

# REGULATORY COMPLIANCE DOCUMENTS

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Scope of Services

Advance Directives Policy

Human Resources Policies & Procedures

Rights of the Individual

Rights of the Elderly

Reporting of Child or Adult Abuse, Neglect or Exploitation

Medication Disposal

Privacy Notice





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REGULATORY COMPLIANCE DOCUMENTS  
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# Scope of Services Provided by Houston Hospice

Visits by Houston Hospice nurses, social workers, chaplains, home health aides and volunteers are scheduled based on patient/family needs and the hospice plan of care. If care needs exceed specified insurance coverage, other options may be explored with the team. Physical therapy, speech therapy, occupational therapy, or a nutritional consult for the hospice diagnosis may be provided according to patient need and the hospice plan of care. The family and significant others can receive bereavement support from Houston Hospice for at least one year after the patient's death.

Houston Hospice does not discontinue or reduce care provided to a Medicare or Medicaid beneficiary patient because of the beneficiary patient's inability to pay for that care. Houston Hospice has a plan for maintaining continuity of care in the event of a change or loss of a patient's financial resources.

## Medications, Medical Supplies & Equipment and Caregivers

These items and services are provided according to individual benefit plan requirements. Over-the-counter medications related to the hospice diagnosis are covered by Houston Hospice.

## Levels of Care

Hospice provides four levels of care, based on specific guidelines and criteria: Routine Home Care, Continuous Home Care, Respite Care and General Inpatient Care. Inpatient and Crisis Care are short-term, and eligibility will be re-evaluated daily. The hospice team will determine when a change in the level of care is needed. For example, some patients may be moved from inpatient setting to home setting.

- 1. Routine Home Care**  
Intermittent visits by hospice team members, plus nurse available by phone around the clock, to assist in management and care for the Hospice patient.
- 2. Continuous Home Care**  
A minimum of 8 hours of care per day of nursing care may be provided short term during periods of symptom crisis in order to maintain the patient at home. Eligibility is reviewed daily, and Routine Home Care is resumed once the symptom crisis is under control.
- 3. Respite Care**  
Up to five days of care for the patient provided at a Medicare-contracted facility to provide rest for family and caregivers.
- 4. General Inpatient Care**  
Admission to Houston Hospice inpatient unit or contracted facility short term for unrelieved symptoms that cannot be managed in another setting. Eligibility is reviewed daily, and Routine Home Care is resumed once the symptom is under control. Some patients may be moved from inpatient setting to home setting.

## Services Not Covered Under Routine Hospice Care

The hospice philosophy is based on supportive care and symptom management, rather than curative care. Hospice is reimbursed through Medicare, Medicaid, private insurance, or self-pay on a per diem basis. Coverage for medications, medical supplies, equipment and caregivers is provided according to the patient's individual benefit plan.

**The following items or services are NOT COVERED by Houston Hospice under routine Hospice care:**

- Prescription medications for illness unrelated to the hospice prognosis
- Over-the-counter medications, supplements, vitamins, herbal or homeopathic remedies
- Medical supplies for illness unrelated to the hospice prognosis
- Unapproved medications
- Dietary supplements (Boost, Ensure, protein drinks)
- Sitter services or around-the-clock paid caregivers
- Long-term care facility room and board charges, (i.e., nursing homes, assisted living facilities, personal care homes) (excluding Medicaid room and board contract)
- Dentist, physician or podiatrist services unrelated to the hospice prognosis
- Physician services not pre-approved by hospice
- Hospital services not pre-approved by hospice
- Ambulance services not pre-approved by hospice
- Aggressive or curative therapies
- Ventilators unless approved in advance.

If the patient or family desires any of the above non-covered items, the patient/family has a choice of either reinstating the patient's traditional health benefits, thus discontinuing hospice services, or paying for the non-covered services.

## Honoring Your Advance Directives

- It is the policy of Houston Hospice to comply with the Advance Directives Act CHAPTER 166, HEALTH AND SAFETY CODE regarding Advance Directives and Out of Hospital Do Not Resuscitate Orders.
- Houston Hospice complies with the Federal and State law of informed consent and the patient's right to accept or refuse medical treatment.
- If a patient has an advance directive desiring cardiopulmonary resuscitation or has no advance directive and wants to be resuscitated upon cessation of pulse or respirations, and the nurse is in the home at the time of the event, the nurse will initiate basic CPR and call 911. If CPR is desired while the patient is in our inpatient facility, 911 will be called and RNs and LVNs will initiate basic CPR.
- No advanced life support is provided by Houston Hospice. For example, we do not provide heart monitors, intubation or ventilators during an event. Basic life support includes only chest compressions, mouth-to-mouth breathing and a call to 911.
- If the patient has an advance directive, Houston Hospice will honor that advance directive. Please see the "Advance Directives Policy" on page 7 of this admission document.

# Advance Directives Policy

## Policy:

Each patient has the right to make decisions involving his/her health care. The patient has the right to formulate advance directives and appoint a representative to make health care decisions on his/her behalf to the extent permitted by the law.

