Patient Guide for Private Duty Services

Your Care. Our Commitment.
## Emergency Plan

### Important Phone Numbers

*(Please fill in each box)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance/Police/Fire</td>
<td>911 or</td>
</tr>
<tr>
<td>Poison Control</td>
<td>1-800-222-1222 or 911</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
</tr>
<tr>
<td>Electric Company</td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
</tr>
<tr>
<td>Phone Company</td>
<td></td>
</tr>
<tr>
<td>Non-Emergency Transportation</td>
<td></td>
</tr>
<tr>
<td>Water Company</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Gas Company</td>
<td></td>
</tr>
</tbody>
</table>

- **DNR** ( ) Yes ( ) No ________________
- **Advance Directive** ( ) Yes ( ) No

**Comments:** ____________________________________________________________  
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
# Table of Contents

President's Welcome Letter .................. 1  
Mission Statement .......................... 2  
How to Reach Us. ......................... 2  
Billing Questions .......................... 2  

**Important Information About Private Duty Services**  
Overview ................................. 3  
Direct Care Worker Guidelines ............ 3  
Communication Guidelines ............... 4  
Private Duty Office Numbers .......... 4  
Time Clock System ....................... 4  
Money and Gift-Giving Policy .......... 5  
Errand, Grocery, and Laundry Money ... 5  
Keys to Your Home ........................ 5  
Patient Safety ............................. 5  
Fraud and Abuse Concerns .............. 5  
Patient Satisfaction ..................... 6  
Patient Rights and Responsibilities ...... 6  
Advance Directives ...................... 9  
Understanding Cardiopulmonary Resuscitation (CPR) and Life-Sustaining Care .................. 10  
Tobacco-Free Policy .................... 10  

**Safety in the Home**  
Home Safety Guidelines .................. 10  
Poison Prevention ....................... 11  
Medicine Safety ......................... 11  
Fire Safety ............................... 11  
Electrical Safety ......................... 12  
Home Medical Equipment and Oxygen Safety .................. 12  
Prevention of Slips, Trips, and Falls .... 13  
Home Waste Disposal ................... 13  
Home Infection Control Tips ............. 14  
Safety Protocols ......................... 14  
Prepare for Hazardous Events ........... 16  

**For Your Family Members/ Caregivers**  
UPMC’s Notice of Privacy Practices .......... 17  
Your Rights Concerning Your Health Information .................. 22  
Violation of Privacy Rights ............. 24  
Changes to This Notice ................... 24  
If You Have Questions About This Notice .................. 24  
Monthly Schedule ....................... 25  
Patient Interdisciplinary Communication (PIC) Log .................. 27  
Smoke-Free Environment ................ 28  
Language Interpretation Services ........ 29  
Notes About My Care ................... 30
Welcome. Thank you for choosing us for your care. Since we began operations, we have been committed to the health and well-being of people in our community and in the region. Our mission is to provide state-of-the-art integrated home care services and products to meet your needs. We focus on an environment of quality and innovation. We are proud of our legacy of caring and our history of excellence in home care services.

Putting your needs first is the heart of our work. Our well-trained and compassionate staff members are here to serve your needs. We are committed to caring for you with respect, compassion, encouragement, and the utmost concern for your safety.

Remember that you, as a client, are also a member of your health care team. We encourage you to ask questions and be an active participant in your plan of care. The purpose of this handbook is to help you get to know us by providing important information about our services and policies. Please take a moment to read the Patient Rights and Responsibilities section of this handbook. Should you have questions that are not addressed in this handbook, please call our office at 814-432-6555.

We recognize that you have many health care options. Thank you for choosing us. We are honored to be your health care provider.

Sincerely,

Penny Milanovich, RN, MSN, MBA, FACHE
President

Visiting Nurses Association of Venango County, part of UPMC Visiting Nurses, prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, Visiting Nurses Association of Venango County will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in Visiting Nurses Association of Venango County programs and activities. This commitment is made by Visiting Nurses Association of Venango County in accordance with federal, state, and/or local laws and regulation. Visiting Nurses Association of Venango County is operated by UPMC Visiting Nurses which is owned by UPMC Community Provider Services, Jefferson Regional Medical Center, and Fayette Regional Health System. Visiting Nurses Association of Venango County is accredited by the Joint Commission.
Mission Statement
As an industry leader, UPMC Visiting Nurses and its affiliated organizations provide individually focused and cost-effective home and community-based health services that achieve top patient satisfaction.

How to Reach Us
Our staff of professional and trained service representatives are here to respond to your home care needs 24 hours a day, 7 days a week. After hours and on weekends, staff is available on-call to respond to your needs. Routine calls should be made during normal business hours.

Private Duty Scheduler: 814-437-0347
Private Duty Team Leader: 814-437-0343
After Hours Pager: 814-677-1673
VNA Venango Main Line: 814-432-6555

For the Hearing, Deaf, Hard of Hearing, or Speech Disabled Persons
The Pennsylvania Relay Service is an AT&T phone service regulated by the Public Utility Commission. It offers persons who are hearing, deaf, hard of hearing, or speech disabled 3 ways to communicate using the phone: Traditional Relay, Video Relay, and Internet Relay. Users simply dial 7-1-1 (or 1-800-654-5988) or 1-800-682-8706 to connect to a trained communications assistant (CA). You will give your messages to the CA, who follows a strict code of ethics and confidentiality. The CA then sends these messages to the other person. PA Relay is available 24 hours a day, 7 days a week, making the phone an easily accessible means of communication. The website is www.PArelay.net.

Language Interpreter Services
If language interpreter services are needed for your visit, please tell our visiting staff as early as possible so that arrangements can be made.

Nights/Weekends/Holidays
After normal business hours, if you have a problem that cannot wait until the office is open, you can call the Private Duty Beeper at 814-677-1673. Leave your call back number by entering it on the key pad on your phone. If you do not receive a call back within 20 minutes, you may call 814-432-6555 to be connected to our Triage Center.

Billing Questions
Our staff of reimbursement specialists can help you if you have any questions or concerns about your bill or if you are having any payment issues. We will provide you with information about the costs connected with your care choices, as well as notice of non-coverage for services provided. You are responsible for all charges billed. Call the Billing Department at 814-437-0342 if you have a question about your bill.
Important Information About Private Duty Services

Overview
The Private Duty Department employs only individuals who can meet the education requirements established by the Department of Health for Direct Care Workers. The organization decides employment eligibility for a Direct Care Worker by using a process that includes screening applicants; interviewing face-to-face; verifying identity and professional references; obtaining criminal background checks and FBI clearances; Act 33, 34, and 73 (and Child Line verification, if applicable); and validating education/training. When hired, employees are required to provide a statement of health from a doctor and complete a routine tuberculosis (TB) screening. New employees receive an orientation period and probationary period before receiving yearly evaluations. Yearly evaluations include skills competency, job performance, required continuing education, communication skills, and reliability.

The Direct Care Worker who will be caring for you in your home is an employee of UPMC Visiting Nurses Private Duty. UPMC Visiting Nurses Private Duty is responsible for withholding and reporting State and Federal income tax, Federal Unemployment tax, Social Security taxes, and Medicare taxes on behalf of the Direct Care Worker. UPMC Visiting Nurses Private Duty is also responsible for paying workers compensation insurance to cover the Direct Care Worker in case of an accident or injury on the job.

