Public Hospital District No. 3,
Grant County, Washington

Columbia Basin Hospital
Columbia Basin Family Medicine
Garden Oasis Assisted Living

POLICY AND PROCEDURE

NUMBER:	REVIEWED AND REVISED:	EFFECTIVE DATE:	SUPERSEDES NO./DATE:
853000-006	12/04/2013	01/01/2014	11/01/2011

DISTRIBUTION:
PATIENT ACCTNG,ADMITTING, SOC SERV, EMER,CLINIC,ACCTNG AND ADMINISTRATION

SUBJECT:	APPROVED BY:
FINANCIAL ASSISTANCE/ CHARITY CARE POLICY	Diane Clark DEPARTMENT DIRECTOR Teresa Linda Kibbs ADMINISTRATION

POLICY:

Columbia Basin Hospital is an open-door hospital by virtue of it's being a non-profit public Hospital District hospital. The Hospital is the community's only hospital and recognizes its obligation under the Community Service Act. Services in this facility are available to all persons without discrimination on the basis of race, color, national origin, immigration status, creed, or any other grounds unrelated to an individual's need for the service. Emergency services will not be denied because the person is unable to pay for those services. Persons receiving emergency services will, however, be billed for such services.

In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care are established, consistent with the requirements of the Washington Administrative Code, Chapter 246-453 and RCW 70.170. These criteria will assist staff in making consistent objective decisions regarding eligibility for financial assistance through the charity care program while ensuring the maintenance of a sound financial base.

Patients of Columbia Basin Hospital receiving Acute Care or outpatient services, or patients of Columbia Basin Family Medicine who feel they are unable to pay for their services may request financial assistance through the Charity Care Program.

PROCEDURE:

Any patient, family member, or responsible party who feels they may qualify for financial assistance through charity care, may ask for a charity application at the Business Office. This application should be completed as soon as possible of the date of treatment. Hospital District personnel may suggest or offer charity applications if they feel that the patient would meet criteria for the financial assistance program or refer the patient to the Business Office for further information on the program.

ELIGIBILITY:

Applications for financial assistance are evaluated according to the following criteria:

1. Qualification under Federal poverty guidelines that are published and updated annually. The poverty income figures in effect for the time period that the services were received will be the guideline used in making a determination of eligibility.
2. Income will include all related members of the household whether through birth, marriage, or adoption, and domestic partners, regardless of age. Combined gross income cannot exceed 300% of the poverty guideline for uninsured persons and 200% for insured persons. (See poverty guideline attachment for most current income levels.)
   A. Eligible persons with income below 100% of the poverty income guidelines will have their balance written off with no obligation to pay.
   B. Persons with income from 101 – 200% of the poverty guidelines will have their balance reduced per the attached Reduced Payment Schedule.
   C. Uninsured persons with income between 201 – 300% of the poverty guidelines will be eligible for a reduction of charges to reduce their balance due to 130% of the estimated cost to charge ratio currently in effect for the Hospital.
   D. Insured persons will be eligible for financial assistance when their income does not exceed 200% of poverty level and their balances will be reduced as listed in A and B above.
3. Review criteria for catastrophic consideration of financial assistance through the charity care program may be considered as follows:
   A. Columbia Basin Hospital charges for the patient stay total 25% of the family gross income for the year.
   B. Total medical obligations exceed 50% of the family gross income.
   C. If the change in financial status of the applicant is temporary, the hospital may choose to suspend payments temporarily rather than initiate charity care reductions under the catastrophic option.

The charity application will include an income disclosure section with a request for documentation to be attached to verify the data reported. The following documents will be accepted as proof of income upon which to base eligibility: W-2 withholding statement, pay stubs from all employment, income tax return from the most recently filed calendar year, Medicaid approvals or denials, unemployment compensation notices, or written statements from employers. Determination is based on one full year's income from the time period that services were rendered.

If the applicant's income is below 100% of the poverty level it is not necessary to fill out the optional financial disclosure section of the application. The financial disclosure section of the application requests assets and liability information. This section is required if the patient does not meet the 100% poverty guideline and wishes to be considered for a reduction in the cost of their services based on a sliding fee scale or other catastrophic considerations for reduction.

The hospital will not initiate collection efforts on an account once a request for financial assistance is received pending the initial determination of eligibility, providing the responsible party is cooperative with the Hospital's efforts to reach a final determination and supplies the information necessary in order to make that determination.

The applicant's financial obligation which remains after the charity care reduction is applied shall be payable as negotiated between the Hospital and the responsible party. The account shall not be turned over to a Collection Agency unless payments are missed or there is some period of inactivity on the account, and there is no satisfactory contact with the responsible party regarding payment.

Business Office Staff will work with the patient in order to obtain the documentation needed to complete the determination of eligibility for financial assistance. In the event that the applicant is unable to furnish the information, eligibility will be determined based on the information given and a signed statement from the applicant attesting to the correctness of the information.

In the event that hospital personnel can clearly establish that an indigent person qualifies for financial assistance, the account can be granted Charity Care without an application based on this determination.