## Procedure:

1. The provision of patient care shall not be conditioned on the existence of an advance directive.
2. To the extent that a treatment decision or an advance directive validly executed or issued conflicts with another treatment decision or an advance directive executed or issued, the treatment decision made or instrument executed later in time controls.
3. At the time of the patient's admission, printed and verbal information on advance directives shall be provided to the patient. If, at the time, the patient is incompetent or otherwise incapacitated and unable to receive the information, Houston Hospice shall provide the required written information, in the following order of preference, to:
  - a. The individual's legal guardian;
  - b. A person responsible for the health care decisions of the individual;
  - c. The individual's spouse;
  - d. The individual's adult child;
  - e. The individual's parent; or
  - f. The person admitting the individual.

If Houston Hospice is unable, after a diligent search, to locate an individual listed above, the health care provider is not required to provide the notice.

If the patient was incompetent or otherwise incapacitated and unable to receive the information upon admission but later becomes able to receive the information, Houston Hospice shall provide the written information at the time the patient becomes able to receive it.

4. Houston Hospice will inquire whether the patient has an advance directive at the time of the initial assessment.
  - a. If an advance directive is not in place and the patient expresses the desire to establish an advance directive, then a medical social services referral may be initiated.
  - b. If an advance directive is in place, Houston Hospice will make every effort to obtain a copy of the advance directive and file it in the medical record.

5. A competent adult may execute a written directive at any time.
  - a. The declarant (patient) must sign the directive in the presence of two witnesses.
    - i. Each witness must be a competent adult, and at least one of the witnesses must be a person who is not:
      1. A person designated by the declarant (patient) to make a treatment decision;
      2. A person related to the declarant (patient) by blood or marriage;
      3. A person entitled to any part of the declarant's (patient's) estate after the declarant's death under a will or codicil executed by the declarant or by operation of law;
      4. The attending physician;
      5. An employee of the attending physician;
      6. An employee of a health care facility in which the declarant is a patient if the employee is providing direct patient care to the declarant or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
      7. A person who, at the time the written advance directive is executed or, if the directive is a non-written directive issued under this chapter, at the time the non-written directive is issued, has a claim against any part of the declarant's (patient's) estate after the declarant's (patient's) death.
    - ii. The witnesses must sign the directive, OR the declarant (patient), in lieu of signing in the presence of witnesses, may sign the directive and have the signature acknowledged before a notary public.
  - b. A declarant (patient) may include in a directive directions other than those provided by Texas Health and Safety Code Section 166.033 and may designate in a directive a person to make a treatment decision for the declarant (patient) in the event the declarant (patient) becomes incompetent or otherwise mentally or physically incapable of communication.
  - c. A declarant (patient) shall notify the attending physician of the existence of a written directive. If the declarant (patient) is incompetent or otherwise mentally or physically incapable of communication, another person may notify the attending physician of the existence of the written directive. The attending physician shall make the directive a part of the declarant's medical record.

6. A competent adult qualified patient may issue a directive by a non-written means of communication when he/she communicates the directive in the presence of the attending physician and two qualified witnesses. The physician shall document the existence of such a directive and the names of the witnesses in the patient's record.
  - a. A qualified patient is a patient with a terminal or irreversible condition who has been diagnosed and certified in writing by the attending physician.
  - b. Witness must apply as described above in 5.a.i.
7. The following persons may execute a directive on behalf of a qualified patient who is younger than 18 years of age:
  - a. The patient's spouse, if the spouse is an adult;
  - b. The patient's parents; or
  - c. The patient's legal guardian.
8. The desire of a qualified patient, including a qualified patient younger than 18 years of age, supersedes the effect of a directive. (A qualified patient is a patient with a terminal or irreversible condition who has been diagnosed and certified in writing by the attending physician.)
9. When an adult qualified patient has executed or issued a directive and is incompetent or otherwise mentally or physically incapable of communication:
  - a. If the adult qualified patient has designated a person to make a treatment decision as authorized by Texas health and Safety Code Section 166.032(c), the attending physician and the designated person may make a treatment decision in accordance with the declarant's (patient's) directions.
  - b. If the adult qualified patient has not designated a person to make a treatment decision, the attending physician shall comply with the directive unless the physician believes that the directive does not reflect the patient's present desire.
10. When a qualified patient has not executed or issued a directive and is incompetent or incapable of communication:
  - a. If an adult qualified patient has not executed or issued a directive and is incompetent or otherwise mentally or physically incapable of communication, the attending physician and the patient's legal guardian, or an agent under a medical power of attorney, may make a treatment decision that may include a decision to withhold or withdraw life-sustaining treatment from the patient. (A qualified patient is a patient with a terminal or irreversible condition who has been diagnosed and certified in writing by the attending physician.)

