

OASIS PRIVACY NOTICES

STATEMENT OF PATIENT PRIVACY RIGHTS (Medicare/Medicaid)

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

1. you get quality health care, and
2. payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

- If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records.

See the back of this Notice for CONTACT INFORMATION.

If you want a more detailed description of your privacy rights, see the back of this Notice

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

NOTICE ABOUT PRIVACY

For Patients Who DO NOT Have Medicare or Medicaid Coverage

- **As a home health patient, there are a few things that you need to know about our collection of your personal health care information.**

Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.

We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.

We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.

- **We keep anything we learn about you confidential.**

This is a Medicare & Medicaid Approved Notice.

PRIVACY ACT STATEMENT - HEALTH CARE
RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW



- **Supplies:** Medical Supplies may be required to carry out your plan of care. All medically necessary medical supplies must be coordinated with CareGivers America while you are receiving Medicare covered services. If you arrange for these supplies on your own while under our plan of care, Medicare will not reimburse you or the other suppliers.

DME: Durable Medical Equipment (walker, wheelchair, hospital bed, etc.) is covered separately. If you would like more information to obtain Durable Medical Equipment, you can contact CareGivers America Medical Supply at (570) 587-1100 or a supplier of your choice. I have had comprehensive instruction that it is patient **choice** to purchase this equipment at any DME company. I am aware that there will be no retaliation from CareGivers America if I choose to use a different DME company.

Payments for services are accepted from Medicare, Medicaid, various Managed Care Plans, Private Insurance, or private pay. Some insurers may limit the number and type of home care visits that they will pay for and may require pre-certification and/or co-payments. We will inform you, your family, caregiver, or guardian of charges and methods of payment before or upon admission.

CareGivers America will bill the patient's insurance provider for home health services on behalf of the patient. If services are ordered which are not covered by the Medicare or Medicaid programs, you will be notified by the agency before these services are provided so that you can make other financial arrangements for the necessary care.

If you are receiving Medicare benefits, you may receive a Medicare Summary Notice (MSN) after home health has submitted a final claim for services. The MSN lists services and charges billed to Medicare on your behalf and the amount Medicare paid. This is not a bill.

Please notify CareGivers America immediately if you decide to enroll in a Medicare Advantage plan, or in a private HMO or Hospice. The Original Medicare plan may not pay for the services we are providing if you are enrolled in a Medicare Advantage plan, HMO or Hospice.

The following items are required for Medicare to pay for your home health care services:

- You are homebound. This means that due to your illness or injury, it takes a considerable taxing effort for you to leave your home and your absences are infrequent or of relatively short duration. You can still be considered homebound if you leave home to attend a religious service; to receive health care treatment, including regular absences to participate in therapeutic, psychosocial or medical treatment in a state licensed/certified and/or accredited adult day-care program; or to attend unique or infrequent special events (family reunion, funeral, graduation, etc.). If you are able to drive, then you probably do not meet the homebound requirement.
- You have had a recent illness or injury (or worsening of a condition) which requires Skilled Nursing Care on an intermittent basis or Physical Therapy, Speech-Language Pathology, or have a continuing need for Occupational Therapy.
- You are an eligible Medicare beneficiary and under the care of a doctor who has ordered the treatment or services we are providing. If the services are not reasonable or medically necessary and specifically ordered by your doctor, Medicare will not pay for those services.
- Care is provided on an intermittent basis. We can only visit you for the length of time it takes to provide the specific treatment ordered by your doctor.