UPMC Visiting Nurses Private Duty currently maintains general and professional liability insurance covering the Direct Care Worker. Should UPMC Visiting Nurses Private Duty decide not to keep general and professional liability insurance, nor cover the Direct Care Worker under workers compensation, you will be informed. If this happens, you are asked to check your homeowner’s or renter’s insurance to see if it covers any injury or accident involving the direct care worker while working in your home.

UPMC Visiting Nurses Private Duty will give you a schedule identifying your service dates, times, and the identity of the Direct Care Worker. After you get the schedule, if there are any other changes, you will be called.

Direct Care Worker Guidelines
The following guidelines can be used to help you understand the services to expect from our Direct Care Workers.

Help with Personal Care
We help you with bathing, dressing, and grooming.

Help with Nutrition
We make meals, supervise and help with meals, and help with grocery shopping.

Help with Mobility
We can help you by doing range-of-motion exercises, supervising walking, and moving you to a chair or bed.

Help with Going to the Bathroom
We help with toileting and monitoring.

Help with Safety Management
We supervise Activities of Daily Living (ADL) and companionship to make sure you are safe.

Help with the Client’s Environmental Management
We can take care of light housekeeping, laundry, and errands as included in your plan of care. Your plan of care is created by the care coordinator with your input and help.
Direct Care Workers may NOT handle your medicines, change dressings, help with enteral feedings, transport you, or fill out financial paperwork.

UPMC Visiting Nurses Private Duty does its best to avoid missed service. If we can’t provide service, our office staff will call you. It will be your responsibility to have your backup caregiver or family provide needed care. If your Direct Care Worker does not show up for his/her shift and you have not received warning from the office staff, please call the office as soon as possible.

Communication Guidelines
All communication about any service you need or other care issues must be made through the Private Duty Office. This includes:

1. Schedule changes
2. Cancellation of service
3. Notification of hospital admission
4. Requests to re-start service

You must directly tell the Private Duty Office staff of this information so that we can keep correct documentation and ensure our commitment to your care.

Private Duty Office Numbers
Office hours are: Monday through Friday, 8 a.m. to 4:30 p.m.

Private Duty Scheduler ........ 814-437-0347
Nursing Supervisor for Private Duty ............... 814-437-0343
Fax ........................................ 814-432-6588
After hours beeper ............... 814-677-1673

You can call the Private Duty Office at 724-439-1610 any time of the day or night. If the office is closed, the answering service will take your call. Tell them you are a Private Duty patient and leave your name and number with the answering service, along with your reason for calling. If you do not receive a return phone call from a Private Duty staff member within 20 minutes, please call again.

To prevent privacy issues, DO NOT ask your Direct Care Worker for their personal phone number. Please DO NOT call or text your Direct Care Worker on their personal phone. Contact for all your home care needs is to be made through the Private Duty Office at 814-437-0347.

Time Clock System
UPMC Visiting Nurses Private Duty uses a telephony time clock system to keep track of when staff arrive and leave your home. This means that staff will need to use your home phone to call a toll-free number to clock in and out. Each staff member has their own personal identification (ID) number, which lets us keep track of hours for payroll and for billing. Staff must clock in (call) upon arrival, before they provide any services. They should clock out (call) after they finish their services, before leaving the home. To make sure that the staff member is associated with the correct patient, after the first time a staff member calls in, the telephone system will call back to your number and the staff member will enter their pin number for confirmation. If the office that serves you does not use the time clock system described above, the alternate process will be provided to you in writing before to the start of care.

Your insurance or other circumstances may also need you to sign a paper to confirm the visit and service.
Money and Gift-Giving Policy
• Money should never be loaned or gifted to employees.
• Property and belongings should not be given to employees.
• “Tipping” is not allowed.
• Employees cannot sell any type of merchandise to you.
• Employees are not allowed to ask for money for any fundraising activity.

Errand, Grocery, and Laundry Money
• Employees cannot use your credit, debit, or access card. They should not be told your PIN numbers of any account.
• Employees can take cash to stores. After shopping, they are to give you the merchandise, change, and receipts. You must review and verify that the appropriate merchandise, receipts, and change are received. The employee will fill out an errand slip and ask for you to sign that the correct change was received.
• Employees cannot sign checks.
• Visiting Nurses Private Duty highly recommends that you set up a charge account at a local grocery store, permitting the employee to shop at the approved store. The cost of the purchased items will be billed directly to you along with an itemized bill.
• Employees are able to use quarters for laundry without an errand slip.
• Employees are to bring their own meals, snacks, and beverages and are not permitted to eat your food.

Keys to Your Home
Employees are not allowed to have a key to your home or place of living. Individual arrangements must be made; please call the UPMC Visiting Nurses Private Duty Office to make arrangements.

If you have any questions or problems about any of these issues, please call us at 814-437-0343.

Patient Safety
We want to work with you to make health care safety a priority. In support of The Joint Commission’s “Speak Up” program, we ask you to:
• Speak up if you have any questions or concerns. If you don’t understand, ask again.
• Pay attention to the care you are getting. Don’t assume anything.
• Educate yourself about your diagnosis, medical tests, and your plan of care.
• Ask a trusted family member or friend to be with you if you are unable to ask questions for yourself.
• Know what medicines you take and why you take them.
• Use a health care organization that has been carefully checked out.
• Participate in decisions about your treatment. You are the focus of your health care team.

Fraud and Abuse Concerns
This agency and our staff strive to protect and promote the rights of our patients and individual choice, as well as patient safety. If at any time you suspect fraud or abuse, please quickly report it to the agency. In addition to reporting to us, there also are other ways that you can report suspected fraud or abuse.
• If you feel you are in a life threatening situation, call **911**.
• If the victim is an adult over the age of 60, you can call Adult Protective Services at your local Area Agency on Aging at **814-432-9711** or statewide Elder Abuse Hotline at **800-490-8505**.
• If the victim is a child under the age of 18, you can call Child Line at the Office of Children and Youth at **800-932-0313**.
• Additional resources on fraud and abuse can be found at:
  a. Department of Public Welfare **877-401-8835**
  b. Department of Health **800-254-5164**
  c. Office of Developmental Programs **888-5665-9435**
  d. Office of Mental Health and Substance Abuse **877-356-5355**
• The Pennsylvania Department of Human Services (PA-DHS) has a toll-free Fraud Tip Line. Callers may anonymously provide information about any suspected fraudulent activity through this Tip Line. The number is **1-866-DHS-TIPS**. Reports may also be made electronically through the MA Provider Compliance Hotline: Response Forms. This form can be accessed at [www.dhs.state.pa.us](http://www.dhs.state.pa.us).

**Patient Rights and Responsibilities**

It is the policy of this organization that each patient/caregiver or legal guardian will receive the Patient Rights and Responsibilities prior to the start of care. It is the intent that by observing these rights and responsibilities, it will lead to more effective care and to greater patient satisfaction.

**As a patient (or authorized party of the patient) you have the right to:**
• Be fully informed prior to the start of service of these rights, rules, regulations, policies, and responsibilities governing your care.
• To receive a written notice of your rights during the initial evaluation visit before the initiation of treatment.

**Patient Satisfaction**

Your opinion counts. During your course of care, you will receive a Patient Satisfaction Survey. Please fill out the form so that we get feedback on how well we are meeting your service requirements. Here are a number of ways you can let us know how we are doing.

