

WASHINGTON STATE BILL OF RIGHTS

- a. Below are your rights verbatim as set forth by Washington Regulations RCW 70.127.140 and WAC 246-335-075. This agency honors all the rights below and as listed above.
- b. A listing of the in-home services offered by the in-home services agency and those being provided;
- c. The name of the individual supervising the care and the manner in which that individual may be contacted;
- d. A description of the process for submitting and addressing complaints;
- e. Submit complaints without retaliation and to have the complaint addressed by the agency;
- f. Be informed of the state complaint hotline number; (800) 633-6828
- g. A statement advising the individual or representative of the right to ongoing participation in the development of the plan of care;
- h. A statement providing that the individual or representative is entitled to information regarding access to the department's listing of providers and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations;
- i. Be treated with courtesy, respect, privacy, and freedom from abuse and discrimination;
- j. Refuse treatment or services;
- k. Have property treated with respect;
- l. Privacy of personal information and confidentiality of health care records;
- m. Be cared for by properly trained staff with coordination of services;
- n. A fully itemized billing statement upon request, including the date of each service and the charge. Licensees providing services through a managed care plan shall not be required to provide itemized billing statements; and
- o. Be informed about advanced directives and the agency's responsibility to implement them. This agency shall ensure rights under are implemented and updated as appropriate.

YOUR RIGHTS & RESPONSIBILITIES AS A HEALTH CARE PATIENT

Patient Responsibilities:

- To ask questions of the staff about anything they do not understand concerning their treatment or services provided.
- To provide complete and accurate information concerning their present health, medication, allergies, etc.
- To inform staff of their health history, including past hospitalization, illnesses, injuries.
- To involve themselves and/or Caregiver, as needed and as able, in developing, carrying out, and modifying their home care service plan.
- To review the Agency's information on maintaining a safe and accessible home environment in their residence.
- To request additional assistance or information on any phase of their health care plan they do not fully understand.
- To inform the staff when a health condition or medication change has occurred.
- To notify the Agency when they will not be home for a scheduled home care visit.
- To notify the Agency prior to changing their place of residence or telephone.
- To notify the Agency when encountering any problem with equipment or services.
- To notify the Agency if they are to be hospitalized or if a physician modifies or ceases their home care prescription.
- To make a conscious effort to comply with all aspects of the plan of care.
- To notify the Agency when payment source changes.
- To notify the Agency of any changes in or the execution of any advanced directives.
- To inform staff of their health history, including past hospitalization, illnesses.



AGENCY RESPONSIBILITIES

Before the care is initiated, the agency must inform a patient orally and in writing of the following:

1. The extent to which payment may be expected from third party payers;
2. The charges for services that will not be covered by third party payers;
3. Services to be billed to third party payers;
4. The method of billing and payment for services;
5. The charges that the patient may have to pay;
6. A schedule of fees and charges for services;
7. The nature and frequency of services to be delivered and the purpose of the service;
8. Any anticipated effects of treatment, as applicable;
9. The agency must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than five (5) days from the date the home health agency provider becomes aware of the change;
10. If an agency is implementing a scheduled rate increase to all clients, the agency shall provide a written notice to each affected consumer at least 30 days before implementation;
11. The requirements of notice for cancellation or reduction in services by the organization and the client; and
12. The refund policies of the organization.
13. Vancouver Home Health Care Agency shall not assume power of attorney or guardianship over a consumer utilizing the services of the agency, require a consumer to endorse checks over to the agency or require a consumer to execute or assign a loan, advance, financial interest, mortgage or other property in exchange for future services.



COMPLAINTS AND GRIEVANCES

You may report a complaint or grievance at anytime without reprisal or disruption of services.

Any staff member may receive a complaint or grievance about services or care that is or is not furnished or about the lack of respect for the consumer's person or property by anyone furnishing services on behalf of the agency.

Complaints and Grievances Procedure:

1. Patient or patient representative reports a complaint/grievance to any staff member.
2. Staff members receiving complaints or grievances report them to the Administrator or designee.
3. Administrator or designee documents the complaint and investigates the grievance/complaint within 5 business days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay.
4. If the Administrator or designee is unable to resolve the complaint/grievance, the Governing Body is notified and takes action toward resolution.
5. Notify the patient when appropriate action has been taken or that the problem has been resolved.
6. Document the action taken and resolution on the Complaint Form.
7. You may appeal the administrator findings to the Governing Body by submitting a written complaint to:

Attention Governing Body:
Vancouver Home Health Care Agency, LLC.
201 NE Park Plaza Dr, Suite 200
Vancouver, WA 98684
Telephone number: (360) 975-7070
Telephone number: (800) 920-6512
Email address: admin@vhhca.com



The patient may contact at anytime without reprisal or disruption in services the:

Vancouver Home Health Care Agency, LLC.

201 NE Park Plaza Dr Suite 200

Vancouver, WA 98684

admin@vhhca.com

Phone : (360) 975-7070

Phone : (800) 920- 6512

Fax number : (360) 975- 4306

Washington State Department of Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia, WA 98504-7857

hsqa.csc@doh.wa.gov

Phone: 360-236-4700

Phone: 800-633-6828

Fax number: 360-236-4818

At Vancouver Home Health Care Agency, caring and compassion is our business...

