



Prime Healthcare

PATIENT INFORMATION GUIDE

WELCOME

Over the years, we have never forgotten that the human touch has as great an effect as the most powerful medicine.

For this reason, our entire staff is committed to making your stay as comfortable and pleasant as possible.

During your hospitalization, we will respect your individuality, dignity and privacy, while offering you the best in healthcare regardless of your payment source, race, sex, color, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, cultural, economic, educational or religious background.

We will also respect your right to be informed about and participate in decisions regarding your care, inform you of the process for resolution of complaints, and make every reasonable effort to grant requests for special services to meet your individual needs.

At the same time, we will maintain a secure and safe environment within the medical center, ensuring that your medical records remain confidential, and encourage you to communicate freely with friends and family through visits, as well as by phone and mail.

You are a very important person to us.

Our first and only priority is to provide you and your family with quality healthcare services in a sensitive and compassionate manner.

We welcome this opportunity to serve you and your family.

TABLE OF CONTENTS

Mission, Vision, and Values	3
Patient Experience	4
Your Rights Regarding Medical Information About You	4
Patient Rights	5
Patient Responsibilities	9
Patient Safety	10
Your Right to Make Decisions About Medical Treatment	12
Notice of Privacy Practices	15
How We May Use and Disclose Health Information	16
Complaints	20
A Patient's Guide to Blood Transfusions	20
Understanding Your Pain – Family and Patient Information	21
Stop Smoking – Be a Quitter	22
Notice of Accessibility for Persons with Disabilities	23
The Ethics Committee	23
Medical Social Work	23
Safety First	24
Interpreters	24
Patient Assessments	25
Infection Prevention	25
Patient and Family Education	26
Condition Reports	26
Understanding and Preventing Blood Clots	26
Going Home	27
Financial Matters	28

MISSION, VISION, AND VALUES

MISSION

Our Hospital endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.

VISION

Our Hospital is consistently at the forefront of evolving national healthcare reform. Our organization provides an innovative and integrated healthcare delivery system. We remain ever cognizant of our patients' needs and desires for high quality affordable healthcare.

VALUES

• COMPASSION •

We provide an environment that is caring and conducive to healing the whole person physically, emotionally and spiritually. We respect the individual needs, desires and rights of our patients.

• QUALITY •

We believe in continuous quality of care and performance improvement as the foundation for preserving and enhancing healthcare delivery. Effective communication and education of our patients, physicians, staff and the community we serve are essential elements of this process.

• COMPREHENSIVE •

We are committed to an integrated healthcare delivery system that encompasses the entire spectrum of healthcare delivery. This continuum of care encompasses all aspects of an individual's healthcare.

• COST EFFECTIVENESS •

We offer high quality healthcare that is accessible and affordable.

PATIENT EXPERIENCE

We strive to provide outstanding and compassionate care and service, every step of the way. Prime Healthcare recognizes the importance of the patient experience, including collecting feedback from you that will help us better understand the quality of care and experience at our facilities. If you have any questions or suggestions during your stay, please reach out to your caregiver or any of our leaders and voice your concerns.

Following your discharge from one of our facilities, you may receive a phone survey asking you about your experience. Please take a moment to provide honest feedback. We are here for you and thank you for choosing our hospital for your care.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

• **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Services Department. We may charge a fee for the service.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

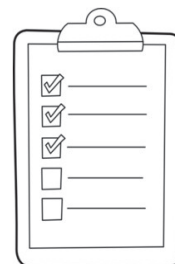
• **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Please ask hospital staff about this process.

• **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Services Department. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.



• **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.

We are not required to agree to your request. To request restrictions, you must make your request in writing to the Health Information Services Department.

• **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Health Information Services Department.

PATIENT RIGHTS

You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences. You have the right to participate in the development and implementation of his or her plan of care.
2. His or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment of services deemed medically unnecessary or inappropriate.
3. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
4. Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure, who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and non-physicians who will see you.
5. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
6. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
7. Request or refuse treatment, to the extent permitted by law. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
8. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services.

