WELCOME TO

A Guide To Patient Services

Mid-Jefferson Extended Care Hospital

"The Name You Know… The Care You Trust"

Mid Jefferson
Extended Care Hospital

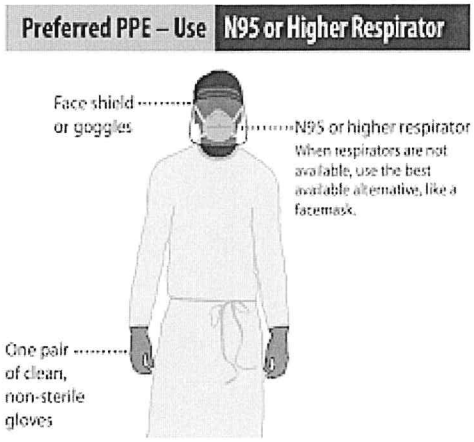
COVID GUIDELINES FOR NON-EMPLOYEES

Mid Jefferson
Extended Care Hospital

Hospital Policy for Non-Employees

- Facial coverings are required to be worn by everyone entering the facility. Guests/Vendors must provide their own facial covering. If going into patient care area appropriate personal protective equipment (PPE) will be provided by facility (N95 and Face shield).
- Visits should be scheduled to allow enough time for screening, education, and training about COVID-19 guidelines and practices for guests/vendors.
- All guests/vendors MUST complete a COVID-19 screening form and temperature check immediately after entering facility. This is mandatory; no exceptions.
- Please answer all screening questions with diligence.
- Guests/Vendors who do not pass the screening form or temperature check will not be able to enter the facility. In such case the guest/vendor will be instructed to seek medical attention from their primary care provider.
- Guests/vendors must have green "screened" sticker visible at all times while in the facility.
- Guests/vendors who are at increased risk for severe illness from COVID 19 (such as older adults and those with underlying medical conditions) are strongly advised not to enter patient care area.
- Please limit movement to areas only approved for visitation. Non-patient related visits should limit their movement to the reason for being onsite.
- Guests/Vendors please perform frequent hand hygiene. Hand sanitizer stations are located through out the facility.
- In patient care area guests/vendors must comply with putting on and taking off proper personal protective equipment (PPE). Used PPE must be discarded in the appropriate receptacle.

Thank you for your cooperation during this difficult time.



Donning (putting on the gear):

1. Identify and gather the proper PPE to don.
2. Perform hand hygiene using hand sanitizer.
3. Put on NIOSH-approved N95
4. Put on face shield
5. Enter patient care area
6. Put on Laundered Yellow gown if going into patient room
7. Put on Gloves if touching patient or equipment while in room

Doffing (taking off the gear)

1. Remove gloves
2. Remove yellow laundered gown and place in soiled linen cart (blue bag).
3. EXIT room
4. Perform hand hygiene
5. N95 and face shield to remain on face until out of patient care area

Welcome to Mid-Jefferson Extended Care Hospital. We thank you for choosing us for your healthcare needs. Mid-Jefferson is committed to providing quality patient care. Our staff respects the dignity, comfort, and privacy of each patient and will treat you with compassion, courtesy, and respect at all times.

Our Hospital

Mid-Jefferson Extended Care Hospital is a 78-bed, long-term acute care hospital. We currently have 48 beds located in Nederland at 2600 Hwy 365, Nederland, Texas 77627. We have 30 beds located in Beaumont at 860 S. 8th St, Beaumont, Texas 77701. We provide a comprehensive range of medical services for acute care patients who require a longer time to recover from life's most serious illnesses and injuries. Our specialized care integrates all services into an interdisciplinary recovery approach not seen in other healthcare settings. We are Medicare certified.