THIRD PARTY PAYMENT SOURCE

Any and all insurance or third party payment sources must be exhausted prior to approval for financial assistance. All available benefit funds on such coverage must be paid to the hospital. If there is insurance coverage, an explanation of benefits or insurance information should be attached to the application form.

If a patient is uninsured, CBH personnel will assist the patient in determining whether they are eligible for Medicaid or other government sponsored health insurance programs available. Staff is available to answer questions or assist in the sign up process. If patient is found to be eligible for Medicaid or other no cost insurance, patient must cooperate in signing up so that services will be covered. Eligibility for Charity Care assistance is determined by the patient or Guarantor's ability to pay after all available insurance has been utilized.

Balances after insurance payment may be considered for Coverage under the Charity program.

EXCLUSIONS

Elective procedures and non-emergency services will be reviewed for charity consideration but are generally excluded from financial assistance through the Charity Care program.

Financial assistance and charity care shall be limited to appropriate hospital-based medical services as defined in WAC 246-453-010(7) and consist of Acute care and hospital outpatient services received at Columbia Basin Hospital, and appropriate and necessary professional services received at Columbia Basin Family Medicine. Nursing Home, Swing Bed, and Assisted Living services will not be considered for financial assistance under the Charity Care Program.

Accounts assigned to a collection agency and have a judgment granted through the court system are no longer eligible for charity consideration. A patient may apply for charity at any time prior to the account receiving a court judgment.

REVIEW PROCESS

Information, applications, and interviews for financial assistance will be handled by the Business Office. All requests for Charity Care Services will be processed within fourteen (14) business days of receipt of application and the applicant notified of the approval, denial, or need for more documentation. An application missing information needed for processing may be held up to 14 days, or such time as may reasonably be necessary, from the date the applicant is notified of the need for additional documentation in order to allow the applicant time to secure and present documentation in support of their application prior to receiving a determination. Missing information needed to determine eligibility may result in a denial of charity until the information is received and the application can be reprocessed. Once documentation is received, the Hospital will make the determination and notify the applicant within 14 days.

Completed applications with documentation will be reviewed by the Billing/Collection Clerk with assistance from the Director of Business Services as needed. He/she will approve or disapprove the applications based on the documentation attached. Then the applicant will be sent an Eligibility Determination notifying them of the approval or disapproval, the reason for the denial, and payment arrangements confirmed for any balance due. Also included in the notice are their appeal rights. The patient has 30 days from the date of determination to request an appeal. This request must be made in writing to the Director of Financial Services providing any additional information necessary to process the reconsideration. The Director of Financial services will reconsider the application and issue a determination to the patient and Business Office. A copy will be sent to the WA Dept. of Health as per State Regulation.

CONTINUING SERVICES

If a patient has qualified for financial assistance and continues to receive services for an extended period of time, the Hospital, at their discretion, may require the responsible party to submit a new application and documentation to ensure that they still qualify under the program.

CONFIDENTIALITY

Use and disclosure of any information contained in the request and processing of charity care services shall be subject to the Health Insurance Portability and Accountability Act Privacy Regulations and the hospital's Privacy Policies.

All information and documents pertaining to the charity care application will be kept with the application and shall be retained for five years.

REFUNDS:

Any personal payment made on an account later determined by approval of an application to have been eligible for Charity Care will be refunded to the patient within 30 days of that approval. The patient must have been eligible at the time the payment was received.

PUBLIC NOTIFICATION:

Signs indicating the availability of financial assistance through the Charity Care program are posted in the Business Office, Clinic, Admitting, and Emergency Room areas. A Notice of Availability of Charity Care may be published in the legal notices of the local newspaper.

The hospital will include a written notice of the availability of financial assistance to patients at the time of their first billing or statement. In addition, any letters sent for the purpose of collecting a debt will include a notice of availability of the Charity Care program. This will include contact information for inquiries about the program or application process. Further written information shall be made available to any person who requests it and at each Admitting/registration area.

Our facility will make interpretive services available, as necessary, to provide assistance for non-English speaking patients in applying for charity assistance. Notice of availability and applications are available in Spanish versions.

Any changes to this policy will be submitted to the WA Dept of Health for approval as required by state law before changes are put into effect.

Medicaid Eligibility Work Sheet

This patient is...	Yes	No
Over the age of 65		
Disabled (unable to work for at least 90 days, receiving disability benefits, blind, has a condition that will lead to death, or permanent disability)		
Under the age of 19		
Pregnant		
Adult with minor children living in their home		

Send an application if the patient answers yes to any of the above questions; they may be eligible for Medicaid coverage.

An application is not necessary if all answers are no. The patient is not relatable to a Medicaid program.

If the patient still wants to apply for Medicaid coverage, they may submit an application.

Grant County Public Hospital District #3
Notice of Availability of Financial Assistance

Grant County Public Hospital District #3 is committed to the provision of health care services to all persons in need of medical attention, regardless of ability to pay. Patients with no adequate means of paying for needed care – will be granted financial assistance in accordance with the District's charity care and non-discrimination policies.