9. Reasonable responses to any reasonable requests made for service.
10. To be informed of the right to have pain treated as effectively as possible. The right to appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
11. The right to formulate advance directives to have hospital staff and practitioners who provide care in the hospital comply with these directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf, without coercion, discrimination or retaliation.
12. The right to personal privacy. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
13. The right to the confidentiality of his or her clinical records. The right to confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
14. The right to receive care in a safe setting. The right to be free from all forms of abuse or harassment. To be free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying governmental agencies of neglect or abuse.
15. The right to be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
16. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
17. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
18. Know which hospital rules and policies apply to your conduct while a patient.

19. The hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. A hospital must meet the following:

- ✓ Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction of limitation on such rights, when he or she is informed of his or her other rights under this section. The hospital may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. Other limitations may include limitations or restrictions of visitations from the presence of a particular visitor as it would endanger the health or safety of a patient, a member of the health facility, staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
- ✓ Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates; including, but not limited to, a spouse, a domestic partner (including same sex domestic partners), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
- ✓ Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- ✓ Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

20. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.

21. The right to access the cost, itemized when possible, of services rendered within a reasonable period of time as well the right to examine and receive an explanation of the hospital's bill regardless of the source of payment.

22. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, registered domestic partner, sexual orientation, educational background, economic status or the source of payment for care.

23. You have the right to know the professional status of any person providing his/her care/services. The right to know the reason for any proposed change in the Professional Staff responsible for his/her care.

24. The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must act quickly as its record keeping system permits.

25. The right to know the reasons for his/her transfer either within or outside the hospital.

26. The relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care.

27. The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.

28. The patient's family has the right of consent for tissue and organ donation. (See **Organ Donation**)

29. The right to interpretive services for certain individual who speak languages other than English, alternative communication techniques or aides for those who are deaf or blind, or other steps as needed to effectively communicate.

30. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling the hospital. The Risk Management / Performance Improvement department will review each grievance and provide you with a written response within 7 days. If the grievance is not resolved within 7 days a follow up call will be made every 30 days until the grievance is resolved. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

31. To file a complaint, use the hospital's grievance process and/or contact the Department listed below for your state:

AL	Alabama Department of Public Health	800-252-1818
CA	California Department of Public Health	916-558-1784
FL	Florida Department of Health	850-245-4339
GA	Georgia Department of Public Health	404-657-2700
IN	Indiana State Department of Health	317-233-1325
KS	Kansas Department for Aging and Disability Services	800-842-0078
MI	Michigan Department of Health and Human Services	517-373-3740
MO	Missouri Department of Health and Senior Services	573-751-6400
NV	Bureau of Healthcare Quality and Compliance	775-684-1030
NJ	New Jersey Department of Health	800-792-9770
OH	Ohio Department of Health	614-466-3543
PA	Pennsylvania Department of Health	877-724-3258
RI	State of Rhode Island Department of Health	401-222-5960
TX	Texas Department of State Health Services	888-963-7111

32. To file a complaint with an Accreditation Program, the contact information is:

The Joint Commission: One Renaissance Blvd., Oakbrook Terrace, IL 60181 • 800-994-6610
 Healthcare Facilities Accreditation Program: 142 East Ontario St., Chicago, IL 60611 • 800-621-1773
 DNV GL-Healthcare: 400 Techne Center Dr., Suite 100, Milford, OH 45150 • 866-523-6842

PATIENT RESPONSIBILITIES

So that you may contribute effectively to your healthcare, you have, as a patient or patient’s representative, the following responsibilities:

1. Be honest and accurate when asked for information about your medical history and everything that happens to you as a patient.
2. Participate actively in agreed-upon decisions regarding your health.
3. Notify your doctor or nurse if you have any concern about your care or notice, or think you notice, or perceive any changes in your health.
4. Ask promptly for clarification if you do not understand what is asked of you, or why it is asked.
5. Let your doctor or nurse know if you are concerned about a treatment, or if you feel you cannot, or will not, follow a certain treatment plan and to be responsible for the consequences if you refuse treatment or do not follow instructions.
6. Examine your bill and ask any questions you may have regarding the charges or methods of payments, and for assuring that the financial obligations of your health care are fulfilled as promptly as possible.
7. Follow hospital rules and regulations affecting patient care and conduct, to be considerate of other patients and hospital staff and their property, and for assisting in controlling the noise and number of your visitors.
8. Provide the hospital with a copy of any advance directives you may have executed.
9. Contribute to a safe environment of care, therefore the following is prohibited: <ul style="list-style-type: none"> • Possession of weapons, dangerous objects, alcohol, illegal drugs and drugs not prescribed by the patient’s physician. • Visiting while under the influence of drugs and/or alcohol.

