



Mercy Hospital Jefferson

Acute Rehabilitation Unit Program Guide

Mercy 

Your life is our life's work.

Our Commitment To You

At Mercy, our belief, values and mission shape the way we treat our patients, their families and each other. You can expect every member of your care team to:

- Show respect for the dignity of the individual
- Provide the highest quality clinical and customer-related services
- Demonstrate fairness and honesty in all interactions
- Adhere to professional codes and practice guidelines
- Provide an accurate portrayal of the services and outcomes of the program

Let Us Know

If, during your rehab stay, you feel that we have not met your needs in any way, or any aspect of your care has been less than satisfactory, we want to know.

Your satisfaction with your rehab program is important to us.

Program Director:
636.933.5742

Nurse Manager:
636.933.5401

Daily Schedule

Monday - Friday

| | |
|------------------|--|
| 6:30 - 8 a.m. | Get ready for the day! Therapeutic baths will be scheduled throughout the week (Starting at 7 a.m.). Breakfast |
| 8:30 a.m. - Noon | Individual Treatment Sessions Remember the Schedule Board! |
| 12 p.m. | Lunch |
| 1 - 4:30 p.m. | Individual/Group Treatment |
| 2:30 - 4:30 p.m. | Individual Education |
| 4:30 - 5:30 p.m. | Get to the Dining Room/Complete Therapy Time Supper |

Saturday:

Therapy is completed for anyone admitted during the week or with special requirements for therapy.

Sunday:

Please complete the provided walking program and/or self exercises so you will be able to work with therapists on Monday.

Notes:

STOP! Ask for Help!

Our goal at Mercy Jefferson is to assist you in regaining your highest level of function. With improvement comes the responsibility of our staff, you and your family to keep you safe.

Prevent Falls and/or Injury

Patients and Staff Responsibilities:

- Always ask for assistance when getting up or out of bed. **NEVER** have a family member assist you with getting up (for your protection and theirs).
 - The therapy staff will inform you when you are allowed to be MODI (meaning allowed to get up by yourself).
- Always have footwear on when getting up.
- Always have a gait belt on when getting up.



The Road to Recovery

Chances are, you didn't expect life to take you down this path. Your illness or injury was probably unexpected, and now you're uncertain about what the future holds for you. Feel assured that we are committed to helping you get back your sense of well-being and reach your highest level of functioning.

You will be surrounded by a group of highly trained professionals who care about you. We will work as a team to help you prepare for living outside of the hospital again. We can't tell you that this will be an easy road for you — it's work—but it may be the most important work of your life. And you won't be alone. We will take this journey with you.

What you can expect

We will ask you to participate in a series of evaluations at first. It is critical that we perform a complete assessment, because your treatment program will be based on the needs we identify. We will tell you as much as we know about your condition and keep you informed on how we think you're progressing.

Patients spend a minimum of three hours in therapy each day, five days a week. Therapy may take place in both individual and group treatment settings, and sessions will be scheduled for various times throughout the day.

We will want you to be as active as possible. Your meals will be served in the dining room. Because of this increased level of activity, you will naturally be somewhat tired. But

this should improve as you gradually regain your strength.

After discharge, you will receive a survey asking you to evaluate your stay with us. This information will help us continue to provide quality services to our patients. You will receive a follow-up call after discharge and again at three months to discuss your concerns and check on your progress.

As we said before, your program will be challenging. But you can expect our full support and encouragement. Your needs and goals are our top priority.

What we need from you

We will need your complete attention and best efforts during all activities. A positive attitude is absolutely necessary to the success of your program. You may be asked to perform tasks in a new way, and you must be willing to accept new ideas. Please let us know your thoughts and feelings.

What you should bring

- You will need a week's supply of comfortable clothing:
 - Loose-fitting shirts/blouses and loose-fitting pants/shorts
 - Sturdy, low-heeled shoes or sneakers
 - Undergarments/socks
 - Nightgown or pajamas/robe
 - Sweater
- Remember to bring all necessary personal items such as eyeglasses, hearing aids, cosmetics, and toiletries.

