



Patient Privacy Rights

Policy

It is the policy of the agency to implement the following policies and procedures that will ensure patient privacy rights in accordance with the Privacy Regulations promulgated under HIPAA:

- 1. Availability of the agency Privacy Notice.** The patient has the right to receive our privacy notice in a timely manner. Upon request, the patient may at any time receive a paper copy of our privacy notice, even if he or she earlier agreed to receive the notice electronically. We must also post our privacy notice in a prominent location.
- 2. Requesting restrictions on certain uses and disclosures.** The patient has the right to object to, and ask for restrictions on, how his or her health information is used or to whom the information is disclosed, even if the restriction affects the patient's treatment or our payment or health care operation activities. The patient may want to limit the health information that is included in patient directories or provided to family or friends involved in his or her care or payment of medical bills. The patient may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to the patient's requested restriction.
- 3. Receiving confidential communication of health information.** The patient has the right to ask that we communicate his or her health information to them in different ways or places. For example, the patient may wish to receive information about their health status in a special, private room or through a written letter sent to a private address. We must accommodate requests that are reasonable in terms of administrative burden. We may not require the patient to give a reason for the request.
- 4. Access, inspection and copying of health information.** With a few exceptions, patients have the right to inspect and obtain a copy of their health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge the patient a reasonable fee for copies of their health information.
- 5. Requesting amendments or corrections to health information.** If the patient believes their health information is incomplete or incorrect, they may ask us to correct the information. The patient may be asked to make such requests in writing and to give a reason as to why his or her health information should be changed. However, if we did not create the health information that the patient believes is incorrect, or if we disagree with the patient and believe his or her health information is correct, we may deny the request. We must act on the request within 60 days after we receive it, unless we inform the patient of our need for a one-time 30-day extension.
- 6. Receiving an accounting of disclosures of health information.** In some limited instances, the patient has the right to ask for a list of the disclosures of their health information that we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must furnish the patient with a list within 60 days of the request, unless we inform the patient of our need for a one-time 30-day extension, and we may not charge the patient for the list, unless the patient requests such list more than once in a 12-month period. In addition, we will not include in the list disclosures made to the patient, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/corrections, and certain health oversight activities.
- 7. Complaints.** Patients have the right to file a complaint with us and with the federal Department of Health and Human Services if they believe their privacy rights have been violated. We will not retaliate against the patient for filing such a complaint. To file a complaint with either entity, the patient should contact the Privacy Officer, who will provide the patient with the necessary assistance and paperwork.

Procedures

- 1.** Should the law regarding patient privacy rights under HIPAA change, we will update our organization's policies and procedures regarding those rights, if applicable.
- 2.** All new staff of the agency shall receive a copy of this document at employee orientation and be directed at orientation as to how to access more detailed privacy policy and procedure documents.
- 3.** All current staff of the agency shall receive a copy of this document as part of our HIPAA compliance training session, and upon request.



IMPERIAL CAREGIVER, 1200 Morris Turnpike Ste 3005, Short Hills, NJ 07078

Acknowledge Of Receipt of Privacy Notice

I, **X**_____ acknowledge that Imperial Caregivers Home Health Services has given me a copy of this Privacy Notice, Which explains how patient's health information will be handled in various situations.

X _____ **X**
Employee Signature Title Date



IMPERIAL CAREGIVER, 1200 Morris Turnpike Ste 3005, Short Hills, NJ 07078

Content: Policy Manual

Subject: Patient Referrals

Applies: **All staff**

Policy: Field employees of the agency do not receive any remuneration for patient referrals. Field employees of the agency are not permitted to provide or accept a referral for or from a patient and/or significant other. Paying for patient referrals is a serious violation of the Federal Anti-Kickback Regulations.

Procedure:

If a field employee is requested to provide or accept a referral on the behalf of a patient and/or significant other they will:

- Inform the patient and/or significant other that they must contact the agency that they wish to receive services from

OR

- Inform the patient and/or significant other that they must contact their Case Manager to direct a referral for services.

The agency requests that field employees Contact the Nursing Supervisor, Director of Nursing or President Of the company with any such occurrences.

I acknowledge that I have read, understand and will abide by agency policy.

X _____
Employee Signature

X _____
Date



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IMPERIAL CAREGIVERS

1200 MORRIS TURNPIKE STE 3005
SHORT HILLS, NEW JERSEY 07078
PHONE (TOLL FREE): (800) 506-7882
FAX (TOLL FREE): (908) 679-5276

MEMORANDUM

TO: IMPERIAL CAREGIVERS EMPLOYEES

FROM: PAYROLL DEPARTMENT

RE: TIME SHEETS/ TASK SHEETS

Due to a new system that has been installed to go along with our database system (CMS) we are now scanning time/task sheets into the computer. We will be needing **ALL** employees to fax, mail or drop off their signed time/task sheets. Time/task sheets will still be due **EVERY** Saturday by midnight. If we do not receive your signed time/task sheets you will not be receiving a paycheck. The system will not calculate your payroll if it does not recognize a signed time/task sheet in the system.