• Talk to your nurse or any other staff member caring for you.
• Ask to speak with a department manager.
• Complete and return the Patient Satisfaction Survey.
• Contact The Joint Commission at **800-994-6610** or send an email to patientsafetyreport@jointcommission.org if you feel the issue was not resolved to your satisfaction.
• Call the PA Department of Health Quality Assurance Complaint Hotline at **800-254-5164** from 8 a.m. to 5 p.m. Monday through Friday.
• Call the Office of Long-Term Living Helpline at **866-286-3636**.
• Call the Office of Developmental Programming phone line **1-800-692-7462**.

The purpose of these hotlines is to answer questions or concerns about the home health care services that you may be receiving or have requested. The hotlines may also be used to lodge complaints about miscommunication or lack of required communication concerning advance directives.
• Services will be provided regardless of race, color, religion, ancestry, national origin, age, gender, genetics, sexual orientation, or marital, familial, or disability status or status as a covered veteran or any other legally protected status.

• Be treated with personal dignity, consideration, and respect by qualified professional staff, including respect for your property, privacy, safety, and security.

• Refuse filming or recording or revoke consent for filming or recording of care, treatment, and services for purposes other than identification, diagnosis, or treatment.

• Be informed and exercise your rights, or your family or legal guardian may exercise your rights if you have been judged incompetent, which includes approval/refusal of care, treatment, and services.

• Expect confidentiality of written, verbal, and electronic information including your medical records, information about your health, social, and financial circumstances, or about what takes place in your home. Confidentiality of all information related to your care as required by regulations. No person, who is not otherwise authorized by law or third party contractual arrangements, may receive or review that information without your written consent.

• The patient has the right to access, request amendment to, and receive an account of disclosures regarding his or her own health information as permitted under law.

• Be informed upon admission about the organization’s procedure for receiving, reviewing, and resolving concerns and/or issues.

• Be advised of the availability of the toll-free home health organization hotline in the state of Pennsylvania.

• Voice concerns and/or issues or recommend changes regarding care, treatment, and services including who provides your care, without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

• Be informed of your medical condition and be given the opportunity to make informed decisions regarding your care, treatment, or services, which are based on your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences, so long as such decisions do not require the agency to compromise its stated nondiscrimination policy. In the event the agency determines it cannot meet your preferences due to a conflict with its policy, the agency will immediately inform you and assist you in finding an alternative source of care.

• Prior to the initiation of care, the patient and family, with permission of the patient, will participate in developing a plan of care for your needs and updating it as your condition changes.

• To appropriate assessment and management of pain.

• Participate in the resolution of ethical issues or conflicts that may arise in your care.

• Be advised in advance of the name(s) and responsibilities of staff members who will provide and will be responsible for your care, treatment, or services. Information about the type of services to be provided, the plan of care, the proposed frequency/hours of visits, any changes in the plan of care, and both the anticipated and unanticipated outcome will be provided.

• Be informed, both orally and in writing before care is initiated, if you will be responsible for any costs for services on an hourly/weekly basis and how payment will be handled.
• Be informed both orally and in writing of any changes in patient payment liability within 30 calendar days from the date the organization becomes aware of the change.

• Accept or refuse all or part of treatment or service to the extent permitted by law and to be informed of any health consequences that may arise by such refusal. Additionally, you will not participate in any research, investigational, or experimental studies unless you have given your written, voluntary, informed consent. The informed consent may be given by a legal guardian. You will be informed of the likelihood of achieving care, treatment, and service goals.

• Be informed within a reasonable amount of time of anticipated termination of service.

• Receive written information concerning the organization’s advance directive policy, including a description of applicable state law. You will be informed if we cannot implement an advance directive on the basis of conscience.

• Formulate advance directives, including decisions to withhold resuscitation or to forego or withdraw life-sustaining care, which will be respected in accordance with organization policy and applicable state law.

• Be admitted for service only if the organization has the ability to provide professional care, at the level of intensity needed to achieve care, treatment, and goals, while maintaining a safe environment with the focus on reasonable continuity of care. If the organization is unable to meet your needs in a timely manner, you will be assisted in obtaining alternate services, if available, in a prompt and orderly manner.

• Have your communication needs met by using special devices, interpreters, or other aids when communication barriers exist.

• Be informed at admission of ownership of the organization and of any financial benefit, if any, resulting from referrals to other organizations.

As a patient, (or authorized party of the patient) you have the responsibility to:

• Provide the organization with complete and accurate information to the best of your knowledge about your present complaints, past illness(es), hospitalizations, pain, medications, allergies, and other matters relating to your health.

• Provide the organization with all requested insurance and financial information.

• Assure financial coverage for all services rendered either through third party payors or through personal payment of any costs, which are not covered by your insurance.

• Participate in and follow through with your plan of care, including asking questions about matters you do not understand and expressing concerns or dissatisfaction with your care.

• Notify the organization when you are unable to be home for a scheduled visit.

• Provide a safe environment in which your care can be given (such as keeping pets confined, not smoking, keeping weapons out of sight/not accessible during your care).

• Report any unexpected changes in condition to your doctor or to organization staff.

• Accept the responsibility for any refusal of treatment.

• Accept responsibility for care of the client when staff is not in the home and for care not provided by the agency.

• Treat organization personnel with respect, consideration, dignity, and in a nondiscriminatory manner.

• Accept the responsibility for following the organization’s rules and regulations.

• Sign the required consents and releases for insurance billing.

• Follow the advice and instructions of your doctor, organization personnel, and other caregivers.
Report any concerns or issues with respect to care and advance directives requirements (without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care or services) to VNA Venango Private Duty at 814-437-0343. During off-hours, answering services personnel will contact the appropriate person to report your concern and/or issue. Your concern/issue will be reviewed and investigated, and you will be contacted by phone or a meeting will be scheduled to resolve the issue. If not resolved, you may contact the Senior Manager of Clinical Operations or the Vice President of Clinical Operations.

Questions, concerns and/or issues may also be confidentially directed to the Pennsylvania Department of Health via its toll-free hotline at 1-800-254-5164. You may also contact the Ombudsman Program with the local Area Agency on Aging (AAA) phone numbers:

- Allegheny County .............. 412-350-4697
- Blair County .................. 814-946-1235
- Butler County ................. 724-282-3008
- Cambria County .............. 814-539-5595
- Erie County .................... 814-459-4581
- Fayette/Washington/Greene Counties ............ 724-489-8080
- Huntington/Bedford/Fulton Counties ............. 814-623-8148
- Indiana County ............... 724-349-4500
- Somerset County ............. 814-443-2681
- Venango County ............. 814-432-9711
- Westmoreland County ....... 724-837-3437

You may also contact The Joint Commission’s Office of Quality Monitoring to report concerns or register complaints by either calling 1-800-994-6610 or emailing patientsafetyreport@jointcommission.org.

The organization has the right to consider terminating services if there is failure to maintain a satisfactory relationship related to any of the rights and responsibilities described.