- Photographs and hobby items, such as books, puzzles, and needlepoint, can help you adjust to your new environment.

It is best to leave valuables (cash, jewelry) at home. A washer and dryer are available for laundry.

Family involvement

We encourage family members to be involved in your treatment by giving moral support and observing therapy sessions. We may ask to have a conference with your family to talk about your goals, the progress you've made, and your plans for discharge. Your families/caregivers early involvement will improve learning and potentially everyone's comfort with your improvement.

A temporary leave, or pass, may be granted prior to discharge in order to give you and your family a chance to practice new skills outside the hospital.

Our location

Mercy Hospital Jefferson – Acute Rehab Unit is on the 5th floor of **Mercy Hospital Jefferson**
1400 S. Highway 61
Crystal City, MO 63019

Admission and Financial Information

A free pre-admission screening by a member of our professional team will help determine your potential benefit from our intensive rehabilitation program.

The Mercy Hospital Jefferson - Acute Rehab Unit accepts most major health insurance carriers, including Medicare. In some instances, payment may be available through workman's compensation. Our hospital will assist in verifying insurance coverage.

The Rehabilitation Center staff will provide more detailed information on these and other issues. Please let us know if you have questions.

About your rehab team

The **Medical Director** is a physician specifically trained in rehabilitation who will coordinate your overall treatment program.

The **Nurses** will give you around-the-clock personal care and support and will teach you and your family more about your abilities and treatments.

Physical Therapists will teach you exercises that may help improve your strength and mobility. If necessary, they will also teach safe and correct use of mobility devices such as walkers and canes, braces, and artificial limbs.

Occupational Therapists focus on improving your everyday living skills, including bathing, dressing, cooking, and eating. They may also train you



on equipment that will help you better perform these activities.

Speech Pathologists will assess and treat your ability to communicate, problem solve and reason. They may also address problems with swallowing.

The **Social Worker** will explain the different details of your stay, explore with you the many changes in your life and coordinate your discharge.

Other individuals on your rehabilitation team may include a **dietitian**, **pharmacist**, **orthotist** (who designs and fits braces), **prosthetist** (who creates and fits artificial limbs), **psychologist** or **hospitalists**.

If you have any questions, please contact any member of the Mercy Hospital Jefferson - Acute Rehab Unit team.

Safety Checklist Prevent Falls in Your Home

Kitchen

Never:

- Stand on a chair
- Never leave spills

Always:

- Place items within reach
- Set a timer for food

Bedroom/Clothes

Never:

- Wear loose or too big clothing
- Wear backless shoes
- Walk on a wet floor

Bathroom

Never:

- Walk on a wet floor
- Step into a slippery tub

Always:

- Use safety rails
- Use Bath/Shower Bench

Patient / Family Home Self-Assessment

Outside of Home:

What surface is available for the patient to walk up to the house?

- Grass Gravel Sidewalk
 Other: _____

How many entrances are there:

- 1 2 3 4 5

Does each entrance have steps?

- Yes No # of steps _____

Railings: Yes No

Landing: Yes No

Entrance 1

Entrance 2

Entrance 3

Entrance 4

Measure the width of each entrance:

#1: _____

#2: _____

#3: _____

#4: _____

In The Home

1. Walk through the house and determine if there is ample room for moving inside of the home. Make sure clutter and furniture arrangement will allow room for the patient to maneuver with ease. REMEMBER the patient will be coming home with a walker or a wheelchair, so there needs to be plenty of room. (walker 28 inches - wheelchair 28-36 inches)

Remove All Throw Rugs

2. Measure the width of the following:

Door into bedroom is _____ inches.

Door to bathroom is _____ inches.

Door to kitchen is _____ inches.

Hallway width is _____ inches.

Diagrams:

Please draw the following rooms, so that we can better serve the patient during our treatment times.