- b. If the patient does not have a legal guardian or an agent under a medical power of attorney, the attending physician and one person, if available, from one of the following categories, in the following priority, may make a treatment decision that may include a decision to withhold or withdraw life-sustaining treatment:
            - i. The patient's spouse;
            - ii. The patient's reasonably available adult children;
            - iii. The patient's parents; or
            - iv. The patient's nearest living relative.
          - c. A treatment decision must be based on knowledge of what the patient would desire, if known.
          - d. A treatment decision must be documented in the patient's medical record and signed by the attending physician.
          - e. If the patient does not have a legal guardian and a person listed above (b) is not available, a treatment decision must be concurred by another physician who is not involved in the treatment of the patient or who is a representative of an ethics or medical committee of the health care facility in which the person is a patient.
          - f. The fact that an adult qualified patient has not executed or issued a directive does not create a presumption that the patient does not want a treatment decision to be made to withhold or withdraw life-sustaining treatment.
          - g. A person listed above in (b) who wishes to challenge a treatment decision made under this section must apply for temporary guardianship under Chapter 1251, Estates Code.
11. Patient certification and prerequisites for complying with directive:
  - a. An attending physician who has been notified of the existence of a directive shall provide for the declarant's certification as a qualified patient with a diagnosis of a terminal or irreversible condition.
  - b. Before withholding or withdrawing life-sustaining treatment from a qualified patient under this subchapter, the attending physician must determine the steps proposed to be taken are in accord with this subchapter and the patient's existing desires.
12. Duration of directive: A directive is effective until it is revoked as prescribed by Texas Health & Safety Code Section 166.042.
  - a. A declarant may revoke a directive at any time without regard for the declarant's mental state or competency. A directive may be revoked by:
    - i. The declarant or someone in the declarant's presence and at the declarant's direction canceling, defacing, obliterating, burning, tearing, or otherwise destroying the directive;
    - ii. The declarant signing and dating a written revocation that expresses the declarant's intent to revoke the directive; or
    - iii. The declarant orally stating the declarant's intent to revoke the directive.

- b. A written revocation executed as prescribed by Subsection (a)(2) takes effect only when the declarant or a person acting on behalf of the declarant notifies the attending physician of its existence or mails the revocation to the attending physician. The attending physician or the physician's designee shall record in the patient's medical record the time and date when the physician received notice of the written revocation and shall enter the word "VOID" on each page of the copy of the directive in the patient's medical record.
  - c. An oral revocation issued as prescribed by Subsection (a)(3) takes effect only when the declarant or a person acting on behalf of the declarant notifies the attending physician of the revocation. The attending physician or the physician's designee shall record in the patient's medical record the time, date and place of the revocation and, if different, the time, date and place that the physician received notice of the revocation. The attending physician or the physician's designees shall also enter the word "VOID" on each page of the copy of the directive in the patient's medical record.
  - d. Except as otherwise provided by this subchapter, a person is not civilly or criminally liable for failure to act on a revocation made under this section unless the person has actual knowledge of the revocation.
13. Re-execution of a directive: A declarant may at any time re-execute a directive in accordance with the procedures prescribed by Texas health and Safety Code Section 166.032, including re-execution after the declarant is diagnosed as having a terminal or irreversible condition.
14. Assistance on the execution of these documents shall be provided if requested.
15. The advance directives completed by the patient/patient's legal representative shall be noted in the electronic medical record (EMR). The EMR also shall note the Houston Hospice employee who discussed advance directives and provided written information regarding advance directives with patient/patient's legal representative.
16. Completed copies of the advance directive(s) shall be placed in the medical record. If a patient is transferred to another agency or facility and has completed directives, a copy of such directives shall be sent with the patient.
17. Interdisciplinary team members shall be informed when there is a change in the patient's advance directives.
18. If, at any time, a patient refuses medical treatment, Houston Hospice staff will discuss the refusal with the physician and document both the refusal and the physician notification in the EMR.
19. Houston Hospice will not provide any medical treatment that the patient or patient representative has not consented to receive.
20. Houston Hospice will honor advance directives as evidence of the patient's desire to have medical treatment withheld or discontinued.

21. If Houston Hospice cannot implement an advance directive based on conscience, it has a clear statement of any limitations. The statement includes:
  - a. Clarification of any differences between organization-wide ethical objections and those raised by an individual physician.
  - b. Identification of the state legal authority permitting such objection.
  - c. A description of the range of medical conditions or procedures affected by an ethical objection.
22. Houston Hospice will provide education to Houston Hospice staff on advance directives.
23. Houston Hospice staff shall initiate cardiopulmonary resuscitation and immediately call 911 if a patient desires/requires this intervention and does not have a 'Do Not Resuscitate' order.
24. Houston Hospice updates and disseminates changes to state law on advance directives no later than 90 days from the effective date.

# Human Resources Policies & Procedures

## Drug-Free Workplace/Chemical Abuse Policy 2.080

**Applicable to:** All employees, volunteers, contract workers and visitors.

### Purpose

To maintain a drug-free workplace in compliance with the requirements of the Drug-Free Workplace Act of 1988.

### Process

Houston Hospice prohibits individuals, including employees, volunteers, patients, visitors and contractors from possessing, manufacturing, distributing, using or consuming illegal drugs or controlled substances, drug paraphernalia, alcoholic beverages or chemical inhalants on Houston Hospice owned or leased property while performing agency business or representing Houston Hospice at a function. Reporting to work or performing agency-related duties while under the influence of any of the above-listed items is also prohibited.

The legal use of prescribed medication is permitted on the job only if the medications do not hinder or affect the employee, volunteer and/or contractor in performing required job duties.