Vancouver Home Health Care Agency, LLC.

201 NE Park Plaza Dr Suite 200 Vancouver, WA 98684 | Phone: (360) 975-7070 | Fax: (360) 975- 4306 | info@vhhca.com | <https://vhhca.com>



HIPAA NOTICE OF PRIVACY PRACTICES

IN COMPLIANCE WITH HIPAA - THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

If you are a client of Vancouver Home Health Care Agency LLC, this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

I. USES AND DISCLOSURES

The Agency will not disclose your health information without your authorization, except as described in this notice.

Plan of Care/Treatment. The Agency will use your health information for the plan of care/treatment; for example, information obtained by a nurse/therapist will be recorded in your record and used to determine the course of treatment. Your nurse/therapist and other health care professionals will communicate with one another personally and through the case record to coordinate care provided. You may receive more than one service (program) during your treatment period with such information shared between programs.

Payment. The Agency will use your health information for payment for services rendered. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

Health Care Operations. The Agency will use your health information for health care operations. For example, Agency therapist, nurses, field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

Notification. In an emergency, the Agency may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.



Workers' Compensation. The Agency may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by the law. Public Health. As required by federal and state law, the Agency may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement. As required by federal and state law, the Agency will notify authorities of alleged abuse/neglect; and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Charges against the Agency. In the event you should file suit against the Agency, the Agency may disclose health information necessary to defend such action.

Duty to Warn. When a client communicates to the Agency a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, the Agency will notify either the threatened person(s) and/or law enforcement.

The Agency may also contact you about appointment reminders, treatment alternatives or for public relations activities. In any other situation, the Agency will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

II. INDIVIDUAL RIGHTS

You have the following rights with respect to your protected health information:

1. You may request in writing that the Agency not use or disclose your information for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. The Agency will consider your request; however, the Agency is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. Patients may request a copy of their electronic medical record in an electronic form. The Agency will charge you a reasonable amount, as allowed by statute for providing a copy of the electronic medical record.



2. Within the limits of the statutes and regulations, you have the right to inspect and copy your protected health information. If you request copies, the Agency will charge you a reasonable amount, as allowed by statute.
3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to the Agency to amend your protected health information by correcting the existing information or adding the missing information.
4. You have the right to receive an accounting of disclosures of your protected health information made by the Agency for certain reasons, including reason related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting request may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting request may be subject to a reasonable cost based fee.
5. If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request to the Agency.
6. When patients pay by cash they can instruct this agency not to share information about their treatment with their health plan/ insurance provider.
7. This agency will not disclose genetic information.
8. This agency will not use patient information for the purpose of fundraising or marketing. This agency will not sale patient health information.

III. AGENCY'S DUTIES

1. The Agency 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.
2. The Agency is required to abide by the terms of this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time.



3. The Agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, Agency will change its Notice and provide you with a copy. You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the office at (360) 975-7070 or admin@vhhca.com.

4. It is the duty of this agency to notify the patient of a breach of their protected health information. This agency will notify the patient within 15 business days of discovery of any breach in the patients protected health information. Notification will occur regardless of whether the breach was accidental or if a business associate was the cause. A “breach” of PHI is any unauthorized access, use or disclosure of unsecured PHI, unless a risk assessment is performed that indicates there is a low probability that the PHI has been compromised. The risk assessment must be performed after both improper uses and disclosures, and include the nature and extent of the PHI involved, a list of unauthorized persons who used or received the PHI, if the PHI was in fact acquired or viewed, and the degree of mitigation. This agency and if any business associate was involved must consider all the following factors in assessing the probability of a breach:

- the nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- the unauthorized person who used the protected health information or to whom the disclosure was made;
- whether the protected health information was actually acquired or viewed; and

- the extent to which the risk to the protected health information has been mitigated.

“Unsecured” protected health information means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology.

5. If the breach is determined to have no or low probability of risk to the patient then the patient will not be notified. Any other risk factor requires the agency to notify the patient in writing within 15 business days of the conclusion of the determination.



IV. COMPLAINTS

If you are concerned that the Agency has violated your privacy rights, or you disagree with a decision the Agency made about access to your records, you may contact the office at 800 920 6512. You may also send a written complaint to the Federal Department of Health and Human

Services. The Vancouver Home Health Care Agency LLC office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

V. CONTACT INFORMATION

The Agency is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in this Notice.

If you have any questions or complaints, please contact the Agency Administrator.

You may contact this person at:

Vancouver Home Health Care Agency, LLC.

201 NE Park Plaza Dr Suite 200

Vancouver, WA 98684

admin@vhhca.com

Phone : (360) 975-7070

Phone : (800) 920- 6512

Fax number : (360) 975- 4306

Complaints may also be directed to State Licensing Authority without fear of retaliation.

Washington State Department of Health

Health Systems Quality Assurance

Complaint Intake

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