The hospital’s obligation to provide a safe environment for patient care must override the patient’s right to privacy.

PATIENT SAFETY

In our efforts to provide a safe environment free from mistakes, we encourage patients to ask questions regarding all aspects of their medical care. Being involved in every decision about your health care can lead to a better outcomes.

1. The single most important way you can help optimize your care and help to prevent errors is to be an active member of your health care team. **ASK QUESTIONS!** Actively participate in every decision about your health care from start to finish.

2. Make sure all of your doctors and nurses know about any medications you are taking – including prescriptions, over-the-counter medication, and dietary supplements such as vitamins and herbs. Just because it is herbal or natural does not mean it is safe. Tell your doctor and nurse about any allergies or adverse reactions that you have had to medication(s) or food products.



3. Be sure to ask for information about your medication when it is prescribed and when your nurse gives it to you. Make sure that caregivers give you information in terms that you can understand. If you do not understand any information **it is OK to ask!**

4. Ask why a test or treatment is needed and how it may help you.



5. When you have any type of surgery, **ask** for information about your surgery in terms that you can understand. Who will be assisting with my surgery? What is involved? How long will it take? What are the risks involved? How long will my recovery be? What are the expected outcomes?

6. If you are having surgery, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done. Be involved in marking the correct site of your surgery with the word "YES."

7. Do not be afraid to ask questions of anyone who is involved in your care. Ask your doctor or nurse about results of all tests performed, your condition, and treatment during your hospital stay.

8. Provide all health professionals involved in your care with accurate information about yourself. This is especially important if you have many health problems.

9. Upon discharge from the hospital, ask your doctors and nurses to explain the treatment plan you will need to follow at home.



10. If you will be taking medications after discharge from the hospital, you will be given instructions along with a list of medications. To promote medication safety, it is highly recommended that you keep a current list of your medications in your wallet or purse so you can share this information with your doctors, retail pharmacist and if you are re-admitted with your health care provider.

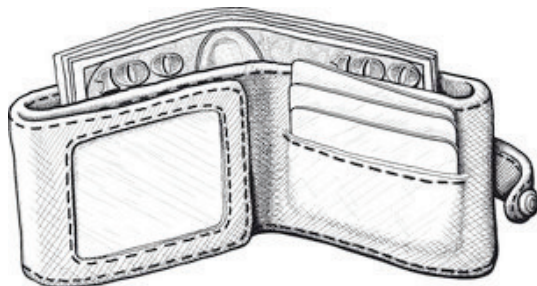
11. Ask a family member or friend to be here with you to be your advocate and ask questions if you can't. Even if you think you don't need help now, you might need it later. Ask about an Advance Directive if you do not have one. If you do, be sure to give a copy to your primary physician and the hospital.

12. Practicing good hand washing is the single most important thing we can all do to stop the spread of infection. It is a healthy habit for anyone, whether you are in the hospital, at work or at home. Encourage your visitors to wash their hands and practice good hand washing yourself. If you do not see the health care provider washing their hands with soap and water or using the waterless alcohol hand sanitizer when entering your room to provide care, remember, it is **OK to ask!**



13. There is a call button at your bedside and a button/pull cord in the bathroom to summon assistance. Just press the button or pull the cord and a staff member will respond in person or by intercom. Please don't hesitate to use it if you have questions or need help.

14. We cannot be responsible for valuables that you keep in your possession. You should leave your jewelry, cell phones, electronic devices, money (large sum), wallets, and purses at home to ensure their safekeeping. Please be alert concerning your belongings such as dentures, contact lenses, eyeglasses, hearing aids, and comparable personal belongings. Please store these items carefully when not in use. Never leave them on a meal tray or wrap them in tissue paper. If you forget to leave your valuables at home and do not wish to



entrust them to a friend or relative, they may be deposited in the Hospital safe for safekeeping. Ask your nurse for assistance.

Communication about all aspects of your care, treatment, and services is an important part of our culture of safety.

YOUR RIGHT TO MAKE DECISIONS ABOUT MEDICAL TREATMENT

A federal law requires us to give you this information.

