



## *Patient Rights*

To be informed of these rights, and the right to exercise such rights, in writing prior to the initiation of care;

- be given a statement of the services available by the agency and related charges;
- be advised before care is initiated the extent to which payment may be required from the patient;
- be informed of all services the agency is to provide, when and how services will be provided, and the name and functions of any person and affiliated agency providing care and services; participate in the planning of his or her care and be advised in advance of any changes to the plan of care;
- refuse care and treatment after being fully informed of and understanding the consequences of such actions;
- if a patient lacks capacity to exercise these rights, the rights may be exercised by an individual, guardian, or entity legally authorized to represent the patient. If you have concerns or complaints about the care or services provided, or not provided, or complaints concerning lack of respect for property by anyone furnishing service on behalf of Shene Nursing Service, or recommend changes in policies and services to Shene Nursing Service staff, the expression of such complaints by the patient or his/her designee are free from interference, coercion, discrimination or reprisal. You can submit patient complaints to the Administrator by following methods: call 631-324-9555, fax to 631.458.1426, email [info@shenenursing.com](mailto:info@shenenursing.com) or mail to Shene Nursing Service 66 Newtown Lane, Suite 8 East Hampton, NY 11937 attention: Meghan Reid. Shene will explain the complaint investigation findings and the decisions rendered to date by the Shene Nursing Service within 15 days of receipt of such complaint. If you are unhappy with the resolution of the complaint you have the right to appeal the outcome with the Governing Authority Bethany Shene same contact above, email [beth@shenenursing.com](mailto:beth@shenenursing.com)/ Appeal will be processed within 30 days receipt. Upon receipt of notification to the patient or his or her designee if the patient is not satisfied by the Shene's response; the patient may complain to the New York State Department of Health Division of Home and Community Based Services 875 Central Avenue Albany, NY 12206 1-800-628-5972
- be treated with consideration, respect and full recognition of his/her dignity and individuality; and
- privacy, including confidential treatment of patient records, and to refuse release of records to any individual outside the agency except in the case of the patient's transfer to a health care facility, or as required by law or third-party payment contract.

**66 NEWTOWN LANE, SUITE 8 EAST HAMPTON, NY 11937 631.324.9555**



## *Patient Responsibilities*

The patient has the responsibility to:

- Provide accurate and complete information about present concerns, past illnesses, previous Agency admissions, hospitalizations, medications, health care professionals and agencies currently involved in patient care and other matters relating to the patient's health.
- Ask questions about care or services.
- Follow instructions and comply with the agreed upon plan of care or accept the outcomes if they choose not to follow the plan of care.
- Show respect and consideration / do not discriminate against Shene Nursing Service's personnel.
- Notify Shene Nursing Service's office in advance of the need to reschedule visit times or dates.
- Meet financial commitments, including informing Shene Nursing Service about any changes in the patient's insurance coverage.
- Inform Shene Nursing Service about any changes in the patient's condition, living situation, attending physician or other health care professionals involved in the patient's care, including providing advance notification of visits to medical specialists, hospitals or emergency rooms.
- Be seen by physician on regular ongoing basis.
- Maintain a home environment that facilitates effective home care.



## *Notice of Privacy Practices*

### PATIENT AND FAMILY INFORMATION NOTICE OF PRIVACY PRACTICES

#### **USE AND DISCLOSURE OF HEALTH INFORMATION**

Shene Nursing Service may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. However, the Agency has established policies to guard against unnecessary disclosure of your health information. The Agency will limit its own uses and disclosures of your health information to the minimum amount necessary to accomplish the purpose at hand.

*The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed without your specific, written authorization:*

#### **To Provide Treatment**

The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician, members of the Agency interdisciplinary team and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health care information to pharmacists, suppliers of medical equipment or other health care professionals.

#### **To Obtain Payment**

The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. 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 also may need to obtain prior approval from your insurer and so need to explain to the insurer your need for Agency care and the services that will be provided to you.

#### **To Conduct Health Care Operations**

The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency's patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

#### **When Legally Required**

The Agency will disclose your health information when it is required to do so by any federal, state or local law.