Your Treatment Plan and Team Conference

Your recovery is our goal and we will do everything we can to help you achieve it. Your case manager and physician, along with nursing, respiratory therapy, physical, occupational and speech therapies, dietary and wound care specialists meet weekly throughout your stay and work together to develop and implement your care treatment plan. This interdisciplinary approach allows our patients to reach optimal recovery in the most efficient and effective manner possible. No other level of healthcare provides this level of integration or involvement in your care this frequently. We identify every barrier that exists to your discharge and develop plans to overcome those obstacles in the most efficient and effective manner.

You are also an important member of the team involved in your care and discharge plans. Our case managers will meet with you after each team meeting to discuss your care and provide you with necessary information to answer your questions. If you wish to attend the team conference personally to question or interact with all of the team members involved in your care, please inform your case manager. You will be notified of the next scheduled team conference and arrangements made for your attendance. If you are unable to attend, you may have a representative at the team conference. However, if you are capable of making your own medical decisions, family members/representatives may only attend at your request. We value your privacy and adhere to healthcare privacy laws that do not allow us to have those discussions with family members/representatives unless authorized by you to do so.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMAT ION ABOUT YO U MAY BE USED AND DISCLOSED AND HOW YO U CAN GET ACCESS TO THIS INFORMAT ION. PLEASE REVIEW IT CAREFULLY.

Who Must Follow This Notice Mid-Jefferson Extended Care Hospital provides you (the patient) with health care by working with doctors and many other health care providers (referred to as "we," "our," or "us"). This is a joint notice of our information privacy practices ("Notice"). The following people or groups will follow this Notice:

- any health care provider who comes to Mid-Jefferson Extended Care Hospital to care for you. These professionals include doctors, nurses, technicians, physician assistants and others.
- all departments and units of our organization, including skilled nursing, outpatient services, mobile units, hospice, and emergency departments.
- our employees, contractors, students and volunteers, including regional support offices and affiliates.

These entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes described in this Notice. In addition, we also use and share your information for other reasons as allowed and required by law. If you have any questions about this Notice, please see our contact information on the last page of this Notice.

Our Commitment to Your Privacy We understand that medical information about you and your health is private and personal. We are dedicated to maintaining the privacy and integrity of your protected health information ("PHI"). PHI is information about you that may be used to identify you (such as your name, social security number, or address), and that relates to (a) your past, present, or future physical or mental health or condition, (b) the provision of health care to you, or (c) your past, present, or future payment for the provision of health care. In providing services to you, we will receive and create records containing your PHI. We need these records to provide you with quality care and to comply with certain legal requirements.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other Notice in effect at the time of the use or disclosure).

This Notice applies to the records of your care at Mid-Jefferson Extended Care Hospital, whether created by hospital staff or your doctor. Your doctor and other health care providers may have different practices or notices about their use and sharing of medical information in their own offices or clinics. We will gladly explain this Notice to you or your family member.

How We May Use and Disclose Medical Information About You This section of our Notice tells how we may use medical information about you. We will protect medical information as much as we can under the law. Sometimes state law gives more protection to medical information than federal law. Sometimes federal law gives more protection than state law. In each case, we will apply the laws that protect medical information the most.

Mid-Jefferson Extended Care Hospital may use or share medical information about you with hospital personnel at Mid-Jefferson Extended Care Hospital if necessary for treatment, payment and health care operations.

We are required to maintain the confidentiality of the PHI of our patients, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. The following categories describe different ways that we use your PHI within Mid-Jefferson Extended Care Hospital and disclose your

PHI to persons and entities outside of Mid-Jefferson Extended Care Hospital. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that will require your specific authorization.