We hope this information will help increase your control over your medical treatment.

Q: WHO DECIDES ABOUT TREATMENT?

A: Your doctors will give you information and advice about treatment. You have the right to choose. You can say “Yes” to treatments you want. You can say “No” to any treatment that you don’t want - even if the treatment might keep you alive longer.

Q: HOW DO I KNOW WHAT I WANT?

A: Your doctor must tell you about your medical condition and about different treatments, side effects, and pain management alternatives.

Q: CAN OTHER PEOPLE HELP WITH MY DECISIONS?

A: Yes. Patients often turn to their relatives and close friends for help in making medical decisions. You can ask the doctors and nurses to talk with your relatives and friends.

Q: CAN I CHOOSE A RELATIVE OR FRIEND TO MAKE HEALTHCARE DECISIONS FOR ME, IN THE EVENT I AM UNABLE TO DO SO?

A: Yes. You may tell your doctor that you want someone else to make healthcare decisions for you.

Q: WHAT IF I BECOME TOO SICK TO MAKE MY OWN HEALTHCARE DECISIONS?

A: If you haven’t named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you.

Q: WHO CAN MAKE AN ADVANCE DIRECTIVE?

A: You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

Q: WHO CAN I NAME AS MY AGENT?

A: You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

Q: DO I HAVE TO WAIT UNTIL I AM SICK TO EXPRESS MY WISHES ABOUT HEALTH CARE?

A: No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an **Advanced Health Care Directive** to say *who* you want to speak for you and *what* kind of treatments you want.

Q: WHEN DOES MY AGENT BEGIN MAKING MY MEDICAL DECISIONS?

A: Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the **Power of Attorney for Health Care** that you want the agent to begin decisions immediately.

Q: HOW DOES MY AGENT KNOW WHAT I WOULD WANT?

A: After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.

Q: WHAT IF I DON'T WANT TO NAME AN AGENT?

A: You can still write your wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible. Or you can say that you would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written **Individual Health Care Instruction**, you can discuss your wishes with your doctor, and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family members or friends. But it will probably be easier to follow your wishes if you write them down.

Q: WHAT IF I CHANGE MY MIND?

A: You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

Q: WILL I STILL BE TREATED IF I DON'T MAKE AN ADVANCE DIRECTIVE?

A: Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

Q: WHAT HAPPENS WHEN SOMEONE ELSE MAKES DECISIONS ABOUT MY TREATMENT?

A: The same rules apply to anyone who makes healthcare decisions on your behalf: a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest. The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

Q: HOW CAN I GET MORE INFORMATION ABOUT MAKING AN ADVANCE DIRECTIVE?

A: Ask your doctor, nurse, social worker, or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by filling in the blanks on a form.

Remember:

A **Power of Attorney for Health Care** lets you name an agent to make decisions for you. Your agent can make most medical decisions – not just those about life sustaining treatment – when you can't speak for yourself.

You can also let your agent make decisions earlier, if you wish.

You can create an **Individual Healthcare Instruction** by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file.

If you know when you would or would not want certain types of treatment, an **Instruction** provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.

These two types of **Advance Healthcare Directives** may be used together or separately.

NOTICE OF PRIVACY PRACTICES

Effective Date: March, 2013

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.

If you have any questions about this notice, please contact the Health Information Management.

WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

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

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Disclosure at Your Request.** We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.
- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as other acute facilities, skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you. If you wish to pay for this hospitalization treatment out of pocket, in full, you have the right to restrict disclosures of protected health information to your health plan. Please contact a business office associate before the end of your hospitalization. Refer to the Business Office phone number.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

- **For Health Care Operations.** We may use and disclose Health Information about you for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide to ensure that the care you receive is of the highest quality. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Fundraising Activities.** We may use medical information about you, or disclose such information to a foundation related to the hospital, to contact you in an effort to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital.
- **Marketing and Sale.** Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).
- **Research.** Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health recovery of all patients who received one medication or treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will go through a special approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the hospital.

- **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

SPECIAL CIRCUMSTANCES

- **Organ and Tissue Donation.** If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child, elder and dependent adult abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of the hospital in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government or authority if we believe a patient has been a victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law. To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws
- **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, or example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

- **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Security Clearances.** We may use medical information about you to make decisions, regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S. Department of State who need access to that information for these purposes.

- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Multidisciplinary Personnel Teams.** We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child’s parents, or elder abuse and neglect.

- **Special Categories of Information.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this hospital's Health Information Management. All complaints must be made in writing.

You may also contact:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C. 20201

Phone 800-368-1019 • FAX 202-619-3818 • TDD 800-537-7697 • email: OCRPrivacy@hhs.gov

You will not be penalized for filing a complaint.

Other uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

A PATIENT'S GUIDE TO BLOOD TRANSFUSIONS

USING YOUR OWN BLOOD – AUTOLOGOUS DONATION

Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions. Ask your doctor if autologous donation is appropriate for you.

DONATING BEFORE SURGERY

Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery, so coordinating the donations with the date of surgery is an important consideration.

DONATING DURING SURGERY

Immediately before surgery, your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you. Blood that normally is lost and discarded during surgery may be collected, processed and returned to you.

DONATING AFTER SURGERY

Blood that is lost after surgery may be collected, filtered and returned to you. This process may minimize or eliminate the need to be transfused with someone else's blood.

USING SOMEONE ELSE'S BLOOD

If you choose not to donate your own blood, or if more blood is required than expected, you will receive blood from community or designated donors, if necessary.

DONORS

Hospitals maintain a supply of donor blood to meet transfusion needs. Volunteer (unpaid) community blood donors and designated donors, or persons you know who may want to give blood, are screened by a thorough medical history, and tested. Advance notice is required to accommodate a request for designated donors.

UNDERSTANDING YOUR PAIN – FAMILY AND PATIENT INFORMATION

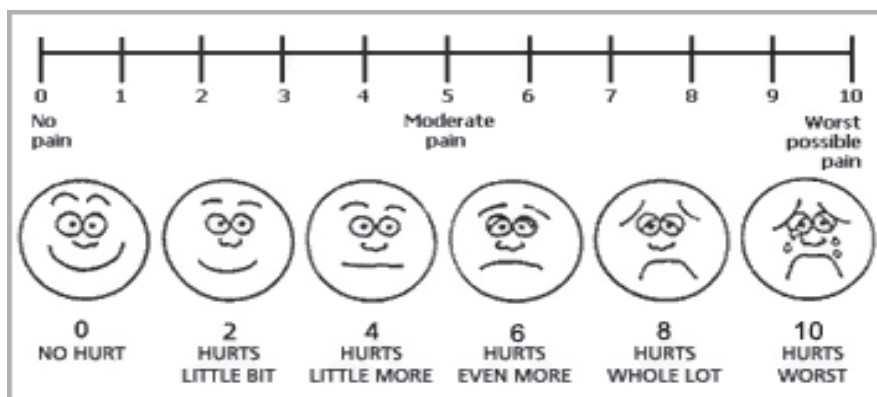
PAIN RELIEF

Pain medicine works best when you relax.

- Place a pillow where your body hurts. This supports the painful area and is helpful when deep breathing and coughing after surgery.
- Use cold or warm packs to ease your pain. Back massages help relax tight muscles.
- Breathe in and out slowly to relax muscles when you get in and out of bed or a chair. Take a breath before you move, then slowly breathe out as you get up or move.
- Listen to soft music.
- Talk with someone; for example, staff from the Pastoral Care or Social Services departments.

PAIN RATING SCALES

The pain scale is one way we can understand how you're feeling. Remember, it is very important for your nurses or doctor to know if the pain medicine doesn't help, or if your pain suddenly changes.



MANAGING YOUR PAIN

- Everyone feels and reacts to pain in different ways. How you feel pain can depend on what happened to you in the past and how worried you are about what is causing your pain.
- When you are admitted to the hospital, your nurse will ask you how much pain you are willing to tolerate in order to move around in bed, walk, cough, breathe deeply, and sleep.
- During your stay, the nurses and your doctor will often ask about your pain to make sure the pain level is acceptable. They will also ask where it hurts and how it feels. Here are some words to help describe your pain: cramp, sharp, ache, burning, dull, constant, off-and-on. Your doctor and nurses will compare the pain you can tolerate and the way you describe the pain, to decide what type of medicine and other pain relief methods to use.
- When you leave the hospital, your nurse will talk to you about safe ways to take care of the pain at home. Do not be afraid to take pain medication when you need it, following the directions on the prescription.
- You are the only one who knows how much pain you feel and what makes it feel better. Be honest with the nurses or doctor. Do not worry about being brave or bothering the nurses. Taking care of pain is an important part of taking care of your health.