Columbia Basin Hospital and Columbia Basin Family Medicine has available a limited amount of Financial Assistance to cover necessary or emergency medical treatment for persons eligible under charity care guidelines. It does not cover transportation costs or elective procedures.

Eligibility for Financial Assistance is determined by measuring personal and family income and assets against the established Federal Income Guidelines. If your income is below 300 percent of the federal poverty level and you have exhausted any other health care coverage available to you, then you should qualify for free or discounted medical services.

If you wish to apply for assistance, please contact our Business Office as soon as possible after receiving medical treatment. You will be asked to fill out a personal financial statement and furnish proof of your income. A denial of eligibility from Public Assistance (DSHS) may also be required. You may use W-2 forms, pay check stubs, income tax returns, etc. as part of your proof of income.

If you qualify, your medical bill may be reduced or written off. You will receive a written determination of eligibility within14 business days following receipt of your completed application, when accompanied by your financial statement and proof of income.

Please contact the Business Office with any questions you may have at 509-754-4631.

COLUMBIA BASIN HOSPITAL and COLUMBIA BASIN FAMILY MEDICINE

Columbia Basin Hospital and Columbia Basin Family Medicine ***brinda atención médica hospitalaria a todos, sin tener en cuenta su solvencia económica.***

Atención Solidaria: ¡Ayuda a familias de bajos recursos con los gastos hospitalarios!

¿Qué es la Atención Solidaria? La atención solidaria es una forma de ayudar a que las personas y familias de bajos recursos puedan pagar los servicios médicos hospitalarios. La atención solidaria puede ofrecer atención médica gratuita o a un costo reducido, según sus ingresos.

¿Quienes pueden recibir esta Atención Solidaria? Las personas o familias con ingresos contemplados dentro de nuestros lineamientos podrán recibir la Atención Solidaria si:

(1) *no* cuentan con los recursos económicos para pagar la atención; y

(2) *no* están asegurados, es decir que no cuentan con la cobertura grupal o individual de un plan de atención médica, compensación laboral, Medicare, Medicaid o cualquier otro programa estatal, federal o militar; y

(3) *no* se encuentran en una situación en la cual un tercero tiene la obligación legal de pagar los gastos de los servicios médicos prestados — como por ejemplo, un accidente automovilístico.

Nota Importante: *Columbia Basin Hospital and Columbia Basin Family Medicine* ***no discrimina en base a edad, raza, color, nacionalidad de origen, religión, sexo, minusvalía o incapacidad.***

¿Qué cubre la Atención Solidaria? La atención solidaria cubre los servicios hospitalarios necesarios o de emergencia. Cubre la atención médica de pacientes internos y ambulatorios.

No cubre los costos de transporte, cuidados optativos no fundamentales, y generalmente no cubre los honorarios médicos.

¿Cómo solicito los beneficios? Para recibir información sobre cómo evaluar su elegibilidad y qué servicios entrarán cubiertos, favor de contactarse con:

Columbia Basin Hospital
200 Nat Washington Way
Ephrata, WA 98823
509-754-4631

2014
Federal Poverty Guidelines

Family Size	100%	200%	300%
01	11670.	23,340.	35,010.
02	15,730.	31,460.	47,190.
03	19,790.	39,580.	59,370.
04	23,850.	47,700.	71,550.
05	27,910.	55,820.	83,730.
06	31,970.	63,940.	95,910.
07	36,030.	72,060.	108,090.
08	40,090.	80,180.	120,270.

For family units with more than 8 members, add $4,060. for each additional member.

2014 Federal Poverty Guidelines: Gross Annual Income
Effective 012214 received 020314

Charity Care Eligible Patients
Reduced Payment Schedule
Gross Annual Family Income

Family Size	100%	75%	50%	25%	-0-
01	Less than $11,670.	$11,671.-$15,521.	$15,522.-$19,371.	$19,372.-$23,339.	$23,340.
02	Less then $15,730.	$15,731.-$20,921.	$20,922.-$26,111.	$26,112.-$31,459.	$31,460.
03	Less than $19,790.	$19,791.-$26,321.	$26,322.-$32,850.	$32,851.-$39,579.	$39,580.
04	Less than $23,850.	$23,851.-$31,721.	$31,722.-$39,590.	$39,591.-$47,699.	$47,700.
05	Less than $27,910.	$27,911.-$37,120.	$37,121.-$46,330.	$46,331.-$55,819.	$55,820.
06	Less than $31,970.	$31,971.-$42,520.	$42,521.-$53,069.	$53,070.-$63,939.	$63,940.
07	Less than $36,030.	$36,031.-$47,920.	$47,921.-$59,809.	$59,810.-$72,059.	$72,060.
08	Less than $40,090.	$40,091.-$53,320.	$53,321.-$66,548.	$66,549.-$80,179.	$80,180.

Add $4,060. for each additional family member.