We look forward to your constant cooperation. So that we can distribute paychecks accordingly and on time, please make sure all time/task sheets are signed by the consumer. **As always, ALL employees must still log in and out of the consumer's home.**

If you have any questions concerning this issue, please contact Imperial Caregivers at **(TOLL FREE): (800) 674-3221** during our normal business hours, Monday - Friday, 10:00am-5pm.

Please sign below stating that you acknowledge and understand the above written memo.

Name: **X** _____ Date: _____

Signature: **X** _____



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Important reminders from Royal’s CHHA Policy manual

- Report ALL changes and/or FALLS IMMEDIATELY regardless of time
- Always call the emergency phone line 24 hours a day (732) 343-5658
- Talk with patients and family, smile, be pleasant and sociable.
- Review care plan as soon as you get into the client’s home
- Review contents in Clients care plan folder
- Clean patient’s area (Kitchen, Sink, Bathroom, Bedroom, ETC.)
- Clean up after yourself

NEVER DO THE FOLLOWING

- Don’t be late, Ever
- DO NOT USE CELL PHONE, PLAY MUSIC, WATCH MOVIE / VIDEO while you are with client
- Do not leave high risk patients alone, keep them in a safe room with you
- Do not give medication, you are not licensed
- Never raise you voice at client and /or family
- Never argues with client and / or family
- If client’s home is in a facility, never talk back or argues with facility Aides and Nurses. If you have any problems or complains, call the office and Imperial Nurse will determine if we need to get the client or family members involve.
- Do not stay in your room (Live-in Aides). Create a relationship with the patient. (Eat with the talk, walk, and play simple indoor games with them
- Do not speak in your native language while you are with patient and / or family.

Name: **X** _____ Date: _____

Signature: **X** _____



IMPERIAL CAREGIVER, 1200 Morris Turnpike Ste 3005, Short Hills, NJ 07078

IMPERIAL CAREGIVERS POLICY BOOK FOR SUPERVISORS

Job Description Direct Care Worker

- Job Information

provide personal and home support in a non-invasive, non-medical environment

- Job Summary

primary job duties are to assist consumers with activities of daily living, assist with home management

- Essential Job Duties

activities needed to perform personal care, home-support, and home management

- Supervisory Responsibilities

none

reports to R.N. Supervisor, D.O.O., D.O.S., I.C., I.C.A.

- Qualifications

ability to speak, read, write, and understand English (bilingual persons are encouraged to apply)

at least two years' experience in personal care

very caring with a pleasant disposition

eager to help

dependable

honest

willingness to travel to several different consumers' homes in a day

- Physical Demands

physically fit enough to perform activities associated with personal care and light housekeeping

- Work environment

working alone with consumer in consumer's home, accompanying consumer to different appointments and errands

Employee Signature: X Date: 0



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COMMUNICATION WITH THE OFFICE

Office Phone - (TOLL FREE): (800) 506-7882 Fax – (TOLL FREE): (908) 679-5276

Address: Imperial Caregivers; 1200 MORRIS TURNPIKE STE 3005, SHORT HILLS, NJ 07078

This is a guide which will explain who you should talk to when you call the office. Ask

SCHEDULING

- When you need work.
- When you need directions to a consumer’s home.
- When you are running late.
- When the consumer wants to change the schedule. *
(* Under NO CIRCUMSTANCES are the aide and consumer to change the schedule. The consumer must discuss it with Imperial Caregivers Scheduling Department FIRST! This will ensure that your hours are correctly logged in our timekeeping system.)

PAYROLL

- When you did not receive your paycheck.
- When you have a question about your paycheck.
- When the front desk doesn’t know if we received your time sheets.
- When you are having trouble logging in.*
(* Call in from the client’s home phone unless there is a reason that makes it impossible. If the log in system rings repeatedly without picking up, keep trying to call. There is probably a heavy call volume at the time you are trying to place your call, and it will pick up eventually. This is why it’s VERY IMPORTANT to log in at least 5 minutes prior to your start time.)

FRONT DESK

- When you want to know if we received your fax or time sheets.
- When you need supplies (gloves, scrub, ID badge), time or task sheets.*
(* We provide an initial supply of gloves to get you started. After that, it is the responsibility of the consumer to provide gloves for you. If the consumer can’t provide gloves, then we can supply them for you.

HUMAN RESOURCES

- When you have a question about benefits, or need information about benefits.
- When you need to know your rate of pay.
- When you need a letter written for income or employment verification.
- If no other department has handled your request in a timely manner.



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MEMORANDUM

TO: IMPERIALCAREGIVERS CAREGIVERS

FROM: IMPERIAL CAREGIVERS

RE: IN SERVICE TRAINING

According to Imperial Caregivers Policies and Procedures all caregivers are required to have 12 hours of training each year. **Beginning** January, 2019, we will be sending three (3) random tests with the first payroll and three (3) every other month thereafter. These tests must be completed and mailed back, within two (2) weeks, to Imperial Caregivers.

Please sign below stating you acknowledge and understand the above written memo.

Name: **X** _____ Date: _____

Signature: **X** _____