STOP SMOKING – BE A QUITTER

Women who smoke and take birth control pills are 10-20 times more likely to have a stroke or heart attack.

BE A QUITTER AND GET RID OF YOUR BEST FRIEND

People are more likely to succeed in quitting when they know what obstacles they face and have a plan to handle them.

- Set your quit date to prepare yourself and those around you.
- Stop smoking on the planned day.
- Know what to do in situations that trigger your smoking. Triggers include talking on the phone, driving, other smokers, after sex, after eating, being sad, angry or stressed.

Plan for potential side effects like irritability, feeling tired, gastrointestinal problems, weight gain, and cough. These symptoms last for only a short time and your metabolism returns to normal quickly.



SMOKING

To provide a healthful and comfortable environment for all patients and visitors, we maintain a smoke free environment. Patients and visitors are not allowed to smoke any-where in the hospital, including the cafeteria, restrooms or lounges. Smoking is also prohibited on the grounds, except where designated by signage.

Resources and Support for Smoking Cessation

RESOURCES	CONTACT INFORMATION
American Cancer Society	1-800-227-2345 www.cancer.org
American Heart Association	1-800-242-8721 www.americanheart.org
American Lung Association	1-800-586-4872 www.lungusa.org

NOTICE OF ACCESSIBILITY FOR PERSONS WITH DISABILITIES

[Section 504. 45 C.F.R. §84.22 (f)]

Our Hospital and all programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features may include:

- Convenient off-street parking designated specifically for disabled person.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments.

There is no additional charge for such aids. Some of these aids may include:

- ✓ Qualified sign language interpreters for persons who are deaf or hard of hearing.
- ✓ A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
- ✓ Readers and taped material for the blind and large print materials for the visually-impaired.
- ✓ Flash Cards, Alphabet boards and other communication boards.
- ✓ Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.

THE ETHICS COMMITTEE

Sometimes a difficult choice must be made from two or more alternatives, none of which completely provides a satisfactory answer. The Ethics Committee may be composed of physicians, hospital staff members, and community members, and it functions as an advisory body to the Hospital regarding ethical and moral issues which arise in the provision of medical care. Access to the Ethics Committee is available to patients and their families upon request. Ask your nurse for access.

MEDICAL SOCIAL WORK

Our Medical Social Work Staff is a part of the healthcare team that is working to assure that the support and compassionate care our patients and families need during hospitalization is there. We can assist you and your family in dealing with emotional, social and/or economic stresses which may occur as a result of illness and hospitalization.

We are also specialists in identifying the many community, state and federal resources that may be of help to you in the weeks ahead. If you need help in sorting out your needs, ask your nurse to contact a social worker for you.

SAFETY FIRST

Your well-being is of primary importance to us. For this reason, we have equipped your bed with side rails to keep you safe when you are medicated or asleep. Please ask for assistance if you wish to lower or raise them. When you get out of bed, please don't rely on your bedside table for support. It can shift under your weight. Also, we ask that you wear non-skid slippers when walking around the unit, and that you request assistance when getting in or out of a bed or chair, unless otherwise instructed by your nurse or doctor. Make sure you and your family know your allergies and medications.

ASK, ASK, ASK

Know all the who, what, when, where and why about the care and treatment you are to receive. Expect everyone involved in your care to introduce themselves by name, and to wear an identification badge. Make sure to tell your healthcare professional if you think he or she has you confused with another patient. Tell the nurse or doctor if you think you are about to receive the wrong medication or if something doesn't seem right. Don't assume anything.

SHARE INFORMATION

We ask that you openly discuss your complete health history with your health care team. This includes any medicines you take, any surgeries you've had, or any allergies you may have.

PROVIDE YOUR IDENTIFICATION

For your safety, our team may ask you the same questions many times, including your full name and date of birth, to make sure you receive the correct treatment or services. They will most often do this before: giving a medication; taking blood or other samples; and other treatments or procedures. These steps help ensure you receive the best possible care.

