the custody of a law enforcement officer, we may release information about you to the correctional institution or law enforcement official, for example, to provide you with health, to protect your health and safety or the health and safety of others.

Health Information About a Deceased Patient

We may communicate health information about a deceased patient directly to family members or others involved in the care of the patient unless it is contrary to the wishes of the patient prior to his/her death.

YOUR RIGHTS REGARDING THE INFORMATION ABOUT YOU

You have the following rights:

To Inspect and Copy your Recover Care Service Records, this usually includes medical and billing records, but may exclude some psychotherapy notes. To inspect and copy information in your record, you must submit your request in writing to the Administrator. We may charge a fee for the costs of copying, mailing or other costs related to your request.

An authorization is required for disclosure of psychotherapy notes, use of PHI in marketing and sales of PHI. You have the right to opt out of fundraising solicitations. You have the right to restrict disclosure of PHI to your insurance company, for any out-of-pocket item or service.

Recover Care Privacy Notice / HIPAA cont.

To Amend Your Records

If the information we have about you is incorrect or incomplete, you may make a written request to the Administrator to amend the information. You must include a reason that supports your request. We may deny your request if it is not in writing or does not include a reason to support the request.

We may also deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available make the amendment;
- Is not part of the information kept in our file;
- Is not part of the information you would be permitted to inspect and copy
- We believe that information is accurate and complete.

If you disagree with the denial, you may submit a statement of disagreement requesting a review. If you request an amendment to our record, we will include your request in the record, whether the amendment is accepted or not.

To Receive An Accounting of Disclosures

We will keep a log of disclosures made on or after April 13, 2003, other than disclosures for treatment, billing or health care operation. You have the right to request the list of disclosures. You must submit a written request to the Administrator. The request may not cover more than a six-year period.

To Request Restrictions

You may request a restriction on the disclosure of information about you for treatment, payment or health care operations. Your request must be in writing and made to the Administrator. Your request must tell us 1) what information you want to limit; 2) whether you want to limit our use, our disclosure or both; and 3) to whom you want the limit to apply. For example, you could ask that we not use or disclose information to a certain person about services you've received. We do not have to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To Request Alternative Ways to Communicate

You may request that we communicate with you about your services in a certain way or at a certain location. For example you can ask that we contact you only at work, or only by mail. Your request must be in writing, must tell us how you would like us to communicate with you, and it must be sent to the Administrator. We will accommodate all reasonable requests.

To Receive a Paper Copy or Electronic Copy of this Notice

You have the right to receive a paper copy or an electronic copy of this notice. You may request either paper or an electronic notice from the Administrator.

ADDITIONAL RIGHTS UNDER THE LAW

State privacy laws may provide additional privacy protections. Any such protections will be attached in a separate State addendum to this Notice.

The organization is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. We are also required to notify affected individuals following a breach of unsecured protected health information.

Changes to this Notice

We may change this notice in the future.



Thank you for allowing us to be a part of your care!



www.recovercare.org

952-230-6332