

Dear Client,

I am pleased to welcome you to Valley Care Home Health, Inc. family. Here, you will discover the joy of a hassle-free medical visit. Because our greatest goal is to guarantee your satisfaction, our expertly trained personnel will be working 24 hours a day to fulfill your needs and to provide you with the finest quality of health care.

Valley Care Home Health, Inc. delivers leading-edge knowledge. Through our personalized visits and regular appointments, you will encounter respected personnel, working hard to meet your needs. These are people who enjoy helping you and who make themselves accessible by devoting long hours for your benefit.

With a rich diversity of ethnicities and nationalities, staff are central to what makes Valley Care Home Health, Inc. an unsurpassed environment of friendliness and mutual respect.

Furthermore, our staff accommodates to the multi-cultural nature of the Riverside, San Bernardino, and Imperial counties in that we have employees fluent in a variety of languages such as Spanish, Vietnamese and Tagalog.

In addition, as an equal opportunity partner, Valley Care Home Health, Inc. does not discriminate against any person based on race, color, creed, religion, sex, sexual preferences, national origin, disability, or age in admission, treatment, staffing or participation in its program, services, activities, and in employment.

A complete copy of this Notice is available online: valleycarehha.com the official website of Valley Care Home Health, Inc. A physical copy is available upon request.

Sincerely,
Administrator

Valley Care Home Health

73271 Fred Waring Dr., Ste 100, Palm Desert, CA 92260-2883
Tel: (760) 610-1964 * Fax (760) 610-5032

HOME HEALTH CARE PATIENT BILL OF RIGHTS

Dignity and Respect 484.50(c)(1);(2)

Patients have the right to:

- Have their property and person treated with respect.
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.
- Be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, or registered domestic partner status.
- Be informed of his/her condition, participate in all aspects of care & treatment, and the right to refuse all or part of his/her care to the extent permitted by law.

Complaints 484.50(c)(3)

Patients have the right to file complaints with the home health agency:

- Regarding their treatment and/or care that is provided.
- Regarding treatment and/or care that the agency fails to provide.
- Regarding the lack of respect for property and/or person by anyone who is providing services on behalf of the home health agency.
- To voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect of property by anyone who is furnishing services on behalf of Valley Care Home Health agency and must not be subjected to discrimination or reprisal for doing so.

Decision Making, Consent, and Services Provided 484.50(c)(4)(ii-viii)and(5)

Patients have the right:

- To participate in, and be informed about, and consent or refuse care in advance of and during treatment with respect to:
 - Organization shall advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.
- To completion of all assessments.
- To the care to be furnished, based on the comprehensive assessment.
- To establish and revise the plan of care.
 - The organization shall advise the patient in advance of any change in plan of treatment or plan of care, or plan for personal care services before the change is made.
- To the disciplines that will furnish the care.
- To the frequency of visits.
- To expected outcomes of care, including patient-identified goals, and anticipated risks and benefits.
- To any factors that could impact treatment effectiveness; and
- To be informed in advance of any changes in the care to be furnished, and of any changes in the care to be furnished.
- To receive all services outlined in the plan of care.
- ***To receive assistance and guidance for the provision of Advance Directives upon request by the patient, patient caregiver, or family.***

Privacy and Access to Medical Records 484.50(c)(6)

- Patients have the right to a confidential clinical record.
- Patients have the right to access and to the release of patient information and clinical records.

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HOME HEALTH CARE PATIENT BILL OF RIGHTS

Financial Information 484.50(c)(7)(i-iv)

Patients will be advised of:

- The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA.
- The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the home health agency.
- The charges the individual may have to pay before care is initiated.
- Any changes in the information regarding payment for service as soon as possible, in advance of the next home visit.

Patients have the right to receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on-going care. (484.50(c)(8))

Advocacy Resources 484.50 (c)(9);(10)

Patients will be advised of:

- The state toll free home health telephone hot line, its contact information, its hours of operation, and its purpose is to receive complaints or questions about local HHAs.
- The names, addresses, and telephone numbers of the area:
 - Agency on Aging
 - Center for Independent Living
 - Protection and Advocacy Agency
 - Aging and Disability Resource Center
 - Quality Improvement Organization

Free from Reprisal 484.50(c)(11)

- Patients have the right to be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.

Language Services and Auxiliary Aides 484.50(c)(12)

- Patients have the right to be informed of the right to access auxiliary aids and language services and how to access these services.

Discharge/Transfer Policy 484.50(d)

- Patients have the right to be informed of and receive a copy of the home health agency's policy for transfer and discharge.

Patient Responsibilities

Patients have the responsibility to:

- Notify the provider of changes in their condition (e.g. hospitalization, changes in the plan of care, symptoms to report).
- Follow the plan of care.
- Ask questions about care or services.
- Notify the home health agency if the visit schedule needs to be changed.
- Inform the home health agency of changes made to the advanced directives.
- Promptly advise the home health agency of any concerns with the services provided.
- Provide a safe environment for the home health agency staff.
- Carry out mutually agreed responsibilities; and
- Accept the consequences for the outcomes if the patient does not follow the plan of care.

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your representative has the right to express complaints to the Agency and the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to, **HIPAA Compliance Officer, 73271 Fred Waring Dr., Ste 100, Palm Desert, CA 92260-2883**. The Agency 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.

CONTACT PERSON

The Agency has designated *Gilbert Mwansa, Administrator*, as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at the address and phone number below.