**Advance Directives**

In accordance with federal law called the Patient Self-Determination Act of 1990 and the Pennsylvania laws governing health care decisions (Act 169 of 2006), it is our policy to provide information to each adult patient/guardian about your rights in making decisions relating to your medical treatment, including the right to accept or refuse medical care. Many people worry about what will happen if they become terminally ill and are unable to express their wishes to their families or doctors. You can prepare advance directives so that your caregivers will have a guide to make decisions about your medical treatment if you become unable to make those choices for yourself.

There are 2 main types of advance directives:

- In a **living will**, you write your specific wishes about life support and other medical treatments. The instructions in your living will take effect only when you cannot understand, make, and communicate your treatment choices.

- In a health care **power of attorney**, you name a person who you trust to make health care choices for you. This person is your health care agent. You control what choices your agent may make and when and how your agent may make these choices.

To complete advance directives, you must be 18 years old and mentally competent.
Valid advance directives such as a living will, health care power of attorney, and Do Not Resuscitate (DNR) orders will be followed to the extent permitted and required by law.

Keep copies of these advance directives in a safe place where your family members can find them. We request that a copy be given to us so that we can follow your wishes. If you change your living will or want to cancel it, tell your doctor or any other health care provider.

We would be glad to give you additional information. You may also talk to your doctor or ask an attorney if you want legal advice. Other resources may be found on the Pennsylvania Medical Society’s patient website at www.pamedsoc.org or the Hospital Health System Association of PA website www.haponline.org.

Understanding Cardiopulmonary Resuscitation (CPR) and Life-Sustaining Care

If your heart or breathing stops, any professional staff member who is at the scene is obligated to perform emergency CPR. However, staff will not perform CPR if your doctor has written a Do Not Resuscitate (DNR) order. Please tell us if you know your doctor has written DNR orders for you. A written copy of the DNR order must be on your medical record.

Tobacco-Free Policy

As part of its commitment to better health, Venango County Home Care Private Duty Services is smoke-free. This means that tobacco use is no longer allowed on all UPMC properties and leased spaces.

Visiting Nurses Association of Venango County Private Duty welcomes the chance to talk with you about any details regarding your services. Our office hours are Monday through Friday, 8 a.m. to 4:30 p.m.

If you have questions about your scheduled care after hours and it is urgent, our on-call Private Duty Supervisor by paging them at 814-677-1673. They will contact our staff, who will return your call.

Safety in the Home

Home Safety Guidelines

Kitchen Safety
- Turn pan handles away from burners and the edge of the stove.
- Store hazardous cleaners, poisons, and chemicals away from food items and out of reach of children, pets, and others who may be vulnerable.
- Do not wear clothing with loose sleeves while cooking.
- Set utensils, food, and other needed items at a suitable height.
- Keep a multipurpose (ABC) fire extinguisher handy.
- Never leave food cooking without someone watching it.
- Learn and use proper food handling, preparation, and storage techniques.

Stairway and Hallway Safety
- Equip stairways with safe, sturdy railings or banisters.
- Keep steps in good condition and free of clutter.
- Make sure that steps have non-skid strips or carpeting that is securely fastened and free from fraying.
- Equip halls with night lights.
- Place light switches at the top and bottom of stairs and at both ends of long halls.
- Keep outside walkways free of snow and ice.
Bathroom Safety
• Do not use electrical appliances in the bathtub or shower.
• Keep rubber mats or stick non-slip strips on the floor of the bathtub or shower.
• Do not use soap holder handles or towel racks for support when getting in or out of the bathtub.
• Add grab bars securely near the toilet and bathtub.
• Check the water temperature before getting into the bathtub or shower.
• Make sure that all medicines are clearly labeled, and throw them away when the illness is over or if the date on the bottle has passed.

Basement Safety
• Store gas, paints, solvents, and other like products in covered containers away from heaters, furnaces, water heaters, stoves, and other appliances.

Weapons/Guns
• Keep all weapons and guns in a secure, locked area. UPMC follows a “no gun” policy.

Poison Prevention
• Call the National Poison Control Center at 800-222-1222.

Medicine Safety
• Give your doctors, pharmacists, and other caregivers a list of all your medicines.
• Check with your doctor or pharmacist to see if there are foods or drinks to avoid.
• Make sure the prescription label has your name and the right medicine name on it.
• Check expiration dates and get rid of any expired medicines.

Fire Safety
• Have working smoke detectors on every level of the home and in each bedroom.
• Test your smoke detectors monthly and replace the batteries at least yearly. Buy a new smoke detector if it is at least 10 years old.
• Have a fire escape plan that includes at least 2 exits from each room. Plan for assistance if you cannot move quickly. Note in your plan the need to notify your local fire department in case of fire.
• Have a place to meet in the front of your home.
• Never leave a room with a candle burning.
• Do not smoke in bed.
• Do not keep a pile of old newspapers or cleaning cloths near a heat source.
• Install a carbon monoxide detector near sleeping areas.

In Case of Fire
• Call 911 and leave the building right away.
• Feel doors for warmth or look for smoke seeping under the door before opening.
• If you see smoke or feel warmth, do not open the door. Use a different escape route.
• If you can’t get out of the house, stuff cloths around the door and vents to keep smoke out.
• Crawl if you must leave through smoke.
• Stop, drop, and roll if clothing catches fire.

Fire Extinguishers
• A portable fire extinguisher can save lives and property by putting out a small fire or containing it until the fire department arrives. Portable extinguishers do have limitations. Because fire grows and spreads so fast, the number one priority is for people to get out safely.
• Use a portable fire extinguisher for these situations: when the fire is confined to a small area (such as a wastebasket) and is not growing, everyone has left the building, the fire department has been called or is being called, and the room is not filled with smoke.

• To use a fire extinguisher, remember the word PASS:
  > P ull the pin. Hold the extinguisher with the nozzle pointing away from you, and release the locking mechanism.
  > A im low. Point the extinguisher at the base of the fire.
  > Squeeze the lever slowly and evenly.
  > S sweep the nozzle from side-to-side.

• What type of extinguisher should I have? For the home, select a multi-purpose extinguisher (it can be used on all types of home fires) that is large enough to put out a small fire but not so heavy that it is hard to handle. Choose a fire extinguisher that carries the label of an independent testing laboratory (ITL).

• Read the directions that come with the fire extinguisher. Become familiar with its parts and how to use it before a fire breaks out. Local fire departments or fire equipment distributors often offer hands-on fire extinguisher trainings.

• E.D.I.T.H. (exit drills in the home).

• Install fire extinguishers close to an exit. Keep your back to a clear exit when you use the device so you can make an easy escape if the fire cannot be controlled. If the room fills with smoke, leave immediately.

• Know when to go. Fire extinguishers are one element of a fire response plan, but the primary element is a safe escape.

• Every household should have a home fire escape plan and working smoke alarms.

• Practice your escape plan 2 times a year with everyone living in the house.

**Electrical Safety**

• Make sure all electrical plugs fit firmly into the sockets and need some force to insert and remove.

• Place childproof caps on all unused outlets if children are in the home.

• Always grasp the plug to remove it from the outlet — never pull it out of the socket from the cord.

• Try not to use extension cords. If they must be used, do not overload them.

• Check cords for fraying, bare wires, and other defects, especially at the point where the cord attaches to the equipment.

• Keep cords out of highly used walkways to prevent tripping.

• Unplug equipment that sparks, stalls, blows a fuse, or gives the slightest shock.

• Report equipment malfunctions to your home medical equipment supplier.