Bedroom

Kitchen

Look in each room and make sure that the patient can get to all necessity items. Bed, dresser, closets, telephone and where clothes are stored. Stove, refrigerator, phone, outlets, and where commonly used items are.

Bathroom

Toilet, bath/shower, toiletries, medicines.

What are the surface types in the home (i.e.: carpet, linoleum, etc.)

How high is the bed: _____ inches

How high is the toilet: _____ inches

How wide is the tub: _____ inches

How much space is on each side of toilet:

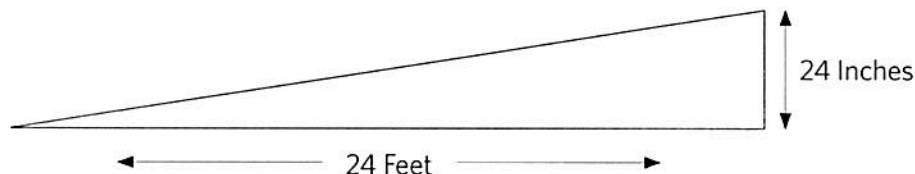
Left: _____ inches

Right: _____ inches

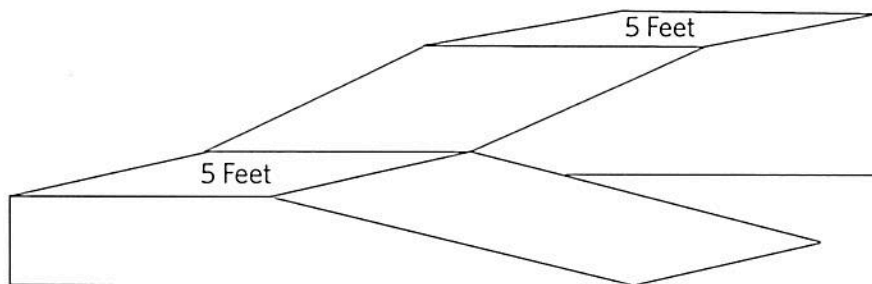
Ramps

The recommended slope of a ramp is 1 foot of length per every 1 inch in height with a minimum width of 32 inches. The average width of a wheelchair is 27 to 29 inches wide. Total length will vary according to the height of the steps and/or porch.

EXAMPLE: if the total height of steps is equal to 24 Inches then a 24 foot long ramp is recommended.



If the ramp is too long for the area, the ramp can be built of two or more sections with each of the sections separated by a level platform approximately 5 feet by 5 feet. There should also be a space of at least 5 feet between the door opening and the ramp to allow turning and positioning of the wheelchair and opening of the door.



A low rail should run along the length of the ramp to keep the wheelchair from rolling off. Handrails should be placed 30 to 32 inches high on both sides. The handrail should be easy to grip. A non-slip surface (such as a sand/paint mixture or other coating) is recommended for the ramp, and if the ramp is not covered, it should be kept free of ice, snow, etc.

Some types of ramps can be purchased. One of the therapists or social workers can give you some ideas for sources.

Home Recommendations

• Entrances and Hallways

- Remove all throw rugs in the hallways and bathrooms
- Add a railing on the front/back steps
- Place a firm chair and small table on the patio in the backyard and on the front porch to allow for rest stops

• Living Room

- Place a firmer chair with arm rests in the living room to ease with getting up
- Use a "universal" remote to control the TV and stereo to save steps

• Bedroom

- Install night lights in the master bedroom and bathroom
- Remove throw rugs on carpeted surfaces and in master bathroom

• Bathroom

- Use a bath bench for the tub
- Install a hand-held shower head
- Install grab bars
- Place a nonskid surface inside and next to the bathtub

• Kitchen

- Rearrange dishes and glasses on lower shelves in the kitchen for easier access. Move items to top shelf in refrigerator to decrease stooping and reaching
- Place commonly used items (e.g., salt, pepper, napkins) on a rotating platform on the counter
- Use two nonskid surface pads, one on the counter and one on the table. Use a rocker knife, a one-handed jar opener, and a cutting board fitted with spikes to hold food in place