How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder or to confirm your health insurance coverage. At other times, we may need to use or disclose more PHI such as when a doctor is providing medical treatment. The following are situations which by law do not require your permission or authorization:

- **Disclosure at your request.** We may disclose information when requested by you. This disclosure a at your request may require written authorization by you.
- **Treatment.** This is the most important use and disclosure of your PHI. We may use and disclose your PHI to another physician or health care provider to provide treatment and other services to you. For example, our physicians, nurses, and other health care personnel, including trainees, involved in your care use and disclose your PHI to diagnose your condition and evaluate your health care needs. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
- **Payment.** We may use and disclose your PHI to obtain payment for services that we provide to you. For example, we may make disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor") or to verify that Your Payor will pay for health care.
- **Health care operations.** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. Examples are using information about you to improve quality of care, for disease management programs, patient satisfaction surveys, compiling medical information, de-identifying medical information and benchmarking.
- **Business associates.** There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your PHI to our business associates so that they can perform the job we have asked them to do. To protect your PHI, we require our business associates to sign a contract or written agreement stating that they will appropriately safeguard your PHI.
- **Appointment reminders.** We may use and disclose your PHI to contact you as a reminder that you have an appointment for a consultation or other service through the Services.
- **Treatment alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-related products and services.** We may use and disclose your PHI to tell you about our health-related products or services that may be of interest to you.
- **Facility directory.** Unless you tell us otherwise, we may list your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation in our directory. We will give this information (except your religious affiliation) to anyone who asks about you by name. Your religious affiliation will be given only to appropriate clergy members.
- **Communications with family and others when you are present.** Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

- **Communications with family and others when you are not present.** If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative, or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.
- **Threat to health or safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations That Do Not Require Your Authorization The following categories describe unique circumstances in which Mid-Jefferson Extended Care Hospital may use or disclose your PHI without your authorization.

- **Public health activities.** We may disclose your PHI for the following public health activities to: (1) prevent or control disease, injury or disability; (2) report births and deaths; (3) report regarding the abuse or neglect of children, elders and dependent adults; (4) report reactions to medications or problems with products; (5) notify people of recalls of products they may be using; (6) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (7) notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.
- **Victims of abuse, neglect or domestic violence.** If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
- **Health oversight activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and other legal disputes.** We may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose your PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of a criminal conduct; (5) about criminal conduct at Mid-Jefferson Extended Care Hospital; and (6) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Decedents.** We may disclose your PHI to a coroner or medical examiner as authorized by law.
- **Organ and tissue donation.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
- **Research that does not involve your treatment.** When a research study does not involve any treatment, we may want to disclose your PHI to researchers. To do this, we

will either ask your permission to use your PHI or we will use a special process that protects the privacy of your PHI. In addition, we may use information that cannot be identified as your PHI, but that includes certain limited information (such as your date of birth and dates of service). We will use this information for research, quality assurance activities, and other similar purposes and we will obtain special protections for the information disclosed.

- **Specialized government functions.** We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State, under certain circumstances. We may use and disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may use and disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose PHI about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, and to protect the safety and security of the correctional institution.
- **Workers' compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar program
- **As required by law.** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.

Situations Requiring Your Written Authorization If there are reasons we need to use your PHI that have not been described in the sections above, we will obtain your written permission. This permission is described as a written "authorization." If you authorize us to use or disclose PHI about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons stated in your written authorization, except to the extent we have already acted in reliance on your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you. Some typical disclosures that require your authorization are:

- **Special categories of treatment information.** In most cases, federal or state law requires your written authorization or the written authorization of your representative for disclosures of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.
- **Research involving your treatment.** When a research study involves your treatment, we may disclose your PHI to researchers only after you have signed a specific written authorization. In addition, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate procedures to ensure the privacy of your PHI and approved the research. You do not have to sign the authorization, but if you refuse you cannot be part of the research study and may be denied research-related treatment.
- **Fundraising activities.** We may use demographic information and your dates of service for our own fundraising purposes. If you do not want us to contact you for fundraising efforts, you must notify us in writing at the address listed at the end of this Notice.
- **Marketing.** We must obtain your written authorization ("Your Marketing Authorization") prior to using your PHI to send you any marketing materials. We can, however, provide you with marketing

materials in a face-to- face encounter without obtaining Your Marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without Your Marketing Authorization. If we receive any direct or indirect payment for making such a communication, however, we would need your prior written permission to contact you. The only exceptions for seeking such permission are when our communication (i) describes only a drug or medication that is currently being prescribed for you and our payment for the communication is reasonable in amount; or (ii) is made by one of our business partners consistent with our written agreement with the business partner.