• Allow only a trained electrician to fix wiring or circuits.

**In Case of Electric Shock**

• Do not touch the person who has been shocked; you could be shocked also.

• Turn off the power or pull the plug to the equipment that caused the shock or call the electric company if you can’t turn off the power.

• Call 911 to treat the victim.

**Home Medical Equipment and Oxygen Safety**

• Use the amount of liter flow ordered by your doctor.

• Do not have open flames or burning tobacco in a room where oxygen is being used or stored.
• Post “No Smoking” signs in your home.
• Avoid candles, warming burners, and fireplaces.
• Keep oxygen cylinders a minimum of 8 feet from heaters, heat-producing appliances (like a space heater), and electrical appliances. Do not go near a stove while oxygen is on.
• Do not store oxygen containers near stoves, radiators, heat ducts, steam pipes, or other sources of heat.
• Store oxygen cylinders in a secure stand or lying flat on the floor in a traffic-free area.
• Do not use oily or petroleum-based lotions, face creams, or hair dressings while wearing oxygen.
• Use only water-based lubricants on your lips and hands. Never put oily products such as Vaseline®, Blistex®, or Chapstick® on your nose, lips, or the lower part of your face.
• Never try to fix oxygen equipment yourself.
• Call our agency if you plan to travel with your oxygen unit.
• Keep cylinders in a well-ventilated area, not in a closet or under a bed.

Prevention of Slips, Trips, and Falls
• Wear shoes with rubber soles that fit you. Lift your feet when walking.
• Tie shoelaces to prevent tripping, or use Velcro® straps.
• Keep oxygen tubing out of walkways.
• Perform leg-strengthening exercises.
• Secure throw rugs so there are no loose edges or bumps, or avoid using them all together.
• Avoid extension cords, and tape down phone cords if they are on the floor.
• Sit up on the edge of the bed or chair for a few minutes before rising.
• Keep all areas well lit.
• Remove all clutter.
• Use a walker, cane, or crutches when needed.
• Review your history of falling with your doctor and all medicines you take.
• Walk carefully if pets are underfoot.
• Do not stand on a stool or chair.

If you fall:
• Stay quiet for a moment. Don’t panic.
• Take some time to recover before getting up.
• Use strong, stable furniture for support if you are able to get up.
• If you can’t get up, slide or crawl to a phone or bang pots and pans loudly.

Home Waste Disposal
Contaminated materials, such as bandages, gloves, or needles, can pollute the environment as well as spread infection. If not disposed of properly, these items can hurt trash handlers and others who may come in contact with them. Always get rid of waste following the guidelines for your state.

For Pennsylvania residents
For non-sharp items:
• Place non-sharp home waste in a doubled, securely fastened plastic trash bag before putting it in your garbage.
• Get rid of old, unwanted, or expired prescription drugs at local drug disposal boxes.

For sharps (needles and syringes):
• Do not recap or cut the needles.
• Place used needles and syringes in a puncture-resistant container with a screw-on cap or an empty coffee can.
• Tightly close the lid and tape it down with heavy duty tape when the container is 3/4 full.
• Place the container in a paper bag and throw away the bag with the household trash. Do not put the sharps container in the recycle bin or flush sharps down the toilet.

**Home Infection Control Tips**

There are 5 simple things you can do to prevent the spread of infection. Professionals, caregivers, family members, and patients should use these guidelines for controlling infection:

• **Clean your hands using soap and warm water.** Rub your hands for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands. Use a paper towel to turn off the faucet. Or, if your hands do not look dirty, clean them with an alcohol-based hand sanitizer. Clean your hands before touching or eating food, or after using the bathroom, changing a dressing, taking out the trash, visiting someone who is ill, playing with a pet, or after handling any blood or body substance.

• **Make sure health care providers clean their hands or wear gloves.** Ask them if they have cleaned their hands before treating you. They should wear clean gloves when they perform tasks where they could touch blood or body fluids. Don’t be afraid to ask them if they should wear gloves before treating you.

• **Cover your mouth and nose.** Many diseases are spread through sneezes and coughs. Cover your mouth and nose with a tissue or the bend of your elbow or hands. If you use your hands, clean them right away.

• **If you are sick, avoid close contact with others.** If you are sick, stay away from other people or stay home. Don’t shake hands or touch others. When you go for medical treatment, call ahead and ask if there is anything you can do to avoid infecting people in the waiting room.

• **Get shots to prevent disease and fight the spread of infection.** Make sure that your vaccinations are current — even for adults. Check with your doctor about shots you may need. Make sure you get the flu vaccine in the fall or early-winter.

**More Infection Prevention Tips:**

• Do not share towels, washcloths, razors, or toothbrushes.

• Soiled laundry, such as towels and clothing, should be washed apart from other household laundry in hot, soapy water.

• Equipment used by the patient, such as commodes, suction machines, and bath seats, should be cleaned daily. Household cleaners such as Lysol® or diluted bleach may be used to wipe off equipment. Small items should be washed in hot, soapy water and dried with clean towels.

• Thermometers should be cleaned with alcohol after use.

**Safety Protocols**

**General Safety**

• Use proper hand washing technique (wear gloves, use Purell®, or use soap and water, etc.).

• Keep pathways clear, free from clutter.

• Keep a flashlight easily accessible for emergency power outages.

• Check all electrical cords for fraying or damage.

• Make sure that all areas are well lit.

• Notify the UPMC Visiting Nurses Private Duty Office if equipment is malfunctioning or missing.
Bed Safety
• Make sure your pillows are placed safely (do not get in your way) to prevent falls.
• Check the bed’s brake and side rail function daily (if your bed has these).
• Keep the bed in a low, locked position with the rails up while you are in bed.

Wheel Chair/Stander/Stroller
• Make sure that seatbelt and shoulder straps are in working order and used at all times.
• Check brake function daily and before each use.

Hoyer Lift
• Check sling and straps for excessive wear before each use.
• Check brake function daily and before each use.

Oxygen
• Make sure that oxygen tanks are stored in an upright position and secured, or lying down and secured, in well-ventilated area away from any heat source.
• Ensure that oxygen use is well known in the home, such as signs on doors and/or windows.
• Check equipment storage and availability, regulator, tank key, and tubing and mask/cannula.

Check all Oxygen Connectors and Tubing
• Make sure that oxygen is available in the tank and the equipment is functioning.
• Keep circuit clear of debris, fluid, and kinks.
• Change tubing every 3 months.

Concentrator
• Keep the concentrator plugged into an electrical source at all times.
• Check daily that the concentrator and alarm are functioning correctly.

Emergency Preparedness:
Prepare, Plan, and Stay Informed
There are 3 key things that you can do to prepare for and respond to potential emergencies, including power outages, tornadoes, wind storms, floods, other natural disasters, and terrorist attacks.