Based on 2014 Federal Poverty Guidelines
Effective 012214 received 020314

Grant County Public Hospital District #3
Columbia Basin Hospital
Columbia Basin Family Medicine

Application for Financial Assistance through the Charity Care Program

Columbia Basin Hospital encourages you to apply for Financial Assistance if you are low income and need help paying hospital charges for inpatient or outpatient care. Charity Care may offer either free or reduced-price care based on your eligibility and income. If you have questions or need help completing this application, please call the Business Office at 509-754-4631 extension 124.

Patient's Name (s):_____ _____

Applicant Name: _____ Spouse/Sig Other Name: _____

Address: _____

_____

Phone #: _____

Social Security #: _____ Spouse Social Security #: _____

Employer name: _____ Spouse Employer: _____

Position: _____ Position: _____

# of years held: _____ # of years held: _____

List all persons living in your household:

Name:	Age:	Relationship:

Do you have Medical Insurance or other coverage?? _____

Name and address of Company:_____

Policy Number:_____

Please attach proof of your income to your application so that we can consider you for Financial Assistance. Examples of proof: Pay stubs from all employment for a one year period, W-2 withholding statements, last year's income tax return, letters from DSHS, Social Security, or unemployment noting your earnings, or written statements from your employers.

Gross Monthly Income

	Applicant	Spouse	Other family member
Wages from employment			
Child support or Alimony			
Unemployment payments			
Bonuses/Commissions			
Dividends/Interest			
Disability Income			
Social Security			
Retirement Benefits			
Earned Income Credit			
L&I benefits			
DSHS or Public Assistance			
Other Income:			
Total Gross Income			
Total Net Income			

List total family gross income for the past three months: $_____

Has your family had any seasonal or temporary increases or decreases in income? Or do you expect income to change in the next three months? Yes_____ No _____
Please describe: _____

Have you recently suffered severe financial hardship or personal loss (other medical expense, death of a loved one, loss of job or wages, loss of home, auto, or other property?
Yes _____ No _____ Please explain:_____
_____

Do the documents that you are including with this application show your current financial situation correctly? Yes_____ No _____ If no, why not? _____

****

Please note: The section below is required for catastrophic or sliding fee scale charity considerations only. If you meet the criteria for 100% poverty level charity this section is optional. Voluntary disclosure of this information may assist us in approving your application or further reducing the cost of your services through a sliding fee scale.

Monthly Housing Expenses

Rent/House Payments	
Homeowners Insurance	
Real Estate Taxes	
Utilities:	
Water	
Electric	
Cable/Satellite Dish	
Telephone/Cell Phone	
Total Monthly Housing Costs	

Available Assets

Description:	Cash Value
Checking/Savings Accounts	
Stocks/Bonds	
Life Insurance Net Cash Value	
Real Estate Owned	
Vested Interest in Retirement Fund	
Net Worth of Business owned	
Automobiles List make and year:	
Furniture and personal property	
Other Assets not listed above:	
Total Assets	

Liabilities

Creditors name, Address, Account #	Monthly pymt/Months left to pay	Unpaid Balance
Installment Debts and Charge Cards:	$	$
Current Medical Bills:		
Automobile Loans:		
Real Estate Loans		
Alimony, Child Support, Separate Maintenance pymts		
Other debts:		
Total Monthly Payments	$	

****

All applicants must sign the application below and return it to the Business Office with any documentation requested to:

Columbia Basin Hospital
Attn: Business Office
200 Nat Washington Way
Ephrata, WA 98823

I understand that the information I am giving will be verified by Columbia Basin Hospital and reviewed by state and or/federal enforcement agencies and others as required. I certify that the above information is true and accurate to the best of my knowledge. I have attached proof of my yearly income for consideration.

_____ _____

Signature of Applicant Date

Grant County Public Hospital District #3
Columbia Basin Hospital
Columbia Basin Family Medicine

Financial Assistance
Charity Care Program
Eligibility Determination

Your Financial Assistance Application has been processed and the following determination was made:

_____ The applicant is eligible for Financial Assistance. Your total charges in the amount of $_____ will be dismissed.

_____ The applicant is eligible for a partial reduction of their total charges.
$_____ will be dismissed as Financial Assistance.
$_____ will be still due from the applicant.

Please contact our Business Office to make arrangements for payment of the balance still owing.

_____ The applicant's request for Financial Assistance has been denied for the following reasons:

_____

_____

If your request for Financial Assistance thru the Charity Care Program is denied, you may, within 30 days of the receipt of this notice, file an appeal, or request for reconsideration of your application. This request must be made in writing to:

Director of Financial Services
Columbia Basin Hospital
200 Nat Washington Way
Ephrata, WA 98823

Please provide any additional information or verification needed in order to process your reconsideration. If this determination affirms the previous denial of Financial Assistance, written notification will be sent to you and to the Wa. State Department of Health in accordance with State law.