### TESTING OF EMPLOYEES:

Houston Hospice reserves its right to have drug testing performed on employees under the following conditions;

- A. When there is a reasonable suspicion that an employee/volunteer is under the influence of drugs or alcohol; (See attached Reasonable Suspicion Checklist)
- B. When an employee is found in possession of alcohol, drugs or drug paraphernalia in violation of this policy, or when such alcohol, drugs or paraphernalia are found in an area controlled by the employee (e.g., employee's locker or desk);
- C. Following any near-miss or actual accident that could or does result in injury requiring treatment or damage to property or a liability claim;
- D. In the event of a missing medication from a patient's room or home, and the employee/volunteer was the assigned caregiver during the time of the disappearance of the medication;
- E. In the event of a pharmacy discrepancy in the IPU medication inventory;
- F. As part of a physical examination of all job applicants to whom a job offer has been made, where the applicant has been informed that such test is a condition of employment; or as part of any periodic medical examinations required or provided.

Houston Hospice, will not perform a drug test on an employee, under any circumstance, without first obtaining the employee's signed consent. Signed consent also will be obtained for release of the test results. Should an employee refuse to submit to a drug test or authorize release of the test results, the employee shall be informed that such refusal constitutes grounds for disciplinary action, which may include termination of employment. The consent form will be designed to allow the employee or applicant to indicate any type of medication they may be on, or otherwise provide information that might be relevant to the reliability of the test.

Any drug test that is performed on an employee will be performed utilizing the services of a registered testing laboratory, and shall consist of an initial screening test and a confirmatory test on any sample taken from an employee that produces a positive test result on the initial screening.

If an employee states on the consent form that he or she is taking a medication prescribed to the employee by a physician, the employee will be asked to take the test anyway. If the test reveals the presence of the prescribed drug, the employee will not be subject to discipline unless the levels show purposeful abuse. Even in the absence of purposeful abuse, the prescribed drug may make the employee unfit for work, in which case the employee may be asked to go home and will not be allowed to report to work when under the influence of the prescribed drug.

The fact of the test, and any test results, will be kept strictly confidential. Human Resource personnel will be designated to receive test results.

### **Consequences of a Positive Test Result**

Should an employee have a test result confirmed positive, which indicates the presence of drugs or alcohol, the employee is subject to disciplinary measures, which may include termination of employment. In the event of a confirmed positive test result, the employee/applicant will be given an opportunity to explain the results of the drug test, and may be granted any other appeal procedures deemed appropriate by Human Resources and the President/CEO prior to the commencement of any disciplinary/other appropriate measures resulting from the drug test.

### **Policy or State/Federal Drug Statutes Violations**

A violation by an employee of any of the provisions of the Drug-Free Workplace/Chemical Abuse Policy may result in disciplinary measures against the employee, which may include termination of employment.

Any employee convicted on a charge of illegal possession, use, distribution, purchase or sale of any drug or alcohol, either on or off Houston Hospice property, must report such conviction to Houston Hospice within five (5) calendar days of the conviction. Any employee so convicted will be subject to discipline, which may include satisfactory participation and completion of a drug abuse assistance or rehabilitation program, or termination of employment if it is determined that such conduct adversely affects patient care or employee safety. Any costs associated with such treatment or rehabilitation will be the responsibility of the employee.

Any employee successfully completing a drug abuse assistance or rehabilitation program as a condition of continuation of employment at Houston Hospice will be subject to random drug screens for the next five (5) years of employment. Any positive drug test results from the random drug testing in violation of this policy will result in immediate termination of employment.

Patients and/or visitors found in violation of this policy may be asked to leave the premises and may be reported to local law enforcement authorities.

## Definitions

1. An employee is considered to be “on the job” for purpose of this policy whenever he or she is:
  - a. On Houston Hospice property, including parking lots, at any time;
  - b. Driving or riding as a passenger in a Houston Hospice vehicle; or
  - c. Acting on behalf of Houston Hospice in his or her role as a Houston Hospice employee, whether on or off Houston Hospice property, at any time
2. “Drug” includes alcoholic beverages, chemical inhalants, illegal drugs and prescription drugs, unless such prescription drugs are taken as directed by the employee’s physician.
3. “Illegal Drug” includes any drug which:
  - a. is not legally obtainable;
  - b. may be legally obtainable, but is not legally obtained; or
  - c. is being used in a manner or for a purpose other than as prescribed.
4. “Alcohol” is any intoxicating substance or beverage containing alcohol.
5. “Employee” means any person who performs services for Houston Hospice for compensation or under any contract for hire, either part- or full-time.
6. “Drug Test” means any test administered to determine the presence or absence of a drug or a drug metabolite in a person’s urine or blood.
7. “Controlled Substances” are defined by the Attorney General of the United States under the Controlled Substances Act of 1970. They include, but are not limited to, the following actual or synthetic drugs;
  - marijuana
  - heroin
  - hashish
  - cocaine
  - hallucinogens
  - depressants and stimulants

and any other prescription drug not prescribed for current personal treatment for the employee, patient, contractor or visitor by an accredited physician.

# Rights of the Individual

## HOUSTON HOSPICE PROTECTS AND PROMOTES THE RIGHTS OF EACH INDIVIDUAL UNDER ITS CARE.

An individual has the right to be treated with dignity and respect for the personal integrity of the individual.

Care is to be initiated only after you or your legal representative has given written informed consent for the type of care and services that may be provided by the agency. You or your legal representative must sign or mark the consent form.