• Laundry

- Replace wicker laundry baskets with plastic baskets with handles and/or wheels on them; plastic baskets can more easily slide along the ground

Patient Rights and Responsibilities

During sickness, the basic human rights for independence of expression, decision, action, and personal dignity become a vital and deciding factor in survival and recovery. This statement does not presume to be all-inclusive. It is intended to convey the health system's responsibility to observe and uphold patient rights in compliance with state, federal, and accrediting agency regulations and standards. In providing care, the health system has the right to expect that patients, their families and friends demonstrate behavior that is reasonable and responsible.

Patients, or designated representatives, have a right to:

1. be free from abuse, neglect, harassment and to be treated with consideration and respect;
2. receive care in a safe setting and protective oversight while a patient in the hospital;
3. personal privacy, comfort, and dignity;
4. reasonable protection of personal possessions brought to the facility;
5. participate in the development and implementation of his/her plan of care, including pain management and discharge plans and to participate in treatment decisions in advance of such care or treatment;
6. be informed of their health status;
7. have pain treated as effectively as possible;
8. consent/accept medical care or refuse it, to the extent permitted by law, after being adequately informed of the benefits and risks of, and alternatives to, treatment;
9. to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law;
10. have a family member or representative of his/her own choosing, and his/her own physician notified promptly of his/her admission to the hospital;
11. choose and/or deny visitors during their hospital stay within the clinical and privacy guidelines set by the hospital;
12. be informed, upon request, regarding general information pertaining to services received by the patient;
13. participate in the patient's discharge planning, including being informed of service options that are available to the patient and a choice of agencies which provide the service;
14. formulate advance directive regarding end-of-life decisions and to have hospital staff and practitioners who provide care in the hospital comply with these directives;
15. 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;
16. know the professional status of any person providing his/her care or services;
17. know the reasons for any proposed change in the Professional Staff responsible for his/her care;
18. confidentiality of his/her clinical records maintained by the facility and to access and/or review the patient's medical record within a reasonable time frame and to receive copies of the record at a reasonable photocopy fee;
19. know the reasons for his/her transfer either within or outside the facility;
20. know the relationship(s) of the facility to other persons or organizations participating in the provision of his/her care;
21. access the cost, itemized when possible, of services rendered within a reasonable period of time;
22. an explanation of the billing based on either inpatient or outpatient level of care;
23. be informed of the source of the facility's reimbursement for his/her services, and of any limitations which may be placed upon his/her care;
24. be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff;
25. participate in the informed consent of organ and/or tissue donation, to the extent permitted by law;
26. be informed of the hospital's patient grievance policies and procedures, including whom to contact and how;

27. file a formal or informal verbal or written grievance and to expect a prompt resolution of the grievance, including a timely written notice of the resolution which includes information on the steps taken on behalf of the patient to investigate the grievance, the results of the investigation, and the date the investigation was completed.

Patients or designated representatives have a responsibility to:

1. provide accurate and complete information about their medical history;
2. communicate current symptoms/reasons for seeking health care to the best of their ability;
3. participate in the development and implementation of the recommended treatment plan;
4. accept the consequences for not following the recommended treatment plan, refusing treatment, leaving the hospital against medical advice, or eloping from the hospital that constitutes leaving against medical advice;
5. assure that the financial obligations are fulfilled as promptly as possible and provide current insurance or payment information upon admission;
6. abide by the hospital's rules and regulations governing patient care and conduct;
7. abide by the hospital's "No smoking and/or tobacco use on campus" policy;
8. be considerate of the rights of other patients and facility personnel;
9. communicate with their physician(s) and nurse(s) about pain symptoms and their pain management expectations; patients are encouraged to ask for pain relief treatment when pain first starts, and to notify their healthcare providers if pain is not relieved.