#### **To Report Abuse, Neglect or Domestic Violence**

The Agency is allowed to notify government authorities if it is believed a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law, or when the patient agrees to the disclosure.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Agency maintains:

**Right to Request Restrictions**

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. For the most part, the Agency is not required to agree to your request. However, the Agency must agree to your restriction request related to disclosures of your health information to health plans for payment or health care operations if the health information which is the subject of your request relates solely to a health care item or service for which you or a third party, other than your health plan, have paid the Agency for in full. If you wish to make a request for restrictions, please contact the Shene Nursing Service Privacy Official at 631.324.9555.

**Right to Receive Confidential Communications**

You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately, with no other family members present. If you wish to receive confidential communications, please contact the Shene Nursing Service Privacy Official at 631.324.9555. The Agency will not request that you provide any reasons for your request and will attempt to honor all reasonable requests for confidential communications.

**Right to Inspect and Copy Your Health Information**

You have the right to inspect and copy your health information, including billing records. If your health information is maintained electronically, you have a right to request your health information in a readable electronic format. A request to inspect and copy records containing your health information may be made to the Privacy Official at 631.324.9555. If you request a copy of your health information, the Agency may charge a reasonable cost-based fee for copying and assembling costs associated with your request.

**Right to Amend Health Care Information**

You or your representatives have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to the Shene Nursing Service Privacy Official at 66 Newtown Lane, Suite 8 East Hampton, NY 11937. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.

**Right to Accounting**

You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Shene Nursing Service Privacy Official at 66 Newtown Lane, Suite 8 East Hampton, NY 11937. The request should specify the time period for the accounting starting on or after March 16, 2009. Accounting requests 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 requests may be subject to a reasonable cost-based fee.

**Right to a Paper Copy of This Notice**

You or your representatives have a right to a separate paper copy of this Notice at any time, even if you or your representatives have received this Notice previously or have agreed to receive this Notice electronically previously. To obtain a separate paper copy, please contact the Shene Nursing Service Privacy Official at 631.324.9555. The patient or a patient's representative may also obtain a copy of the current version of the Agency's Notice of Privacy Practices at its website, [www.shenenursing.com](http://www.shenenursing.com).

**DUTIES OF THE AGENCY**

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. In addition, the Agency is required to notify you in the event the security your unsecured health information has been breached. The Agency is required to abide by the terms of this Notice as is currently in effect. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to the Agency and to the Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to: The Privacy Official Shene Nursing Service 66 Newtown Lane, Suite 8 East Hampton, NY 11937. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**CONTACT PERSON**

The Agency has designated the Privacy Official as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at Shene Nursing Service 66 Newtown Lane, Suite 8 East Hampton, NY 11937— 631.324.9555.

## Advance Directives

**Advance directives.** The New York State Health Care Proxy Law allows an adult to designate another adult, such as a trusted friend or loved one who knows the person and his/her wishes, to make treatment decisions if the adult becomes incapacitated and is unable to do so. The Health Care Proxy Law guarantees an adult's right to self-determination and the expression of this right through another adult. Advance directives also allow an adult to express his or her preference regarding health care treatment, including a desire to continue or to refuse treatment and life supports. In the absence of a Health Care Proxy, the Family Health Care Decisions Act allows a surrogate (a family member or close friend) to make treatment decisions on behalf of a patient, in accordance with the patient's wishes, if known, or if the patient's wishes are not known, in accordance with the patient's best interests.

- An **advance directive** means a type of written or oral instruction relating to the provision of health care when an adult becomes incapacitated, including, but not limited to a health care proxy, a consent to the issuance of an order not to resuscitate or other medical orders for life-sustaining treatment (MOLST) recorded in a patient's/resident's medical record, and a living will. "Deciding About Health Care: A Guide for Patients and Families" <https://www.health.ny.gov/publications/1503.pdf>
- A **health care proxy** means a document created pursuant to Article 29-C of the Public Health Law which delegates the authority to another adult known as a health care agent to make health care decisions on behalf of the adult when that adult is incapacitated. "Health Care Proxy: Appointing your Health Care Agent in New York State" <https://www.health.ny.gov/forms/doh-1430.pdf>
- A **living will** means a document which contains specific instructions concerning an adult's wishes about the type of health care choices and treatments that an adult does or does not want to receive.
- A **health care agent** or agent means an adult to whom authority to make health care decisions is delegated under a health care proxy.
- Medical orders for life-sustaining treatment (**MOLST**) means medical orders to provide, withhold or withdraw life-sustaining treatment. <https://www.health.ny.gov/forms/doh-5003.pdf> "Nonhospital Order Not to Resuscitate" <http://www.health.ny.gov/forms/doh-3474>