### You have the right to:

- Exercise your rights as a patient of the hospice;
- Not be subjected to discrimination or reprisal for exercising your rights;
- Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;
- Be involved in developing your hospice plan of care;
- Refuse care or treatment;
- Choose your attending physician;
- Be free from mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source, exploitation and misappropriation of patient property by an agency employee, volunteer or contractor;
- Receive information about the services covered under the hospice benefit;
- Receive information about the scope of services that the hospice will provide and specific limitations on those services;
- Confidential treatment of your personal and medical records per state and federal law and regulation;
- Voice grievances to the hospice, CHAP or a state entity regarding treatment or care that is, or fails to be, furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency, and you must not be subjected to discrimination or reprisal for doing so;
- Be informed in advance about the care to be furnished, the plan of care, expected outcomes, barriers to treatment and any changes in the care to be furnished;

- Participate in planning the care or treatment and in planning a change in the care or treatment;
  - > An agency must advise or consult you or your legal representative in advance of any change in the care or treatment;
- You have the right to be informed, before care is initiated, of the extent to which payment may be expected from the client, a third-party payer and any other source of funding known to the agency;
- Have assistance in understanding and exercising the your rights. The agency must maintain documentation showing it has complied with the requirements of this paragraph and you demonstrate understanding of the rights;
- Have your person and property treated with consideration, respect and full recognition of your individuality and personal needs;
- Have person and property treated with respect by anyone providing services on behalf of the hospice;
- Be informed and receive written information concerning the hospice’s policy on advance directives, including state law and regulation.

If you have been adjudged incompetent, these rights are exercised by the person appointed by law to act on your behalf.

If you have not been adjudged incompetent, any legal representative may exercise these rights to the extent permitted by law.

## PATIENTS AND FAMILIES HAVE RESPONSIBILITIES

### It is your responsibility to:

- Give accurate and complete health information and assist in developing and maintaining a safe home environment
- Participate in the development and update of the plan of care
- Adhere to the plan of care
- Notify hospice staff in advance if the patient will not be available for the next scheduled visit and if medication and/or supplies will be required for treatment
- Cooperate with the doctor, staff and other caregivers and treat hospice staff in a courteous and respectful manner

- Return all medical equipment in the same condition it was provided
- Allow hospice personnel reasonable time to respond to patient needs and notify Houston Hospice prior to transport to a hospital (failure to do so will result in patient or responsible party liability for the full hospital charges and transport)
- Report problems to Houston Hospice staff as outlined above

## Rights of the Elderly

### Definitions

- **Convalescent and nursing home** is an institution licensed by the Texas Department of Human Services
- **Home health services** are the provisions of health service for pay or other consideration in a patient's residence regulated under the Health and Safety Code
- **Alternate care** are services provided within an elderly individual's own home, neighborhood or community including: day care, foster care, alternative living plans, including personal care services, supportive living services, attendant care, residential repair or emergency response services
- **Person providing services** is an individual, corporation, association, partnership or other private or public entity providing convalescent and nursing home services, home health services or alternate care services
- **Elderly individual** is an individual 60 years of age or older

### Prohibition

- A person providing services to the elderly may not deny an elderly individual a right guaranteed by the Health and Safety Code
- Each agency that licenses, registers or certifies a person providing services shall require the person to implement and enforce the Health and Safety Code. A violation of this is grounds for suspension or revocation of the license, registration or certification of a person providing services.

## Rights of the Elderly

An elderly individual has the following rights:

- Rights, benefits, responsibilities and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted
- Right to be free of interference, coercion, discrimination and reprisal in exercising civil rights
- Right to be treated with dignity and respect for the personal integrity of the individual. This means that the elderly individual:
  1. Has the right to make the individual's own choices regarding the individual's personal affairs, care, benefits and services;
  2. Right to be free from abuse, neglect and exploitation;
  3. If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individual's affairs
- Right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints administered for the purpose of discipline or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the elderly individual or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel
- An elderly individual with an intellectual disability who has a court-appointed guardian, may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian
- An elderly individual may not be prohibited from communicating in their native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care or services
- An elderly person may complain about their care or treatment. The complaint may be made anonymously or communicated by a person designated by the elderly individual. The person providing services shall promptly respond to resolve the complaint. The person providing services may not discriminate or take other punitive action against an elderly individual who makes a complaint