If you have a concern, complaint, or grievance to report:

Mercy Hospital Jefferson will do our very best to make sure you receive the best care and services we can provide. If you have a complaint or grievance about your care, we ask that you let a staff member, physician or anyone else involved in your care know, so that we have an opportunity to resolve your concern as quickly as possible.

If you or your representative is not satisfied with the response you receive to your complaint or grievance, you may contact the **Risk Management Department by dialing 636.933.1800**. If you wish to put your grievance in writing, you may write to:

**Mercy Hospital Jefferson,
Risk Management Department,
P.O. Box 350, Crystal City, MO 63019.**

You will receive a written follow up on the outcome of any investigation or corrective action.

Grievances may also be placed with the Missouri Department of Health and Senior Services. The address is:

**Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102-0570
573.751.6303**

Mercy Hospital Jefferson is accredited by The Joint Commission (TJC). If you have questions or concerns about your health care facility you may contact (TJC) directly at the address below:

Contact TJC directly:

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

patientsafetyreport@jointcommission.org

Office: 630.792.5800

Fax: 630.792.5636

Mercy Hospital Jefferson also has an anonymous Corporate Compliance Hotline. You can make us aware of any corporate compliance issue by calling:

1.877.463.7292.

References

Centers for Medicare and Medicaid Services (2013).

State operations manual appendix A survey protocol: Regulations and interpretative guidelines for hospitals.

Missouri Code of State Regulations (2013).

Rules of Department of Health and Senior Services, division 30, chapter 20.

Patient Rights and Responsibilities as of 08/14/13.

Patient Privacy And Privacy Rights Under The Inpatient Rehabilitation Facility Prospective Payment System (Irf Pps)

In order to participate in the Medicare program a hospital must comply with specific conditions of participation. These conditions are stipulated at Title 42 of the Code of Federal Regulations, Subchapter G, Part 482. Section 482.13 which is entitled "Condition of participation: Patients' rights" at paragraph (d)(1) states the following:

The patient has the right to the confidentiality of his or her clinical records.

Section 482.24 which is entitled "Condition of participation: Medical record services" at paragraph (b)(3) states the following:

- The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records may be released only to authorized individuals, and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas.
- Before performing an assessment using the IRF-PAI a clinician of the IRF must give a Medicare inpatient a document entitled "Privacy Act

Statement-Health Care Records" and a document entitled "Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities." The Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities is the simplified plain language description of the Privacy Act Statement-Health Care Records. Giving the Medicare inpatient these documents informs the inpatient of his or her privacy rights under the Privacy Act of 1974 and 45 CFR 5b.4(a)(3) which include the following patient rights:

The right to be informed of the purpose of the patient assessment data

- collection;
The right to have any patient assessment information that is collected
- remain confidential and secure;
The right to be informed that the patient assessment information will not be disclosed to others except as allowed by the Federal Privacy Act and as permitted or required by Federal or State privacy and security laws;
- The right to refuse to answer patient assessment data questions; and
- The right to see, review, and request changes to their patient assessment instrument data.

Privacy Act Statement - Health Care Records

This statement gives you notice of a data collection as required by law (section 552a(e)(3) of the Privacy Act of 1974).

This statement is not a consent form. It will not be used to release or to use your health care information.

I. The authority for this data collection is given under section 1886(j)(2)(D) of the Social Security Act, which authorizes the Secretary to collect the

data necessary to establish and administer the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS).

Medicare participating inpatient rehabilitation facilities must do a complete assessment that accurately reflects your current clinical status and includes information that can be used to show your progress toward your rehabilitation goals. The inpatient rehabilitation facility (IRF) must use the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IFR-PAI) as part of that

assessment, when evaluating your clinical status. The IRF-PAI must be used to assess every Medicare Part A (Fee-for-Service) and Part C (Medicare Advantage) inpatient, and it may be used to assess other types of inpatients. The information that is collected on the IRF-PAI is submitted to the Centers for Medicare & Medicaid Services (CMS), which uses the information to be sure that the IRF is paid appropriately for the services that they furnish you, and to help evaluate whether the IRF meets quality standards and gives appropriate health care to its patients.