1. Get an Emergency Supply Kit
Have on hand:
   a. Water — 1 gallon of water per person per day for at least 3 days, for drinking and sanitation.
   b. Food — At least a 3-day supply of non-perishable food and a can opener.
   c. Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both.
   d. Flashlight and extra batteries.
   e. First aid kit.
   f. A whistle, to signal for help.
   g. Dust mask, to help filter contaminated air, and plastic sheeting and duct tape to shelter-in-place.
   h. Moist towelettes, garbage bags, and plastic ties for personal sanitation.
   i. A wrench or pliers to turn off utilities.
   j. Local maps.
   k. Prescription medicines and glasses; contact lens solution; hearing aid batteries.
   l. Pet food and water for your pet.
   m. Important family documents.
   n. Cash.
   o. Paper cups, plates, and plastic utensils.
   p. At least 1 change of clothing and footwear per person.
2. Have a Family Communication Plan
   a. Decide how your family will get in contact with each other, where you will go, and what you will do in an emergency.
   b. Make sure all family members know your emergency evacuation plan.
      i. Practice your evacuation plan 2 times a year with the whole family.
   c. If staff would not be available, your back-up staffing plan would go into effect. Make sure all family members know your back-up staffing plan.
   d. If you have an oxygen concentrator, switch to your back-up supply of oxygen tanks. Call your supplier to let them know you will need additional oxygen tanks.
   e. Make a list of important contacts (names, phone numbers, and email addresses) and important information, including:
      i. Out-of-town contact — name, phone number, and email address.
      ii. Neighborhood meeting place.
      iii. Regional meeting place.
      iv. Evacuation location.
      v. Name, date of birth, social security number, and important medical information for each family member.
      vi. Your doctors, pharmacy, medical equipment provider, medical insurance and home owner’s insurance policy numbers, and veterinarian or kennel.

3. Be Informed
   Learn more about the kinds of emergencies that could happen and the right way to respond to them. More information about emergency preparedness can be found at www.ready.gov or www.redcross.org.

   If a disaster strikes, tune into your local TV and radio stations for instructions and locations of emergency shelters. Go to the nearest hospital if you feel you are at risk for a health-related complication.

Prepare for Hazardous Events

Include in your plan how to prepare for each hazard that could impact your local community and how to protect yourself.

- Before a severe weather storm, such as a thunderstorm and lightning, seek shelter right away. If you hear thunder, you are close enough to the storm to be struck by lightning. Stay away from windows and doors, and avoid contact with anything that conducts electricity. Stay away from metal objects, water, electrical appliances, TVs, and phones. Wait at least 30 minutes after the last clap of thunder before leaving a shelter. If you feel your hair stand on end, you are in immediate danger of being struck by lightning.

- During a tornado watch, which means conditions are right for a tornado, listen to the local weather reports. Have supplies and medicines ready in case of an upgrade to a warning.

- During a tornado warning, which means a tornado has been seen, move to the basement or to a small, interior room or hallway on the lowest level of your home. Get under a table or other sturdy piece of furniture and place a pillow over your head. Stay away from windows or exterior doors. If you are outside, take shelter in a ditch or a ravine. Don’t try to outrun a tornado in a car. Get out of the car and take cover in a ditch or ravine.
- **Before a flood**, turn off electrical appliances. Do not touch electrical appliances unless they are dry. Store drinking water. Move all needed supplies to a safe area or upper floor. Turn off the gas line at the main switch. Do not enter flood waters. If a car stalls, get out and leave it.

- **After a flood**, do not use open flame devices until the home has been checked for possible gas leaks. Watch for live electrical wires. Do not turn on any electrical appliances until inspected. Do not use any food items that have come in contact with flood waters. Boil drinking water before using until tested for purity. Food, clothing, shelter, and first aid will be available at Red Cross shelters.

- Before a **power outage** happens, let your gas, electric, and phone companies know if you or a household member relies on special life-sustaining equipment. They will make you a service priority should your power go out. Do not open the refrigerator or freezer so that your food will stay cool. If the outage is 2 hours or more, you should pack your refrigerated food into a cooler with ice.

- During a **winter storm**, do not venture outside. Have extra batteries, flashlights, and a battery-powered radio on hand. Have a first aid kit and extra medicines. Keep your gas tank at least half full.

### What is a Notice of Privacy Practices?

UPMC understands that your health information is personal. We create and maintain a record with information about the care and services you receive at UPMC. We need this information to provide you with quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all information about your care that UPMC, and all of the people and places that make up UPMC, (a list of all entities that this notice covers accompanies this notice below), may create, maintain, or receive.

This includes information that UPMC receives from other doctors and medical facilities that are not part of UPMC, but that UPMC keeps to help give you better care. The Notice tells you about the ways we may use and share your health information, as well as the legal duties we have about your health information. The Notice also tells you about your rights under federal (United States) and state (Pennsylvania) laws. In this Notice, the words “we,” “us,” and “our” mean UPMC and all the people and places that make up UPMC which are described below.

### Who Follows UPMC’s Notice of Privacy Practices

All of the people and places that make up UPMC follow this Notice. UPMC includes hospitals, doctors, rehabilitation services, skilled nursing services, home health services, pharmacy services, laboratory services and other related health care providers. UPMC also includes departments, units and staff within our health care facilities, health care professionals permitted by us to provide services to you and students, residents, trainees, volunteers, and others involved in providing your care. UPMC may share and use your health information for purposes of treating you, obtaining payment for services provided to you, and/or health care operations as described in this Notice. You can learn more about UPMC at [www.upmc.com](http://www.upmc.com).
This Notice does not apply to the UPMC Health Plan or UPMC as an employer. These UPMC entities are separate covered entities for the purpose of the Health Insurance Portability and Accountability Act (HIPAA) and have their own notice. Additionally, if your doctor is not a member of a physician practice that is owned by UPMC, he or she may have different policies about how to handle your information and will have a separate notice.

Our Duty to Protect Your Health Information
We are required by law to:

- Make sure that information that identifies you is kept private.
- Make available to you this Notice that describes the ways we use and share your health information as well as your rights under the law about your health information.
- Follow the Notice that is currently in effect.

How We May Use and Share Your Health Information with Others
The law permits us to use and share your health information in certain ways. When we share this information with others outside of UPMC, we will share what is reasonably necessary. When we act in response to your written permission, share information to help treat you, or are directed by the law, we will share all information that you, your health care provider, or the law permits or requires. The list below tells you about different ways that we may use your health information and share it with others. We have also provided you with examples of what we mean.

Every possible example of how we may use or share information is not listed below. However, all of the ways we are permitted to use and share information fall into one of the groups below. When possible, we will use health information that does not identify you.

A. Ways We are Allowed to Use and Share Your Health Information with Others without Your Consent or as the UPMC General Consent for Treatment, Payment and Health Care Operations Provides:

1. Treatment. We may use your health information to give you medical treatment or services. We may share your health information with people and places that provide treatment to you. For example, if you have diabetes the doctor may need to tell the dietitian about your diabetes so that you get the kind of meals you need. We may share health information about you with people outside of UPMC who provide follow-up care to you, such as nursing homes and home care agencies. At all times we will comply with any regulations that apply.

2. Payment. In order to receive payment for the services we provide to you, we may use and share your health information with your insurance company or a third party. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company, or a third party. For example, some health plans require your health information to pre-approve you for surgery and require pre-approval before they pay us.

3. Health Care Operations. We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you. We may share your health information with our researchers so they can develop plans to conduct research. We may share information with students, trainees, and staff for review and learning purposes.
4. **Business Associates.** We may share your health information with others called “business associates,” who perform services on our behalf. The Business Associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services we provided.

5. **Appointment Reminders.** We may use and share your health information to remind you of your appointment for treatment or medical care. For example, if your doctor has sent you for a test, the place where the testing will be done may call you to remind you of the date you are scheduled.