_____ Signature

_____ Date of Determination & notice to applicant

_____ Date Application Received

Type of Income verification:_____

Public Hospital District No. 3,
Grant County, Washington

Columbia Basin Hospital
Columbia Basin Family Medicine
Garden Oasis Assisted Living

POLICY AND PROCEDURE

NUMBER: 8610-036	REVIEWED AND REVISED: 9-7-2011	EFFECTIVE DATE: 9-7-2011	SUPERSEDES NO./DATE: 1-30-2008
DISTRIBUTION: All Departments			
SUBJECT: **Patient's Rights**	APPROVED BY: ADMINISTRATION		

POLICY:
Columbia Basin Hospital believes in the basic rights of human beings for independence of expression, decision, action and concern for personal dignity in human relationships are all of great importance. Thus, the hospital's prime responsibility is to insure that patient's rights are preserved.

PROCEDURES:

For Acute Care and ER patients, see Attachment A.

For Long Term Care Patients, see Attachment B.

For Assisted Living Residents, see Attachment C.

ATTACHMENT A

RESIDENT RIGHTS

§483.10 RESIDENT RIGHTS

The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights:

(a) Exercise of rights.

(1) The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

(3) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.

(4) In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.

(b) Notice of rights and services.

(1) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing;

(2) The resident or his or her legal representative has the right —

(i) Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and

(ii) After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.

(3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;

(4) The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and

(5) The facility must –

(i) Inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of –

(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;

(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and

(ii) Inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.

(6) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

(7) The facility must furnish a written description of legal rights which includes –

(i) A description of the manner of protecting personal funds, under paragraph (c) of this section;

(ii) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels;

(iii) A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and

(iv) A statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

(8) The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's

option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. If an adult individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating condition or a mental disorder) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.

(9) The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

(10) The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

(11) Notification of changes.

(i) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is –

(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;

(B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);

(C) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or

(D) A decision to transfer or discharge the resident from the facility as specified in §483.12(a).

(ii) The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is –

(A) A change in room or roommate assignment as specified in §483.15(e)(2); or

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

(iii) The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

(12) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in Sec. 483.5(c) of this subpart) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under Sec. 483.12(a)(8).

(c) Protection of resident funds.

(1) The resident has the right to manage his or her financial affairs, and the facility may not require residents to deposit their personal funds with the facility.

(2) Management of personal funds. Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.

(3) Deposit of funds.

(i) Funds in excess of $50. The facility must deposit any resident's personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)

(ii) Funds less than $50. The facility must maintain a resident's personal funds that do not exceed $50 in a non-interest bearing account or petty cash fund.

(4) Accounting and records. The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

(i) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

(ii) The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.

(5) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits –
(i) When the amount in the resident's account reaches $200 less than the SSI resource limit for one person, specified in §1611 (a)(3)(B) of the Act; and
(ii) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

(6) Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

(7) Assurance of financial security. The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.

(8) Limitation on charges to personal funds. The facility may not impose a charge against the personal funds of a resident for any item or services for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts).
The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with §489.32 of this chapter. (This does not affect the prohibition on facility charges for items and services for which Medicaid has paid. See §447.15, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.)
(i) Services included in Medicare or Medicaid payment. During the course of a covered Medicare or Medicaid stay, facilities may not charge a resident for the following categories of items and services:
(A) Nursing services as required at §483.30 of this subpart.
(B) Dietary services as required at §483.35 of this subpart.
(C) An activities program as required at §483.15(f) of this subpart.
(D) Room/bed maintenance services.
(E) Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing and basic personal laundry.
(F) Medically-related social services as required at §483.15 (g) of this subpart.
(ii) Items and services that may be charged to residents' funds. Listed below are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid:
(A) Telephone;
(B) Television/radio for personal use;
(C) Personal comfort items, including smoking materials, notions and novelties, and confections;
(D) Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare;
(E) Personal clothing;
(F) Personal reading matter;
(G) Gifts purchased on behalf of a resident;
(H) Flowers and plants; and
(I) Social events and entertainment offered outside the scope of the activities program, provided under §483.15(f) of the subpart.
(J) Noncovered special care services such as privately hired nurses or aides.
(K) Private room, except when therapeutically required (for example, isolation for infection control).
(L) Specially prepared or alternative food requested instead of the food generally prepared by the facility, as required by §483.35 of this subpart.
(iii) Requests for items and services.
(A) The facility must not charge a resident (or his or her representative) for any item or service not requested by the resident.
(B) The facility must not require a resident (or his or her representative) to request any item or service as a condition of admission or continued stay.
(C) The facility must inform the resident (or his or her representative) requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be.

(d) Free choice. The resident has the right to –
(1) Choose a personal attending physician;

(2) Be fully informed in advance about the care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and
(3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.

(e) **Privacy and confidentiality.** The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.
(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident;
(2) Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility;
(3) The resident's right to refuse release of personal and clinical records does not apply when –
(i) The resident is transferred to another health care institution; or
(ii) Record release is required by law.

(f) **Grievances.** A resident has the right to –
(1) Voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished; and
(2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(g) **Examination of survey results.** A resident has the right to –
(1) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents and must post a notice of their availability, and
(2) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

(h) **Work.** The resident has the right to –
(1) Refuse to perform services for the facility;
(2) Perform services for the facility, if he or she chooses, when –
(i) The facility has documented the need or desire for work in the plan of care;
(ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;
(iii) Compensation for paid services is at or above prevailing rates; and
(iv) The resident agrees to the work arrangement described in the plan of care.