NOTIFY US OF ANY CHANGE IN YOUR CONDITION

If something doesn't seem right, or you feel that your condition is worsening, alert your nurse, who will assess your situation.

INTERPRETERS

Because we provide healthcare services to people with culturally diverse backgrounds, our interpreting services include the translation phone or use of an outside company for in-person interpreting. If you need their help in understanding any aspect of your care — or in expressing your concerns — your nurse will arrange for their assistance. There is no charge for this service. Sign language interpreters are available as well.

PATIENT ASSESSMENTS

Each patient will receive an initial nursing assessment upon admission. This information will help us to identify and prioritize your overall treatment plan. The scope, intensity and timeliness of further assessments will be defined by your healthcare team based on your diagnosis, care setting, desire for care and response to previous treatment. An assessment of your discharge planning needs will also begin within 8 hours of your admission. Discharge planning is a collaborative process and will involve you, your family and qualified individuals on the healthcare team.

INFECTION PREVENTION

Health care providers come into contact with many germs. That's why they should clean their hands with soap and water or use a special cleansing gel before treating you - even if they use gloves. Another way to help prevent the spread of infections is through respiratory hygiene. Tell your caregivers immediately if you have flu symptoms, such as a cough or sneeze. Always remember to clean your hands after coughing, sneezing, and using tissues.

Infections can be spread through the air and by contact with clothing, hands, personal items or healthcare equipment. The best way to stop the spread of infection is to wash your hands. Wash your hands thoroughly and often – after using the bathroom, touching soiled items, or coughing and sneezing. Use the hand sanitizer located on the wall outside your room, or use soap and water for at least 20 seconds.

When coughing or sneezing, if you don't have a tissue, cough or sneeze into your sleeve. Remember to put your used tissue in the waste basket, and immediately use hand sanitizer or soap and water if you are able. You may also be asked to put on a surgical mask to protect others.

Depending on your illness, symptoms or medical history, you may be placed in "isolation precautions". These measures are necessary for your protection and to prevent the spread of disease to other patients, staff and visitors. If you have any questions or need to know why this protection is necessary, please speak with your nurse or physician. While you are in "isolation", your friends and family need to follow these rules:

- Visit the nurses' station before entering the room. Protective clothing will be provided.
- Before entering the room, wash your hands with soap and water or use hand sanitizer.
- Visitors are limited to two at a time and should not be ill when visiting.
- For the safety of our patients, those under 18 years of age should never visit a patient in isolation.
- As few items as possible should be brought into the room.



PATIENT AND FAMILY EDUCATION

We believe that patient education is one of the most important ways every patient can help their own recovery. Knowing what is wrong with you and what treatments are available, allow you to help make the decisions about your care that you want. We know that everyone has his or her own ways of learning. We want to help you learn about your condition in the easiest way possible. You will be asked questions about how you learn best, if you have any religious or cultural beliefs that will affect our teaching. The types of topics we want to cover include how to be safe, nutrition, how to safely take your medicines, how to use any equipment you need and any questions you have about your diagnosis.



CONDITION REPORTS



When friends call to inquire about your condition, the call will be directed to your room. If you'd prefer that we withhold all information, including your condition and location within the hospital, please notify your nurse.

KNOW YOUR MEDICATIONS

Prime Healthcare is committed to providing high quality and safe patient care. This includes providing you with important information about your medications during your stay with us. If you have any questions or concerns, please discuss these with a member of your health care team.

IF YOU NEED HELP

Suicide is the 10th leading cause of death in the United States, claiming more lives each year than traffic accidents. Suicide is always intended to eliminate or manage pain that an individual finds unbearable, it is fueled by feelings of despair. Suicide doesn't just happen it is a result of a person's level of pain exceeding their coping resources. There is help available if you or someone you know is at risk for Suicide. You can learn more about Suicide and Suicide Prevention at <http://www.suicidepreventionlifeline.org/learn/riskfactors.aspx>. If you or someone you know needs to talk to someone immediately please call the Suicide Prevention Lifeline, Call 24/7 at 1-800-273-8255 or go to your nearest Emergency Room.

UNDERSTANDING & PREVENTING BLOOD CLOTS

Blood clots (deep vein thrombosis or DVT) most often occur in people who can't move around well or who have had recent surgery or an injury. During your stay, you will be assessed to find out if you are at risk for blood clots. If you are found to be at risk, you will be treated accordingly and provided education.