6. **Appointment Confirmations.** We may use and share your health information to confirm the time, place, and attendance of your appointment for treatment with third-party transportation services.

7. **Treatment Options and Other Health-Related Benefits and Services.** We may use and share your health information to tell you about possible treatment options and other health-related benefits and services that may interest you. For example, if you suffer from an illness or condition, we may tell you about a special treatment or research study that is being offered.

8. **Fund-Raising Activities.** We may use and share with a Business Associate or a foundation that is related to us your name, address, phone number and other such information (called “demographic information”) and dates that health care was provided to you, general department information regarding the department where services were rendered, the name of your treating physician, and outcome information. You may then be asked for a donation to UPMC. For example, you may receive a letter from a UPMC foundation asking for a donation to support enhanced patient care, treatment, education or research at UPMC. Any fund-raising materials will explain how you can tell us, a business associate, or a foundation that you do not want to be contacted in the future.

9. **Marketing Activities.** We may use or share your health information for marketing purposes without your permission when we discuss such products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service. For example, you may receive samples of products or drugs during a visit to a UPMC hospital or facility. For other types of marketing activities we will obtain your written permission before using or sharing your health information. We will not sell your name or any identifiable health information to others without your authorization.

10. **Research.** We may use and share your health information for research 1) if our researcher obtains permission from a special UPMC committee that decides if the request meets certain standards required by law or 2) if you provide us with your written permission to do so. You may participate in a research study that requires you to obtain hospital and other health care services. In this case, we may share the information that we create 1) to our researcher who ordered the hospital or other health care services; and 2) to your insurance company in order to receive payment for services that your insurance will pay for. We may also use and share with a UPMC researcher your health information if certain parts of your information that would identify you, such as your name and other items that the law describes are removed before we share it with the UPMC researcher. This will be done when the researcher signs a written agreement with us that the researcher will...
not share the information again, will not try to contact you, and will obey other requirements that the law provides. We may also share your health information with a Business Associate who will remove information that identifies you so that the remaining information can be used for research.

11. **Special Situations.** In the following situations, the law either permits or requires us or shares your health information with others. Pennsylvania law may further limit these disclosures; for example, in cases of behavioral health information, drug and alcohol treatment information, and HIV status:

a. **As Required by Law.** We will share your health information when federal, state or local law requires us to do so.
   - If we believe that you have been a victim of abuse, neglect (except child abuse or neglect) or domestic violence, we may share your health information with an authorized government agency. We will do so either if you agree to our sharing this information or if the law allows us to do so and we believe that we need to share the information in order to protect you or someone else. If we decide to share your health information for this purpose, we will tell you unless we believe that telling you would put you at risk of harm or you are a personal representative of the victim and may be involved in the abuse, neglect, or injury.
   - We may share your health information in response to an administrative or court order, a subpoena, a discovery request, or other legal process if we are advised that you have been made aware of the request or we receive notice either that you agree or, if you disagree with the request, that you are taking action to prevent the disclosure.

b. **To Prevent a Serious Threat to Health or Safety.** We may use and share your health information with persons who may be able to prevent or lessen the threat or help the potential victim of the threat when doing so is necessary to prevent a serious threat to the health and safety of you, the public, or another person. Pennsylvania law may require such disclosure when an individual or group has been specifically identified as the target or potential victim.

c. **Organ and Tissue Donation.** To assist in the process of eye, organ, or tissue transplants, in the event of your death, we may share your health information with organizations that obtain, store, or transplant eyes, organs, or tissue.

d. **Special Government Purposes.** We may use and share your health information with certain government agencies such as:
   - **Military and Veterans.** We may share your health information with military authorities as the law permits if you are a member of the armed forces (of either the United States or a foreign government).

   We may share your health information with a law enforcement official or authorized individuals 1) to comply with laws, including laws that require the reporting of injury or death suspected to have been caused by criminal means, 2) in response to a court order, warrant, subpoena, or summons, 3) or in emergency situations.

   If asked to do so by a law enforcement official, we may share your health information if you are an adult victim of a crime and, in certain limited cases, we are unable to obtain your permission and the law enforcement official meets certain conditions described by law.
• **National Security and Intelligence.** We may share your health information with authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

• **Protective Services for the President and Others.** We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.

e. **Workers’ Compensation.** We may share your health information for Workers’ Compensation or similar programs that provide benefits for work-related injuries or illness.

f. **Public Health.** We may share your health information with public health authorities for public health purposes to prevent or control disease, injury, or disability. This includes, but is not limited to, reporting disease, injury, and important events such as birth or death and conducting public health monitoring, investigations, or activities. For example, we may share your health information to 1) report child abuse or neglect, 2) collect and report on the quality, safety, and effectiveness of products and activities regulated by the Food and Drug Administration (FDA) (such as drugs and medical equipment and could include product recalls, repairs, and monitoring), or 3) notify a person who may have been exposed to or is at risk of spreading a disease.

g. **Health Oversight.** We may share your health information with a health oversight agency for purposes of 1) monitoring the health care system, 2) determining benefit programs, and 3) monitoring compliance with government regulations and civil rights laws.

h. **Coroners, Medical Examiners, and Funeral Directors.** We may share your health information with a coroner or medical examiner in order to identify a deceased person, determine the cause of death, or for other reasons allowed by law. We may also share your health information with funeral directors, as necessary, so they can carry out their duties.

i. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law enforcement official. This would be necessary 1) for the institution to provide you with health care; 2) to protect health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

B. **Other Ways We Are Allowed to Use and Provide Your Health Information to Others:**

1. **Hospital Directory.** We may include limited information about you in the hospital directory while you are a patient at a UPMC hospital or other facility. The information may include your name, location in the building, general condition, such as “stable,” “serious,” “critical,” and your religious affiliation. Except for your religious affiliation, the directory information may be released to people who ask for you by name. We may give your religious affiliation to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name.

This helps your family, friends, and clergy who visit you to know how you are doing. You have the right to ask that all or part of your information not be given out. If you do so, we will not be able to tell your family or friends your room number or that you are in the hospital or facility.
2. **People Involved in Your Care or Payment for Your Care.** We may share your health information with a friend, family member, or another person identified by you who is involved in your medical care or the payment of your medical care. We may share your health information with these persons if you are present or available before we share your health information with them and you do not object to our sharing your health information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply. We may tell your family or friends that you are in a UPMC hospital and your general condition. We may share medical information about you with an organization assisting in a disaster relief effort.

3. **Exception to the Above.** If you are a patient in a psychiatric/mental/behavioral health facility or a drug and alcohol facility, none of the above information will be given to anyone outside of UPMC unless you give your written permission. If you are under 14 years of age, this permission must come from your parents or legal guardians. If you are 14 years or older, this permission must come from you.

C. **In All Other Ways, We Will Require Your Written Permission before Your Health Information is Used or Shared with Others:** Except as stated in Sections A and B, your written permission is required before we can use or share your health information with anyone outside of UPMC. This permission is provided through a form.

If you give us permission to use or share health information about you, you may cancel that permission in writing at any time. If you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission. However, we are unable to take back any information that we have already shared with your permission.