(i) **Mail.** The resident has the right to privacy in written communications, including the right to –
(1) Send and promptly receive mail that is unopened; and
(2) Have access to stationery, postage, and writing implements at the resident's own expense.

(j) **Access and visitation rights.**
(1) The resident has the right and the facility must provide immediate access to any resident by the following:
(i) Any representative of the Secretary;
(ii) Any representative of the State;
(iii) The resident's individual physician;
(iv) The State long term care ombudsman (established under §307(a)(12) of the Older Americans Act of 1965);
(v) The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);
(vi) The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);
(vii) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and
(viii) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.
(2) The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to resident's right to deny or withdraw consent at any time.
(3) The facility must allow representatives of the State Ombudsman, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, and consistent with State law.

(k) **Telephone.** The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.

(l) **Personal property.** The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

(m) **Married couples.** The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

(n) **Self-administration of drugs.** An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.

(o) Refusal of certain transfers.

(1) An individual has the right to refuse a transfer to another room within the institution, if the purpose of the transfer is to relocate –

(i) A resident of a SNF, from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or

(ii) If a resident of a NF, from the distinct part of the institution that is a NF to distinct part of the institution that is a SNF

(2) A resident's exercise of the right to refuse transfer under paragraph (o)(1) of this section does not affect the individual's eligibility or entitlement to Medicaid benefits.

§483.12 ADMISSION, TRANSFER AND DISCHARGE RIGHTS

(a) Transfer and discharge:

(1) Definition: Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.

(2) Transfer and discharge requirements. The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless –

(i) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(ii) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;

(iii) The safety of individuals in the facility is endangered;

(iv) The health of individuals in the facility would otherwise be endangered;

(v) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or

(vi) The facility ceases to operate.

(3) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by –

(i) The resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and

(ii) A physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.

(4) Notice before transfer. Before a facility transfers or discharges a resident, the facility must –

(i) Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.

(ii) Record the reasons in the resident's clinical record; and

(iii) Include in the notice the items described in paragraph (a)(6) of this section.

(5) Timing of the notice.

(i) Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.

(ii) Notice may be made as soon as practicable before transfer or discharge when –

(A) The safety of individuals in the facility would be endangered, under paragraph (a)(2)(iii) of this section;

(B) The health of individuals in the facility would be endangered, under paragraph (a)(2)(iv) of this section;

(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(ii) of this section;

(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (A)(2)(i) of this section; or

(E) A resident has not resided in the facility for 30 days.

(6) Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the following:

(i) The reason for transfer or discharge;

(ii) The effective date of transfer or discharge;

(iii) The location to which the resident is transferred or discharged;

(iv) A statement that the resident has the right to appeal the action to the State;

(v) The name, address, and telephone number of the State long term care ombudsman;

(vi) For nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and

(vii) For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.

(7) Orientation for transfer or discharge. A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

(8) Room changes in a composite distinct part. Room changes in a facility that is a composite distinct part (as defined in Sec. 483.5(c)) must be limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part's locations.

(b) Notice of bed-hold policy and readmission.

(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies –

(i) The duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility; and

(ii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.

(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.

(3) Permitting resident to return to facility. A nursing facility must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident –

(i) Requires the services provided by the facility; and

(ii) Is eligible for Medicaid nursing facility services.

(4) Readmission to a composite distinct part. When the nursing facility to which a resident is readmitted is a composite distinct part (as defined in Sec. 483.5(c) of this subpart), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of readmission, the resident must be given the option to return to that location upon the first availability of a bed there.

(c) Equal access to quality care.

(1) A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all individuals regardless of source of payment;

(2) The facility may charge any amount for services furnished to non-Medicaid residents consistent with the notice requirement in §483.10(b)(5)(i) and (b)(6) describing the charges; and

(3) The State is not required to offer additional services on behalf of a resident other than services provided in the State plan.

(d) Admissions policy.

(1) The facility must –

(i) Not require residents or potential residents to waive their rights to Medicare or Medicaid; and

(ii) Not require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits.

(2) The facility must not require a third party guarantee of payment to the facility as a condition of admission, or expedited admission, or continued stay in the facility. However, the facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.

(3) In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However, –

(i) A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term "nursing facility services" so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; and

(ii) A nursing facility may solicit, accept, or receive a charitable, religious or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.

(4) States or political subdivisions may apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to Medicaid.

§483.13 RESIDENT BEHAVIOR AND FACILITY PRACTICES

(a) Restraints. The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

(b) Abuse. The resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.

(c) Staff treatment of residents. The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

(1) The facility must –

(i) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

(ii) Not employ individuals who –

(A) Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or

(B) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and

(iii) Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

(2) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property, are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

(3) The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

(4) The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

§483.15 QUALITY OF LIFE.