- An elderly individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals unless providing privacy would infringe on the rights of others. This right applies to medical treatment, written communications, telephone conversations, meeting with family and access to resident councils. An elderly person may send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an elderly individual is married and the spouse is receiving similar services, the couple may share a room
- An elderly individual may participate in activities of social, religious or community groups unless the participation interferes with the rights of other persons
- An elderly individual may manage their own personal financial affairs. The elderly individual may authorize in writing another person to manage their money. The elderly individual may choose the manner in which their money is managed, including a money management program, a representative payee program, a financial power of attorney, a trust or a similar method and the individual may choose the least restrictive of these methods. A person designated to manage an elderly individual's money shall do so in accordance with each applicable program policy, law or rule. On request of the elderly individual or representative, the person designated to manage the elderly individual's money shall make available the related financial records and provide an accounting of the money. An elderly individual's designation of another person to manage the money does not affect the individual's ability to exercise another right described by this chapter. If an elderly individual is unable to designate another person to manage their affairs and a guardian is designated by a court, the guardian shall manage the individual's money in accordance with the Probate Code and other applicable laws
- An elderly individual is entitled to access their own personal and clinical records. These records are confidential and may not be released without the elderly individual's consent, except the records may be released:
  1. To another person providing services at the time the elderly individual is transferred or
  2. If the release is required by another law
- A person providing services shall fully inform an elderly individual, in language that the individual can understand, of the individual's total medical condition and shall notify the individual whenever there is a significant change in the person's medical condition
- An elderly individual may choose and retain a personal physician and is entitled to be fully informed in advance about treatment or care that may affect the individual's well being
- An elderly individual may participate in an individual plan of care that describes the individual's medical, nursing and psychological needs and how the needs will be met
- An elderly individual may refuse medical treatment after the elderly individual:
  1. Is advised by the person providing services of the possible consequences of refusing treatment;
  2. Acknowledges the individual clearly understands the consequences of refusing treatment

- An elderly individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals
- An elderly individual may refuse to perform services for the person providing services.
- Not later than the 30th day after the elderly individual is admitted for service, a person providing services shall inform the individual:
  1. Whether the individual is entitled to benefits under Medicare or Medicaid;
  2. Which items and services are covered by these benefits, including items or services which the elderly individual may not be charged
- A person providing services may not transfer or discharge an elderly individual unless:
  1. The transfer is for the elderly individual's welfare and the individual's needs cannot be met by the person providing services;
  2. The elderly individual's health is improved sufficiently and services are no longer needed;
  3. The elderly individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made;
  4. The person providing services ceases to operate or participate in the program that reimburses the person providing services for the elderly individual's treatment or care;
  5. The elderly individual fails, after reasonable and appropriate notices, to pay for services
- Except in an emergency, a person providing services may not transfer or discharge an elderly individual from a residential facility until the 30th day after the date the person providing services provides written notice to the elderly individual, the individual's legal representative or a member of the individual's family stating:
  1. That the person providing services intends to transfer or discharge the elderly individual;
  2. The reason for the transfer or discharge (listed above);
  3. The effective date of the transfer or discharge;
  4. If the individual is to be transferred, the location to which the individual will be transferred;
  5. The individual's right to appeal the action and the person to whom the appeal should be directed

- An elderly individual may:
  1. Make a living will by executing a directive under Subchapter B, Chapter 166, Health and Safety Code;
  2. Execute a medical power of attorney under Subchapter D, Chapter 166, Health and Safety Code; or
  3. Designate a guardian in advance of need to make decisions regarding the individual's health care should the individual become incapacitated

### List of Rights

- A person providing services shall provide each elderly individual with a written list of the individual's rights and responsibilities, including each provision of the Rights of the Elderly cited in the Health and Safety Code by the Texas Department of Health and Human Services, before providing services, or as soon after providing services as possible, and shall post the list in a conspicuous location
- A person providing services must inform an elderly individual of changes or revisions in the list

### Rights Cumulative

The rights described in the Rights of the Elderly are cumulative of other rights or remedies to which an elderly individual may be entitled under law.

## Reporting of Child or Adult Abuse, Neglect or Exploitation

To be in compliance with the Texas Penal Code, which requires certain persons, including any child care custodian, medical practitioner or nonmedical practitioner who has knowledge or observes a child/adult in his/her professional capacity or within the scope of his/her employment whom he/she reasonably suspects has been the victim of child/adult abuse, neglect or exploitation, to report suspected instances of child/adult abuse, neglect or exploitation call Texas Department of Family and Protective Services at 1-800-252-5400.

All Houston Hospice employees are required to comply with the above-mentioned section of the Texas Penal Code if, within his/her professional capacity or within his/her scope of employment, child/adult abuse, neglect or exploitation is suspected.

Houston Hospice shall report any employee suspected of abuse, neglect or exploitation of a client to the appropriate protective agency as well as Texas Health and Human Services.

## Reporting of Child or Adult Abuse, Neglect or Exploitation

Texas Department of Family and Protective Services (DFPS)

800-252-5400

### PLEASE NOTIFY US OF ANY PROBLEMS IN A TIMELY MANNER

- Discuss complaints with any member of your hospice team, including the Patient Care Manager
- If the problem is not resolved, we encourage you to notify the Quality Assurance Coordinator at 713-467-7423 for assistance. Complaint investigations shall be initiated within 10 days and completed within 30 days. A complaint against the agency may also be directed to the President and CEO of Houston Hospice at 713 -467-7423

#### Complaints may be directed to:

##### Texas Health and Human Services Commission

Complaint and Incident Intake

Unit Mail Code E249

P.O. Box 149030 Austin, TX 78714-9030

Complaint Hotline: 1-800-458-985 Fax: 833-709-5735

##### CHAP Hotline

2300 Clarendon Blvd Suite 405

Arlington, VA 22201

24-Hour toll free number 800-656-9656

You may call to file a complaint or if you have questions regarding the organization.

- Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists and surgical assistants may be reported for investigation at the following address:

##### Texas Medical Board

Attention: Investigations

333 Guadalupe, Tower 3, Suite 610

P.O. Box 2018, MC-263

Austin, Texas 78768-2018

1-800-201-9353

# Medication Disposal

## Policy:

Houston Hospice promotes the safe use of controlled substances and supports federal/state guidelines for proper disposal of unused, unneeded or expired controlled drugs to reduce the misuse of prescription drugs, including when the patient has expired or there is a change in drug regimen.

## Procedure:

1. Houston Hospice shall:
  - a. Provide this policy at the time when controlled drugs are first ordered to the patient/patient's legal representative;
  - b. Discuss this policy with the patient/patient's legal representative in a language and manner that the patient/patient's legal representative understands to ensure education regarding safe use and disposal of controlled drugs;
  - c. Document in the patient record that the policies and procedures for managing and disposing of controlled medications is provided and discussed.
2. In the home setting, the hospice nurse shall determine the ability of the patient/caregiver to safely self-administer drugs to the patient.
  - a. If patient is unable to self-administer drugs, it will be indicated in the plan of care who can administer the drugs.
3. Oversight review of medication shall occur every two weeks by the physician in the interdisciplinary team meeting.
4. If there is reason to suspect that someone is abusing the medication, the matter will be discussed with the interdisciplinary team and appropriate action taken.
5. When death occurs in the home setting, the hospice nurse shall follow federal/state guidelines in recommending the unused controlled substance be disposed using the instructions outlined within this policy.

6. When disposing of medications in the home, the caregiver legally authorized to dispose of medications will be instructed in the following procedure:
  - a. Take unused, unneeded or expired drugs out of their original containers.
  - b. Mix the drugs with an undesirable substance, like used coffee grounds or cat litter, and put them in impermeable, nondescript containers, such as empty cans or sealable bags, further ensuring that the drugs are not diverted or accidentally ingested by children or pets. For added security, the container may be taped closed.
  - c. Throw these containers in the outside trash.
  - d. Drugs may be flushed down the toilet only if the accompanying patient information specifically instructs it is safe to do so and drug is listed on the “flush list” provided by the Food and Drug Administration (FDA).
7. Upon the patient’s death, medications will be disposed unless the family refuses. Documentation of disposal or family refusal will appear on the last visit note.
8. When Houston Hospice has provided medications to hospice patients in contracted facilities, such as hospitals or nursing facilities, the agency will abide by that contracted facility’s policy on disposal of medications.

# PRIVACY NOTICE

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.**

Houston Hospice is legally required to protect the privacy of your health information. This information is called ‘protected health information.’ Protected health information (PHI) is information that can be used to identify you that we have either received or created, and relates to:

- Your past, present or future physical or mental health or condition;
- The provision of health care to you, or
- The past, present or future payment for your health care.

Houston Hospice is committed to protecting medical information about you. We are legally required to:

- Maintain the privacy of your protected health information.
- Provide you or your legal representative with this notice about our privacy practices.
- Follow the privacy practices described in this notice.

Houston Hospice reserves the right to change the terms of this Notice. The new notice will be effective for all protected health information we process at that time and receive in the future. The current ‘Privacy Notice’ will be posted prominently in our offices and on our web page at [www.houstonhospice.org](http://www.houstonhospice.org). We will provide you or your legal representative with a copy upon request made to the Privacy Officer (713-467-7423).

**This notice explains how, when and why we use and disclose your PHI.**

THE FOLLOWING IS A LIST OF HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION ONCE YOU SIGN A CONSENT FORM.

**To Provide Treatment.** Houston Hospice may use your health information to coordinate care within Houston Hospice and with others involved in your care, such as your attending physician, members of the hospice interdisciplinary team and other health care professionals who have agreed to assist Houston Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms to prescribe appropriate medications. Houston Hospice also may disclose your health care information to individuals outside of Houston Hospice involved in your care, including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** Houston Hospice may use and disclose PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan or a third party. Before providing treatment or services, we may share PHI with your health plan concerning the services you are scheduled to receive. For example, we may use and disclose PHI to find out if your health plan will approve the service and cover the costs of the services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management and collection activities.

**To Conduct Health Care Operations.** Houston Hospice may use and disclose health information for its own operations to facilitate the function of Houston Hospice and as necessary to provide quality care to all of Houston Hospice's patients. Health care operations includes activities such as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Professional review and performance evaluation.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Training programs, including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost management and planning-related analyses and formulary development.
- Business management and general administrative activities of the hospice.

For example, Houston Hospice may use your health information to evaluate its staff performance, combine your health information with other Houston Hospice patients in evaluating how to serve all Houston Hospice patients more effectively or disclose your health information to hospice staff and contracted personnel for training purposes.

**For Treatment Alternatives.** Houston Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

## USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT:

**To Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI directly related to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interest based on our professional judgment. For example, we may use our professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to receive prescriptions or pick up filled prescriptions or receive supplies.

**Appointment Reminders.** Houston Hospice may use and disclose your health information to contact you as a reminder you have an appointment for a home visit.

**For Patient Directory.** Unless you object (in whole or in part), Houston Hospice may disclose certain information about you including your name, general health status, religious affiliation and where you are in the Hospice's facility in a hospice directory. All this information, except religious affiliation, will be disclosed to people asking for you by name. Members of the clergy will be told your religious affiliation.