**Your Rights Concerning Your Health Information**

The law gives you the following rights about your health information:

1. **Right to Ask to See and Copy.** You have the right to ask to see and copy the health information we used to make decisions about your care. Your request must be in writing and given to your doctor or the place where you were treated. You can call your doctor’s office or the place where you were treated to find out how to do this. If you ask to see or copy your health information, you may have to pay fees as permitted by law. We may tell you that you cannot see or copy some or all of your health information. If we tell you this, you may ask that someone else at UPMC review this decision. A licensed health care professional chosen by UPMC will review those that can be reviewed. This person will not be the same person who refused your request. We will do whatever this person decides.

2. **Right to Ask for a Correction.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to ask for a correction for as long as the information is kept by or for UPMC. You must put your request in writing and give it to your doctor or the place where you received care. If you do not ask in writing and give it to your doctor or the
place where you received care, we may tell you that we will not do as you have asked. We have the right to refuse your request if you ask us to correct information that 1) was not made by us, unless the person or place that originally made the information is no longer available to make the correction; 2) is not part of the health information kept by or for UPMC; 3) is not part of the information you are permitted by law to see and copy; 4) we decide is correct and complete.

3. Right to Ask for an “Accounting of Disclosures.”

a. Generally. You have the right to ask us for an “accounting of disclosures.” This is a list of those people and organizations who have received or have accessed your health information. This right does not include information made available for treatment, payment, or health care operations, or made available when you have provided us with permission to do so. You must put your request in writing and give it to your doctor or the place where you received care. You can call your doctor’s office or the place where you received care to find out how to ask for the list. You must include in your written request how far back in time you want us to go, which may not be longer than six (6) years.

b. Information that is Maintained Electronically. Subject to a schedule established by federal law, if we maintain your health information electronically (in our computer), you have the right to ask for an accounting of disclosures of where UPMC disclosed your health information. In accord with federal law, you may request an accounting for a period of three years prior to the date the accounting is requested. You also have the right to ask our business associates for an accounting of their disclosures. We will post a list of all of our business associates and how to contact them on our website.

4. Right to Ask for Limits on Use and Sharing.

a. Generally. You have the right to ask us to limit the health information we use or share with others about you for treatment, payment, or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call your doctor’s office or the place where you received your care to get instructions on how to submit such a request. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) the person or institution the limits apply to (for example, your spouse).

For example, you could ask that we not use or share information about a surgery you had. You must put your request in writing and give it to your doctor or the place where you received care. We are not required to agree to your request. If we do agree to your request, we still may provide information, as necessary, to give you emergency treatment.

b. Services Paid by You. Where you have paid for your services out of pocket in full, at your request, we will not share information about those services with a health plan for purposes of payment or health care operations. “Health plan” means an organization that pays for your medical care.

5. Right to Ask for Confidential Communications.

You have the right to ask that we contact you about your health information in a certain way or at a certain location that
you believe provides you with greater privacy. For example, you can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make you request in writing to your doctor or the place where you received care. You do not need to provide a reason for your request. We will comply with all reasonable requests.

6. **Right to Ask for a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically (for example, through the computer), you still have the right to a paper copy of this Notice. You can get a copy of this Notice on our website at UPMC.com. Click on “For Patients, Families & Visitors,” then select “Patient & Visitors Resources.” Click on Privacy Practices. Finally, click on “UPMC Notice of Privacy Practices.” To obtain a paper copy of this Notice, contact your doctor’s office or the registration department of the place where you received care.

7. **UPMC Insurance Division is prohibited from requesting, requiring, or purchasing genetic information with respect to any individual prior to such individual’s enrollment in a health plan, and from using genetic information for underwriting purposes.**

**Violation of Privacy Rights**

In the event that a breach of your protected health information occurs by UPMC or one of its Business Associates, you will be provided with written notification as required by law.

If you believe your privacy has been violated by us, you may file a complaint directly with us. You can do this by contacting the UPMC Privacy Officer at the hospital or facility where you received care or by calling the UPMC Compliance HelpLine at 1-877-983-8442, or the UPMC Office of Patient and Consumer Privacy at 412-647-5757.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, you must 1) name the UPMC place or person that you believe violated your privacy rights and describe how that place/person violated your privacy rights, and 2) file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

**U.S. Department of Health and Human Services**
**200 Independence Ave. S. W.**
**Washington, DC 20201**

You will not be penalized for filing a complaint.

**Changes to This Notice**

We reserve (have) the right to change this Notice. We reserve (have) the right to make the revised or changed Notice effective for health information we already have about you and for any future health information. We will post a copy of the revised Notice in the places where we provide medical services. The Notice will contain the effective date on the first page, in the top right-hand corner. We will provide to you, if you ask us, a copy of the Notice that is currently in effect each time you register at UPMC as an inpatient or outpatient for treatment or health care services.

**If You Have Questions About This Notice**

If you have any questions about this Notice, please contact your doctor or the place where you received care. You may also contact UPMC’s Notice of Privacy inquiry line at 412-647-6286 or the UPMC Office of Patient and Consumer Privacy at 412-647-5757.
<table>
<thead>
<tr>
<th>Name</th>
<th>Branch</th>
<th>Phone Number</th>
<th>Monthly Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Month
Year
# Patient Interdisciplinary Communication (Pic) Log

Name: ___________________________ Team: ___________________________ Fall Risk Score: __________

<table>
<thead>
<tr>
<th>Date</th>
<th>To</th>
<th>From</th>
<th>Comments</th>
<th>Service Discharge Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Smoke-Free Environment

To protect our patients, visitors, and staff from the harmful effects of second-hand smoke, smoking is not permitted anywhere on UPMC property. All UPMC hospitals, facilities, and grounds, including parking lots, garages, and other outdoor locations such as UPMC-owned sidewalks, are smoke-free. UPMC has no designated smoking areas. If you choose to smoke, you cannot do so on the UPMC campus. A patient who smokes does so against our advice and assumes the risk for any problems as a result of smoking. For information about smoking and how to quit, access the patient education materials on UPMC’s website at upmc.com/HealthLibrary. If you’re interested in “Becoming a Quitter,” call 1-800-QUIT-NOW (1-800-784-8669) or visit pa.quitlogix.org.
Language Interpretation Services

**English:**
Please notify your caregiver if you speak [language]. Interpretation services are provided at this facility free of charge.

**Nepali**
तपाईं नेपाली भाषा बोल्नुहुनै भने कृपया आफ्नो सेवाकर्मीलाई जनाउनुहोस्। यहाँ निश्चित दोभाषा सेवा उपलब्ध गराइन्छ।

**Spanish**
Por favor avise a su proveedor de atención de salud si usted habla español. En estas dependencias se proporcionan servicios de interpretación libres de costo.

**Arabic**
إن كنت تتحدث العربية، نرجو إبلاغ القائمين بخدمتك. تقدم خدمات الترجمة الكلامية في هذه المنشأة آنذاً.

**Mandarin**
如果您讲普通话，请告诉您的护理人员。我们免费为您提供口译服务。

**Russian**
Если вы говорите по-русски, пожалуйста, скажите об этом работнику, осуществляющему уход за вами. Мы предоставляем бесплатные услуги переводчика.

**American Sign Language (ASL)**
Please let your provider know when you make your appointment that you will need an ASL interpreter.
Visiting Nurses Association of Venango County Private Duty
491 Allegheny Blvd.
Franklin, PA 16323

814-432-6555
UPMCVisitingNurses.com