Your Rights Regarding Medical Information About You You have the following rights regarding health information we maintain about you. You may contact a health information representative where services were provided to obtain additional information and instructions for exercising the following rights.

- **Right to request additional restrictions.** You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction, unless the request is regarding a disclosure to a health plan for a payment or health care operation purpose and the medical information relates solely to a health care item or service for which we have been paid out-of-pocket in full. This request must be in writing. We will send you a written response. If we agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.
- **Right to receive confidential communications.** You may request to receive your PHI by alternative means of communication or at alternative locations. For example, you can request that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Inspection and copies.** You may request access to your medical record file and billing records maintained by us. You may inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

    - If you desire access to your records, you must submit your request in writing. If your medical information is maintained in an electronic health record, you may obtain an electronic copy of your medical information and, if you choose, instruct us to transmit such copy directly to an entity or person you designate in a clear, conspicuous, and specific manner.
    - If you request paper copies, we will charge you for the costs of copying, mailing, labor and supplies associated with your request. Our fee for providing you an electronic copy of your medical information will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation).

- You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's PHI will not be accessible to you (for example, records pertaining to health care services for which the minor can lawfully give consent and therefore for which the minor has the right to inspect or obtain copies of the record; or the health care provider determines, in good faith, that access to the client records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor client or on the minor's physical safety or psychological well-being).

- **Right to amend your records.** You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, your request must be in writing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. If we deny your request, you will be permitted to submit a statement of disagreement for inclusion in your records.
- **Right to addendum.** You have the right to add a 250-word document ("addendum") to your PHI.
- **Right to receive an accounting of disclosures.** Upon written request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time six years prior to the date of your request, except that for requests made on or after January 1, 2011 that relate to treatment, payment or health care operation disclosures from our electronic health record system, the accounting period is three years. Your written request should indicate in what form you want the list (for example, on paper or electronically). If you request an accounting more than once during a twelve (12) month period, we will charge you for the costs involved in fulfilling your additional request. We will inform you of such costs in advance, so that you may modify or withdraw your request to save costs. In addition, we will notify you as required by law if there has been a breach of the security of your PHI.
- **Paper copy.** Upon request, you may obtain a paper copy of this Notice. Even if you have agreed to receive such notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of the Notice, please ask us for a copy the next time you receive services at our facility, or contact us using the contact information at the end of this Notice.

Minimum Necessary: To the extent required by law, when using or disclosing your PHI or when requesting your PHI from another covered entity, we will make reasonable efforts not to use, disclose, or request more than a limited data set (as defined below) of your PHI or, if needed by us, no more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological imitations. For purposes of this Notice, a "limited data set" means medical information that excludes the following items:

- Names
- Postal Address information, other than town or city, State, and zip code
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images

Changes to this Notice We may change our privacy practices from time to time. Changes will apply to current PHI, as well as new PHI after the change occurs. If we make an important change, we will change our Notice. If our Notice has changed, we will offer you a copy of the current Notice the next time you seek treatment at one of our facilities.

Concerns or Complaints If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer (listed below). Finally, you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Our Privacy Officer can provide you the address. We will not take any action against you for filing a complaint.