EFFECTIVE DATE

This Notice is effective December 5, 2023.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

HIPAA Compliance Officer:
73271 Fred Waring Dr., Ste 100
Palm Desert, CA 92260-2883
Tel: (760) 610-1964
Fax: (760) 610-5032

- Business management and general administrative activities of the Agency.
- Fundraising for the benefit of the Agency

For example, the Agency may use your health information to evaluate its staff performance, combine your health information with our Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Fundraising Activities. The Agency may use information about you including your name, address, phone number, and the date you received care to contact you to raise money for the Agency. The Agency may also release this information to a related Agency foundation. If you do not want the Agency to contact you, notify, **HIPAA Compliance Officer, 73271 Fred Waring Dr., Ste 100, Palm Desert, CA 92260-2883. T: (760) 610-1964, F: (760) 610-5032** and indicate that you do not wish to be contacted.

For Appointment Reminders. The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. The Agency 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.

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

When Legally Required. The Agency 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 Agency may disclose your health information for public activities and purposes to:

- Prevent or control disease, injury, or disabilities, report disease, injury, vital events such as birth or death, and conduct of public health surveillance, investigations, and interventions.
- Report adverse events, product defects, to track products or enable product recalls, 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 Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect, or domestic violence. The Agency will make the disclosure only when specially required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. The Agency may not disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or

2. VALLEY CARE HOME HEALTH INC. will identify an organization or person in their service area who can interpret or translate for persons with limited English proficiency and who can disseminate information to and communicate with sensory impaired persons. These contacts will be listed and kept in the policy manual. (See "[Facilitating Communication](#)" Policy No. 1-012.)
3. A copy of this policy will be posted in the reception area of VALLEY CARE HOME HEALTH INC., given to each organization staff member, and sent to each referral source.
4. A nondiscrimination statement (See #5) will be posted in a conspicuous place, such as the reception area of the organization and will be printed on brochures, other printed public materials and in a conspicuous location on the organization's web site accessible from the home page, in English and at least the top 15 non-English languages spoken in the state.
5. The nondiscrimination statement will read: "*VALLEY CARE HOME HEALTH INC. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. VALLEY CARE HOME HEALTH INC. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. VALLEY CARE HOME HEALTH INC. provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written materials in other formats (e.g. large print, audio, accessible electronic formats). VALLEY CARE HOME HEALTH INC. provides free language services to people whose primary language is not English such as qualified interpreters and information written in other languages. If you need these services, contact the Section 504/ADA Coordinator/Section 1557 Civil Rights Coordinator (760) 610-1964 for Riverside County. If you believe that Valley Care Home Health, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex you can file a grievance with **Valley Care Home Health Administrator.***"

Address: 73271 Fred Waring Drive Suite 100 Palm Desert, CA 92260

Phone: (760) 610-1964

Fax: (760)610-5032

Email: ValleycareHHA@gmail.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Valley Care Home Health Administrator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Compliant Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 2020; 1-800-368-1019, 800-537-7697(TDD)"

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency 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 Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to request restrictions, please contact **HIPAA Compliance Officer, 73271 Fred Waring Dr., Ste 100, Palm Desert, CA 92260-2883 T: (760) 610-1964 F: (760) 610-5032.**
- ▶ **Right to receive confidential communications.** You have the right to request that the Agency communicates with you in a certain way. For example, you may ask that the Agency 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 contact **HIPAA Compliance Officer, 73271 Fred Waring Dr., Ste 100, Palm Desert, CA 92260-2883 T: (760) 610-1964 F: (760) 610-5032.** The Agency will not request you provide any reason for your request and will attempt to honor your reasonable requests for confidential communications.
- ▶ **Right to inspect and copy 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, **HIPAA Compliance Officer, 73271 Fred Waring Dr., Ste 100, Palm Desert, CA 92260-2883 T: (760) 610-1964 F: (760) 610-5032.** If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.
- ▶ **Right to amend health care information.** You or your representative has the right to request that the Agency amend your records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to, **HIPAA Compliance Officer, 73271 Fred Waring Dr., Ste 100, Palm Desert, CA 92260-2883 T: (760) 610-1964 F: (760) 610-5032.** The Agency 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 Agency, if the records you are requesting are not part of the Agency'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 Agency, 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 Agency for a certain reason, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to, **HIPAA Compliance Officer, 73271 Fred Waring Dr., Ste 100, Palm Desert, CA 92260-2883 T: (760) 610-1964 F: (760) 610-5032.** The request should specify the time period for the accounting starting on or after January 01, 2018. Accounting requests may not be made for periods over six (6) years. The Agency 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 a paper copy of this notice.** You or your representative has the right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact:
- ▶ **HIPAA Compliance Officer:
73271 Fred Waring Dr., Ste 100
Palm Desert, CA 92260-2883
Tel: (760) 610-1964
Fax: (760) 610-5032**

SUGGESTIONS, QUESTIONS, COMPLAINTS AND GRIEVANCES

We at Valley Care Home Health, Inc. would like to hear from you.
It is our Agency's commitment to ensure your finest home care experience.
For any suggestions, questions, complaints, or grievances, you can call or write directly to:

ADMINISTRATOR
GILBERT MWANSA, RN, MSN

VALLEY CARE HOME HEALTH, INC.
73271 Fred Waring Dr., Suite 100
Palm Desert, CA 92260
Tel: (760) 610-1964
Fax: (760) 610-5032

**You may also call Department of Public Health
HOTLINE NUMBER
Riverside County: 1-951-358-5000**

24 HOURS A DAY

The purpose of this Hotline Number is to receive your concern(s) regarding recipient abuse, neglect,
and non-compliance with the Advance Directives requirements.

This number could also be used to obtain information regarding local Home Health Agencies.

OR

JOINT COMMISSION
(for any concerns about your care and/or safety)

TELEPHONE
1-800-994-6610

complaint@jointcommission.org