**Fundraising Activities.** Houston Hospice may use information about you including your name, address, phone number and the dates you received care to contact you or your family to raise money for Houston Hospice. If you do not want Houston Hospice to contact you or your family, notify the *Development Office* at 713-677-7123 or 1-800-630-7894 and indicate that you do not wish to be contacted.

**Disaster Relief.** Houston Hospice may disclose your PHI to disaster relief organizations to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such disclosure whenever we practically can do so.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

**To Business Associates.** Houston Hospice may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. A business associate is an individual or entity under contract with Houston Hospice and may include, but is not limited to, accountants, auditors, consultants, lawyers and medical storage companies.

**When Legally Required.** The hospice will disclose your health information when it is required to do so by any federal, state or local law.

**When There Are Risks to Public Health.** The hospice may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events or product defects; enable product recalls, tracking, repairs and replacements; and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect or Domestic Violence.** The hospice is obligated to notify government authorities if it believes a patient is the victim of abuse, neglect or domestic violence. The hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** The hospice may disclose your health information to a health oversight agency for activities including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action.

**In Connection with Judicial and Administrative Proceedings.** The hospice may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by state law, the hospice may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to a court order, warrant, subpoena, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, such as when you are the victim of a crime.
- To a law enforcement official if the hospice has a suspicion your death was the result of criminal conduct, including criminal conduct at the hospice.
- In an emergency to report a crime.

**To Coroners and Medical Examiners.** The hospice may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** The hospice may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the hospice may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation.** The hospice may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** The hospice may, under very select circumstances, use your health information for research. Before the hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event of a Serious Threat To Health Or Safety.** The hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if the hospice, in good faith, believes such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the federal regulations authorize the hospice to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates in law enforcement custody.

**For Worker's Compensation.** The hospice may release your health information for worker's compensation or similar programs.

#### AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the hospice will not disclose your health information without your written authorization. If you or your representative authorizes the hospice to use or disclose your health information, you may revoke that authorization in writing at any time.

#### YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the hospice maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Houston Hospice is not required to agree to your request. If you wish to make a request for restrictions, please send a written request to: Medical Records Department at 1905 Holcombe Blvd. Houston, TX 77030. You should include in your written request what information you want to limit, whether you want to limit our use and/or disclosure and to whom you want the limits to apply.

**Out-of-Pocket Payments.** If you paid out-of-pocket (meaning you have requested we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment of care operations, and we will honor that request.

**Right to Receive Confidential Communications.** You have the right to request that Houston Hospice communicate with you in a certain way. For example, you may ask that we only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please make a written request to: Medical Records Department at 1905 Holcombe Blvd. Houston, TX 77030. Your written request should state how and when you wish to be contacted. Houston Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Obtain a Copy of Your Health Information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to: Medical Records Department at 713-467-7423 or 1-800-630-7894. If you request a copy of your health information, Houston Hospice may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format, or if you do not want this form or format, a readable hard copy form will be provided. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Amend Health Care Information.** You or your representative have the right to request the hospice amend your records if you believe your health information is incorrect or incomplete. That request may be made if the information is maintained by the hospice. A request for an amendment of records must be made in writing to: Medical Records Department 1905 Holcombe Blvd. Houston, TX 77030. The hospice may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the hospice, if the records you are requesting are not part of the hospice's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or if, in the opinion of the hospice, the records containing your health information are accurate and complete.

**Right to an Accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to: Medical Records Department at 1905 Holcombe Blvd. Houston, TX 77030. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time more than six (6) years. The hospice would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured protected health information.

**Right to a Paper Copy of this Notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer at 713-467-7423 or 1-800-630-7894. You also may receive a copy from our website at [www.houstonhospice.org](http://www.houstonhospice.org).

## Complaints

You or your personal representative have the right to express complaints to the hospice and to the U.S. Secretary of Health and Human Services if you or your representative believe your privacy rights have been violated. Any complaints to Houston Hospice should be made by writing to: Privacy Officer 1905 Holcombe Blvd., Houston, TX 77030 or by calling 713-467-7423. Houston Hospice encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may also contact the U.S. Department of Health and Human Services 200 Independence Ave. S.W., Washington, D.C. 20201, or call toll free 1-877-696-6775.

## Contact Person

You may contact Houston Hospice's Privacy Officer for all issues regarding patient privacy and your rights under the federal privacy standards. You may contact the Privacy Officer at 1905 Holcombe Blvd., Houston, TX 77030, 713-467-7423.

## Effective Date

This Notice is effective April 14, 2003.

Effective Date of Last Revision: March 15, 2024.



**HOUSTON HOSPICE**  
*Life Matters*

Houston Hospice, a 501(c)(3) organization, is community-based, community-supported and not for profit.

Member of The Non-Profit Hospice Alliance, the Texas Medical Center and the National Partnership for Healthcare and Hospice Innovation..

Houston Hospice maintains patient privacy protection and adheres to the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

**1905 Holcombe Boulevard | Houston, Texas 77030-4123**  
**Phone 713-HOSPICE (713-467-7423) | Fax 713-799-9227**  
**[www.houstonhospice.org](http://www.houstonhospice.org) | [info@houstonhospice.org](mailto:info@houstonhospice.org)**