How to Contact Us If you would like more information about your privacy rights, please contact Mid-Jefferson Extended Care Hospital by calling 409-726-8700 and ask to speak with the Privacy Officer. To the extent you are required to send a written request to Mid-Jefferson Extended Care Hospital, to exercise any right described in this Notice, you must
submit your request to Mid-Jefferson Extended Care Hospital at:
Mid-Jefferson Extended Care Hospital, LLC
2600 HWY 365
Nederland, TX 77627
Attn: Privacy Officer
Fax: 800-483-0068

Version Effective: 09/01/2018

Patient Rights

As a patient in our hospital, you or your representative has the right to:

Respect and Dignity

- considerate, respectful care in a safe setting, free from abuse, harassment or neglect, with recognition of your personal dignity and to promote a positive self-image
- care which respects your spiritual, psychosocial, and cultural beliefs
- assurance that restraints and seclusion of any form will not be used as a means of coercion, discipline, convenience, or retaliation by staff
- respect for your privacy, security, and confidentiality concerning your medical care and all information concerning your hospitalization
- a patient representative or advocate
- have complaints heard, reviewed, and when possible, resolved
- right to file a grievance if your concern is not resolved
- impartial access to treatment or accommodation

Information

- complete and understandable information from your physician concerning your diagnosis, treatment, procedure, outcome, and complications
- be informed of the hospital's charges for services and available payment methods
- know what rules and regulations of Mid-Jefferson Extended Care Hospital apply to your conduct as a patient
- access to information in your medical records, within the limits of the law
- be informed of your rights and responsibilities in advance of receiving or discontinuing patient care
- be informed, by introduction or by wearing a nametag, of the names and functions of all physicians and other health care professionals providing direct care to you

be informed that this hospital does not have a physician present in the hospital 24 hours per day, 7 days per week, and in the event that you develop a medical emergency, you may be transferred to another hospital for treatment.

Treatment

- participate in the development and implementation of a plan of care
- to give or withhold your consent to treatment to the extent permitted by law and to be informed of the medical consequences of that action, as well as the right to access the hospital's ethics committee for consultation on any treatment decisions
- have an Advanced Directive, such as a Living Will or Durable Power of Attorney for Healthcare, to express choices about your care or name someone to act on your behalf
- all reasonable efforts for treatment and services within the hospital's capability
- transfer to another facility upon physician approval, provision of complete information to the patient and acceptance by the receiving hospital
- participate or not to participate in research or clinical trials
- be informed by your physician, or the physician's delegate, of continuing healthcare requirements following discharge

Communication

- unrestricted access to visitors, mail, telephone calls, or other forms of communication unless these privileges are restricted for therapeutic reasons by a physician in consultation with family members
- receive, as soon as possible, the services of a translator or interpreter to help you

communicate with healthcare personnel

Pain Management

- information about pain and pain relief measures
- a concerned staff committed to pain prevention and management
- health professionals who respond quickly to reports of pain

Patient Responsibilities

As a patient in our hospital, you have the responsibility to:

- follow hospital rules and regulations affecting patient care and conduct
- respect the property of other persons and of the hospital
- be considerate of the rights of other patients and hospital personnel and assist in the control of noise and the number of visitors
- comply with the no smoking policy by not smoking in the hospital or on the hospital campus
- provide a complete and accurate medical history to the best of your knowledge
- provide information about unexpected complications or events
- make it known whether a proposed course of treatment is understood and whether those things you are expected to do are understood
- follow the recommendations and advice prescribed and to let caregivers know if you do not understand or have questions about your plan of care
- accept the consequences of your actions if treatment is refused or not followed according to the practitioner's instruction
- assure that the financial obligation for the health care provider is fulfilled, including providing accurate and timely information about source of payment and ability to meet financial obligations

Your Right to Make a Complaint or Grievance

POLICY

Any difference of opinion, concern, complaint or grievance made by a patient or his/her representative regarding Mid-Jefferson Extended Care Hospital's quality or appropriateness of patient care will be investigated and resolution will occur in a timely manner.

DEFINITIONS

Complaint:
Written or verbal concern or objection from a patient or the patient's designated representative regarding the quality or appropriateness of patient care that can be effectively addressed and resolved by informal means. Generally a complaint may be solved quickly by the staff member receiving the complaint.
Grievance:
Written or verbal request by a patient or designated representative to have the facility formally review the patient's concern or objection about the quality or appropriateness of patient care. Generally a grievance would require an investigation and/or may require management level personnel to resolve the grievance. A grievance typically cannot be resolved promptly by staff present at the time the grievance is made.