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

(a) Dignity. The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

(b) Self-determination and participation. The resident has the right to –

(1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;

(2) Interact with members of the community both inside and outside the facility; and

(3) Make choices about aspects of his or her life in the facility that are significant to the resident.

(c) Participation in resident and family groups.

(1) A resident has the right to organize and participate in resident groups in the facility;

(2) A resident's family has the right to meet in the facility with the families of other residents in the facility;

(3) The facility must provide a resident or family group, if one exists, with private space;

(4) Staff or visitors may attend meetings at the group's invitation;

(5) The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings;

(6) When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

(d) Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

(e) Accommodation of needs. A resident has the right to –

(1) Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and

(2) Receive notice before the resident's room or roommate in the facility is changed.

(f) Activities.

(1) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.

(2) The activities program must be directed by a qualified professional who –

(i) Is a qualified therapeutic recreation specialist or an activities professional who –

(A) Is licensed or registered, if applicable, by the State in which practicing; and

(B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

(ii) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or
(iii) Is a qualified occupational therapist or occupational therapy assistant; or
(iv) Has completed a training course approved by the State.

(g) **Social services.**
(1) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, or psychosocial well-being of each resident.
(2) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.
(3) Qualifications of social worker. A qualified social worker is an individual with –
(i) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and
(ii) One year of supervised social work experience in a health care setting working directly with individuals.

(h) **Environment.** The facility must provide –
(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;
(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;
(3) Clean bed and bath linens that are in good condition;
(4) Private closet space in each resident room, as specified in 483.70(d)(2)(iv) of this Part;
(5) Adequate and comfortable lighting levels in all areas;
(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990, must maintain a temperature of 71 - 81° F; and
(7) For the maintenance of comfortable sound levels.

§489.102 ADVANCE DIRECTIVES REQUIREMENTS FOR PROVIDERS

(a) Hospitals, critical access hospitals, skilled nursing facilities, nursing facilities, home health agencies, providers of home health care (and for Medicaid purposes, providers of personal care services), and hospices must maintain written policies and procedures concerning advance directives with respect to all adult individuals receiving medical care by or through the provider and are required to:
(1) Provide written information to such individuals concerning –
(i) An individual's rights under State law (whether statutory or recognized by the courts of the State) to make decisions concerning such medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate, at the individual's option, advance directives. Providers are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. Providers are to update and disseminate amended information as soon as possible, but no later than 90 days from the effective date of the changes to State law; and
(ii) The written policies of the provider or organization respecting the implementation of such rights, including a clear and precise statement of limitation if the provider cannot implement an advance directive on the basis of conscience. At a minimum, a provider's statement of limitation should:
(A) Clarify any differences between institution-wide conscience objections and those that may be raised by individual physicians;
(B) Identify the state legal authority permitting such objection; and
(C) Describe the range of medical conditions or procedures affected by the conscience objection.
(2) Document in a prominent part of the individual's current medical record, or patient care record in the case of an individual in a religious nonmedical health care institution, whether or not the individual has executed an advance directive;
(3) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
(4) Ensure compliance with requirements of State law (whether statutory or recognized by the courts of the State) regarding advance directives. The provider must inform individuals that complaints concerning the advance directive requirements may be filed with the State survey and certification agency.
(5) Provide for education of staff concerning its policies and procedures on advance directives; and
(6) Provide for community education regarding issues concerning advance directives that may include material required in paragraph (a)(1) of this section, either directly or in concert with other providers and organizations. Separate community education materials may be developed and used, at the discretion of providers. The same written materials do not have to be provided in all settings, but the material should define what constitutes an advance directive, emphasizing that an advance directive is designed to enhance an incapacitated individual's control over medical treatment, and

describe applicable State law concerning advance directives. A provider must be able to document its community education efforts.

(b) The information specified in paragraph (a) of this section is furnished.

(1) In the case of a hospital, at the time of the individual's admission as an inpatient;

(2) In the case of a skilled nursing facility, at the time of the individual's admission as a resident;

(3) (i) In the case of a home health agency, in advance of the individual coming under the care of the agency. The HHA may furnish advance directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.

(ii) In the case of personal care services, in advance of the individual coming under the care of the personal care services provider. The personal care provider may furnish advance directive information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.

(4) In the case of a hospice program, at the time of initial receipt of hospice care by the individual from the program.

(c) The providers listed in paragraph (a) of this section –

(1) Are not required to provide care that conflicts with an advance directive

(2) Are not required to implement an advance directive if, as a matter of conscience, the provider cannot implement an advance directive and State law allows any health care provider or any agent of such provider to conscientiously object.

(d) Prepaid or eligible organizations (as specified in sections 1833(a)(1)(A) and 1876(b) of the Act) must meet the requirements specified in §417.436 of this chapter.

(e) If an adult individual is incapacitated at the time of admission or at the start of care and is unable to receive information (due to the incapacitating conditions or a mental disorder) or articulate whether or not he or she has executed an advance directive, then the provider may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the inca-pacitated individual or to a surrogate or other con-cerned persons in accordance with State law. The provider is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.