ORGAN DONATIONS

When someone dies, it is often possible for other lives to be saved or made better through the donation of their organs and tissues. We realize that the death of a loved one is a very difficult time and take this into consideration when discussing the possibility of donation. We are required by law to refer our patients to our local organ donation agency who may discuss the option of organ / tissue donation. Many families have taken comfort in this difficult time in knowing that someone else's life was made better through the donation of their loved ones' organs/tissues.

GOING HOME

CASE MANAGEMENT

The Case Management staff are experienced professionals who collaboratively monitor and coordinate your care while assessing your needs on an ongoing basis during your stay. They work closely with your physician and the healthcare team, as well as your insurer, to assure you receive the highest quality care. Your Case Management Staff will work with you and your family to arrange for appropriate post discharge needs.

DISCHARGE PLANNING

The first thing most people think about when they enter a hospital is, "When can I go Home?" Going home from the hospital or to another facility can present special needs and challenges. Please let your nurse or any member of your healthcare team know if you have any special concerns regarding your needs after leaving the hospital as early as possible. Your healthcare team begins thinking and formulating a plan with you for your discharge early in your hospital stay. Let your nurse know if you request a discharge plan evaluation from the Case Manager. You may also request a Case Manager to discuss changes and questions you have about your discharge planning and needs. A variety of healthcare team members will help minimize any problems and assist you in transitioning from one level of care to another. In collaboration with you and your family and the physician, your case manager, discharge planner, social worker and nurse can assist in arranging the appropriate after hospital services you may need. These services may include home healthcare, skilled nursing facilities, and/or resources to enhance the success of your hospital stay.



LEAVING THE HOSPITAL

When you and your doctor decide you are ready, you will leave the hospital to continue your recovery at home or at a transitional facility. Before you go, your physician and nurse will review your discharge papers and discuss your post-hospital care with you and your family. Make sure you understand your physician's instructions. The entire healthcare team is available to assist in answering your questions. Don't forget to arrange for a ride home with a relative or friend well in advance of your discharge.

KNOW HOW TO CARE FOR YOURSELF AT HOME

Recovering from an illness or injury can be challenging, and you and your family may be concerned about how you are going to manage your care after you are home. Your physician, nurses, Case Management team, and the hospital discharge team will give you written discharge instructions, and review them with you so that you understand how to care for yourself after you leave the hospital. It's important to follow these instructions for the best possible recovery.

FINANCIAL MATTERS

YOUR BILL

We know that medical bills can be confusing. In an effort to simplify matters, we will assist you in verifying your insurance and identifying prior authorization requirements, deductibles and copayments. Please be prepared to pay all applicable insurance deductibles, and copayments before you enter the hospital or at the time you are admitted.

After you leave the hospital, we will bill your insurance company directly. Once we have reconciled your account with your insurance company, you will receive a bill for any remaining copayments or deductions, as well as for any non-covered items and services. For your convenience, you may pay by cash, check, Discover, American Express, Visa, or MasterCard. If you have questions about our billing procedures — or inquiries about your hospital bill — we will be happy to answer them. Please call our business office on Monday through Friday, from 8:00 a.m. to 4:30 p.m. Check your hospital for specific hours.

In addition to your hospital bill, you may also receive separate bills from your doctor, anesthesiologist, radiologist, pathologist, and other specialists who cared for you.

MEDICARE

If you are enrolled in Medicare, we will send you a bill only if you have an outstanding deductible amount or have incurred charges for non-covered items or services. This also applies to patients enrolled in supplemental policies. If there are no uninsured items, we will bill Medicare directly and you will not receive a bill from us.

The Quality Improvement Organizations Kepro and Livanta work under the direction of the Centers for Medicare & Medicaid Services (CMS). If you have concerns about the care you have received, you can call the CIO listed for your state:

Region 1: PA, NJ, RI	Livanta	877-588-1123
Region 2: GA, FL	KEPRO	844-455-8708
Region 3: TX, AL	KEPRO	844-430-9504
Region 4: KS, MO, IN, MI, OH	KEPRO	855-408-8557
Region 5: CA, NV	Livanta	877-588-1123

