

TOTAL HOMECARE SOLUTIONS

Category: Rights, Responsibilities and Ethics Number: 3.011.1

Subject: Patient Privacy Rights

Applies: All Staff Page: 1 of 2

Purpose: To ensure that home health patients are informed of their Rights to Privacy as related to the Outcome and Assessment Information Set (OASIS).

Policy: Patients must be informed of their rights under the Privacy Act of 1974 and each patient must receive written and oral instructions as related to the following “Rights”:

- The right to be informed that OASIS information will be collected and the purpose of collection;
- The right to have the information kept confidential and secure;
- The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Federal Privacy Act;
- The right to refuse to answer questions; and
- The right to see, review, and request changes on their assessment.

Procedure:

Admission by SN/PT/ST:

- Ascertain the patient payor source.
- Prior to initiating the Start of Care OASIS assessment, the patient must be informed in writing and orally of their “Privacy Rights”.
- Use the table below to determine the appropriate form(s) to explain to the patient, and leave the form(s) in the home folder for the patient’s reference.
- The Patient must be given the opportunity to ask questions, if any, pertaining to the “Privacy Act” forms.

FORM TITLES	Medicare/Medicaid Patients	Non-Medicare/ Non-Medicaid Patients
Statement of Patient Privacy Rights	XX	
Privacy Act Statement-Health Care Records	XX	XX
Notice About Privacy – For patients who do not Have Medicare or Medicaid Coverage		XX

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Verification of the above procedure will be verified by the Patient/Caregiver signature found in the consent for services agreement.

Patient/Caregiver Requests to see, review, copy or change their assessments will be conducted as outlined below:

- If the patient should request from the Agency to see or review their assessment information:
 - the Clinical Case Manager may arrange this opportunity.
- If the patient requests to copy the assessment form:
 - the Clinical Case Manager/DON will be notified and a written request will be obtained with Patient/Caregiver signature and date upon receipt of copy.
- If the patient requests a change in the assessment:
 - the Clinical Case Manager/DON will be notified and a written request will be obtained with Patient/Caregiver signature and date.
 - the Clinical Case Manager/DON will review the request with the PT that performed the assessment.
 - If no change is granted, Clinical Case Manager/DON documents Patient/Caregiver notification.
 - If the information has been transmitted to the State database, the Agency will inform the patient of their right to contact HCFA as indicated in the "Privacy Act Statement".
 - If the change is granted, the Agency documents Patient/Caregiver notification and the Agency proceeds with Policy 5.003.1 "OASIS Corrections".

FORMS:

Statement of Patient Privacy Rights

Privacy Act Statement – Health Care Records

Notice About Privacy – For Patients Who Do Not Have Medicare or Medicaid Coverage

Attachments:

Statement of Patient Privacy Rights

Privacy Act Statement

Notice About Privacy