CMS safeguards the IRF-PAI data in a data system. The system limits data access to authorized users and monitors such users to ensure against unauthorized data access or disclosures. This system conforms to all applicable Federal laws and regulations as well as Federal government, Department of Health & Human Services (HHS), and CMS policies and standards as they relate to information security and data privacy. The applicable laws and regulations include, but are not limited to: the Privacy Act of 1974; the Federal Information Security Management Act of 2002; the Computer Fraud and Abuse Act of 1986; the Health Insurance Portability and Accountability Act of 1996; the E-Government Act of 2002; the Clinger-Cohen Act of 1996; the Medicare Modernization Act of 2003; and the corresponding implementing regulations.

While you have the right to refuse to provide information to the IRF for the assessment, this information is very important in ensuring that the IRF is paid appropriately for the services it provides, meets quality standards, and furnishes appropriate health care to its patients. We hope that you will cooperate with your IRF in gathering the necessary data. As explained below, any information that you provide to the federal government through this assessment will be protected under the Federal Privacy Act of 1974 in accordance with the IRF-PAI System of Records Notice. Furthermore, you will always have the right to see, copy, review, and request correction of inaccurate or missing personal health information in the IRF-PAI System of Records.

II. Principal Purpose For Which Your Information Is Intended To Be Used

The information collected will be entered into the IRF-PAI System of Records No. 09-70-0521. The information will primarily be used to support payments for Fee-for-Service care provided to Medicare Part A beneficiaries by IRFs under the IRF PPS. This information may also be used or disclosed for additional purposes that are related to the principal purpose for which the data was collected. These additional uses are called "routine uses," which are discussed in detail below.

III. Routine Uses

The following "routine uses" specify the circumstances when CMS may release your information from the IRF-PAI System of Records without your consent. Prior to receiving data under one of these routine uses, each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Furthermore, disclosures of protected health information authorized by these routine uses may be made only if, and as, permitted or required by the „Standards for Privacy of Individually Identifiable Health Information. (45 CFR Parts 160 and 164, which are commonly referred to as the "HIPAA Privacy Rule.") The routine uses are:

1. To support agency contractors, consultants, or grantees who have been engaged by the agency to assist in the performance of a service related to this System of Records and who need to have access to the records in order to perform the activity.
2. To support Quality Improvement Organizations (QIO) in connection with review of claims, or in connection with studies or other review activities conducted pursuant to part B of Title XI of the Act, and in performing affirmative outreach activities to individuals for the purpose of establishing and maintaining their entitlement to Medicare benefits or health insurance plans.
3. To assist another Federal and/or state agency, agency of a state government, agency established by state law, or its fiscal agent to:
 - a. Contribute to the accuracy of CMSs proper payment of Medicare benefits;
 - b. Enable such agency or agent to administer a