§489.104 EFFECTIVE DATES

These provisions apply to services furnished on or after December 1, 1991, payments made under section 1833(a)(1)(A) of the Act on or after December 1, 1991, and contracts effective on or after December 1,1991.

ACKNOWLEDGMENT SIGNATURES

This is to acknowledge that I have been informed of my residential rights as stated in Part 483 – Requirements For Long Term Care Facilities of the Code of Federal Regulations, and all rules and regulations to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate and to issue advance directives to be followed should I become incapacitated.

Resident or Resident's Representative **X** _____ Date _____

If Resident's Representative Signed, Complete the Following:

_____ Print Name

_____ Relationship to Resident

(1) Witness _____ Date _____

(1) Witness _____ Date _____

(Second Witness Signature Required if Acknowledged by Resident "Mark".)

If Resident Unable to Sign Name, State Medical Reason:

_____

Physician Signature _____ Date _____

NAME-Last	First	Middle	Attending Physician	Med. Rec. No.

POLICY AND PROCEDURE

NUMBER: 8611-053	REVIEWED AND REVISED: January 30, 2008	EFFECTIVE DATE: January 30, 2008	SUPERSEDES NO./DATE: August 16, 2004
DISTRIBUTION: All Departments			
SUBJECT: Notice of Privacy Practices	APPROVED BY: HIPAA-PRIVACY OFFICER ADMINISTRATION		

Purpose: The Notice of Privacy Practices presents the information that federal law requires us to give our patients regarding our privacy practices. This Notice of Privacy Practices form matches the particular privacy practices of the various services we offer, as well as the various relationships we have with others including organized health care arraignments. (OHCA)

Policy:

The Privacy Notice will be distributed to each individual no later than the date of our first service delivery after April 14, 2003. We will also have the Notice available at the service delivery site for individuals to request to take with them. We will post the Notice at each of our physical service delivery sites in a clear and prominent location where it is reasonable to expect any individuals seeking service from us to be able to read the Notice. Whenever the Notice is revised, we will make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we will distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice.

The Notice will be provided to the patient or his representative no later than the date of first service delivery and except in an emergency treatment situation, we will make a good faith effort to obtain the individual/s written acknowledgement of receipt of the notice. If an acknowledgment cannot be obtained, we will document efforts to obtain the acknowledgment and the reason why it was not obtained.

In an emergency treatment situation, we will provide the notice as soon as it is reasonably practicable to do so after the emergency situation has ended. The Notice may be provided by mail and the patient's acknowledgement of receiving the Notice is not necessary. Documentation of this mailing must be placed in the patient's medical record.

Columbia Basin Hospital/Columbia Basin Family Medicine

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **04/14/2003**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Organizations Covered by this Notice

This notice applies to the privacy practices of the healthcare organizations listed, with the sites they maintain for delivery of health care products and services. These organizations are each participants in an organized health care arrangement. As such, we may share your medical information and the medical information of others we service with each other as needed for treatment, payment or health care operations relating to our organized health care arrangement.

Columbia Basin Hospital/ Nursing Home

Columbia Basin Family Medicine

Garden Oasis Assisted Living

Ephrata Medical Center

Who will follow this Notice

- Any health care professional authorized to enter information into your hospital or clinic chart.
- All departments and units of the hospital and clinic.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your medical information to a physician or other health care provider providing treatment to you.

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Payment: We may use and disclose your medical information to obtain payment services we provide to you.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To You and on Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your medical information to you, as described in the Individual Rights section of this notice. We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

Facility Directory: We may use the following medical information in our facilities directories: your name, your location in our facility, your general medical condition. We will disclose this information to members of the clergy or, except for religious affiliation, to other persons. We will provide you with an opportunity to restrict or prohibit some or all disclosures for facility directories unless emergency circumstances prevent your opportunity to object.

Persons Involved In Care: We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

Appointment Reminders. We may use you medical information to remind you of pending appointments.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Marketing Health Related Services. We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt-out of receiving further such information by telling us using the information listed at the end of this notice.

Fundraising: We may use your medical information to contact you for fundraising purposes. We will limit our use and disclosure to your demographic information and the dates of your health care. We may disclose this information to a business associate or foundation to assist us in fundraising activities. We will provide you with any fundraising materials and a description of how you may opt out of receiving future fundraising communications.

Research: We may use or disclose your medical information for research purposes in limited circumstances.

Death; Organ Donation: We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Required by Law: We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system

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or government programs or its contractors, and to public health authorities for public health purposes.

Law Enforcement: We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

Abuse or Neglect: We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

National Security: We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or individual under certain circumstances.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. **{You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). **{Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.}**

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. **{You must make your request writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want.}** We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment. You have the right to request that we amend your medical information. **{Your request must be in writing, and it must explain why the information should be amended.}** We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request,

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we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Laura Lodi, Health Information Supervisor

Telephone: (509) 754-4631 x 117 Fax: (509) 754-4809

E-mail: lodil@columbiabasinhospital.org

Address: 200 Nat Washington Way Ephrata, WA 98823