- Federal health benefits program, or as necessary to enable such agency or agent to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; or
- c. To improve the state survey process for investigation of complaints related to health and safety or quality of care and to implement a more outcome oriented survey and certification program.
4. To an individual or organization for a research, evaluation, or epidemiological projects related to the prevention of disease or disability, the restoration or maintenance of health, or for understanding and improving payment projects.
 5. To support the Department of Justice (DOJ), a court or an adjudicatory body when:
 - a. The agency or any component thereof;
 - b. Any employee of the agency in his or her official capacity;
 - c. Any employee of the agency in his or her individual capacity where the DOJ has agreed to represent the employee; or
 - d. The United States Government is a party to litigation or has an interest in such litigation, and by careful review, CMS determines that the records are both relevant and necessary to the litigation and the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which the agency collected the records.
 6. To a CMS contractor (including, but not necessarily limited to fiscal intermediaries, carriers and Medicare administrative contractors) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud or abuse in such program.
 7. To assist another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any State or local governmental agency), that administers, or that has the authority to investigate potential fraud or abuse in whole or part by Federal funds, when disclosure is deemed reasonable necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat frauds or abuse in such programs.
 8. To assist a national accrediting organization that has been approved for deeming authority for Medicare requirements for inpatient rehabilitation services (e.g., the Joint Commission for the Accreditation of Healthcare Organizations, the American Osteopathic Association and the Commission of Accreditation of Rehabilitation Facilities). Data will be released to these organizations only for those facilities that participate in Medicare by virtue of their accreditation status, and even then, only if they meet the following requirements:
 - a. Provide identifying information for IRFs that have an accreditation status with the requesting deemed organization;
 - b. Submission of a finder file identifying beneficiaries/patients receiving IRF services;
 - c. Safeguard the confidentiality of the data and prevent unauthorized access; and
 - d. Upon completion of a signed data exchange agreement or a CMS data use agreement.
 9. To assist insurance companies, third party administrators (TPA), employers, self-insurers, managed care organizations, other supplemental insurers, non-coordinating insurers, multiple employer trusts, group health plans (i.e., health maintenance organizations (HMO) or a competitive medical plan (CMP)) with a Medicare contract, or a Medicare-approved health care prepayment plan (HCPP), directly or through a contractor, and other groups providing protection for their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive the information, they must agree to:
 - a. Certify that the individual about whom the information is being provided is one of its insured or employees, or is insured and/or employed by another entity for whom they serve as a third party administrator;
 - b. Utilize the information solely for the purpose of processing the individuals insurance claims; and
 - c. Safeguard the confidentiality of the data and prevent unauthorized access.

10. To appropriate Federal agencies, Department officials and contractors, as well as CMS contractors, to respond to a suspected or confirmed breach of the security or confidentiality of the information maintained in this System of Records.

IV. Effect On You If You Do Not Provide Information

The IRF needs the information contained in the IRF-PAI in order to comply with the Medicare regulations. Your IRF will also use the IRF-PAI to assist in providing you with quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it difficult to evaluate

if the facility is giving you quality services. While this information is important, there is no federal law basis for your IRF refusing you services if you refuse to provide the requested information.

Contact Information

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal health information, which that Federal agency maintains in its IRF-PAI System of Records: Call 1.800.MEDICARE, toll free, for assistance in contacting the IRF-PAI System of Records Manager. TTY for the hearing and speech impaired: 1.800.820.1202.

Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities

This notice is a simplified plain language summary of the information contained in the attached "Privacy Act Statement-Health Care Records"

As a hospital rehabilitation inpatient, you have the privacy rights listed below.

- You have the right to know why we need to ask you questions.
 - We are required by federal law to collect health information to make sure:
 - 1) you get quality health care, and
 - 2) payment for Medicare patients is correct.
- You have the right to have your personal health care information kept confidential and secure.
 - You will be asked to tell us information about yourself so that we can provide the most appropriate, comprehensive services for you.
 - We keep anything we learn about you confidential and secure. This means only those who are legally permitted to use or obtain the information collected during this assessment will see it.
- You have the right to refuse to answer questions.
 - You do not have to answer any questions to get services.

- You have the right to look at your personal health information.
 - We know how important it is that the information we collect about you is correct.
 - You may ask to review the information you provided. If you think we made a mistake, you can ask us to correct it.

Contact Information

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal health information which that Federal agency maintains in its IRF-PAI System of Records: Call 1.800.MEDICARE, toll free, for assistance in contacting the IRF-PAI System of Records Manager. TTY for the hearing and speech impaired: 1.800.820.1202

Note: The rights listed above are in concert with the rights listed in the hospital conditions of participation and the rights established under the Federal Privacy Rule.



Your life is our life's work.

Acute Rehab Unit
Mercy Hospital Jefferson
1400 S. Highway 61 | 5th floor
Crystal City, MO 63019