PROCEDURE

If you have a complaint or grievance about your treatment or care, we would like to know about it so that we can resolve your concerns. Please take the following steps below:

1. FIRST, talk about your concerns with the charge nurse, immediate supervisor and/or department director.
2. If your questions or concerns are not resolved, you may request to speak to the Administrator on Call.
3. If you believe your question and concerns have not been addressed after speaking with the Administrator on Call, you may request in writing a formal grievance or complaint review. You may return the written request in to the Director of Quality Manager's office.
4. Complaints will be handled within 24 hours.
5. Grievances will be handled within five (5) working days with a follow up response.
6. If you feel that your issues have not been addressed to your satisfaction, you may contact Director of Quality Management at 409-726-8700.

If you have questions about your rights or treatment, ask to speak to your local Rights Protection officer or call:
Texas Department of State Health Services
1-(512) 458-7111
Consumer Services and Rights Protection
1-(800) 621-0508
If you are abused, call:
Texas Department of Protective and Regulatory Services
1-(800) 252-5400

If an employee or health professional associated with this facility is engaged in illegal, unprofessional, or unethical conduct, report it to the appropriate board:

Board of Medical Examiner (Physicians)	**(800) 248-4062**
Board of Professional Nurse Examiners (RNs)	**(512) 305-7400**
Board of Vocational Nurses (LVN)	**(512) 305-8100**
State Board of Examiners of Psychologist	**(512) 305-7700**
Advisory Board of Occupational Therapist	**(512) 305-6900**
Board of Pharmacy	**(512) 305-8000**
Board of Examiners of Professional Counselors	**(512) 834-6658**
Texas State Board of Social Worker Examiners	**(800) 232-3162**

Prohibition Against Retaliation
Texas Health and Safety Codes
Sec. 161.132. REPORTS OF ABUSE AND NEGLECT OR OF ILLEGAL, UNPROFESSIONAL, OR UNETHICAL CONDUCT.
(a) A person, including an employee, volunteer, or other person associated with an inpatient mental health facility, a treatment facility, or a hospital that provides comprehensive medical rehabilitation services, who reasonably believes or who knows of information that would reasonably cause a person to believe that the physical or mental health or welfare of a patient or client of the facility who is receiving chemical dependency, mental health, or rehabilitation services has been, is, or will be adversely affected by abuse or neglect caused by any person shall as soon as possible report the information supporting the belief to the agency that licenses the facility or to the appropriate state health care regulatory agency.

Sec. 161.134. RETALIATION AGAINST EMPLOYEES PROHIBITED.
(a) A hospital, mental health facility, or treatment facility may not suspend or terminate the employment of or discipline or otherwise discriminate against an employee for reporting to the employee's supervisor, an administrator of the facility, a state regulatory agency, or a law enforcement agency a violation of law, including a violation of this chapter, a rule adopted under this chapter, or a rule adopted by the Texas Board of Mental Health and Mental Retardation, the Texas Board of Health, or the Texas Commission on Alcohol and Drug Abuse.

Sec. 161.135. RETALIATION AGAINST NONEMPLOYEES PROHIBITED.
(a) A hospital, mental health facility, or treatment facility may not retaliate against a person who is not an employee for reporting a violation of law, including a violation of this chapter, a rule adopted under this chapter, or a rule adopted by the Texas Board of Mental Health and Mental Retardation, the Texas Board of Health, or the Texas Commission on Alcohol and Drug Abuse.

Protective Services/Legal Assistance Resources
1. Disability Rights Texas: (800) 252-9108
2. Adult Protection Services (ages 18 to 59): (800) 252-5400 or (409) 963-0312
3. Texas Department of Health and Human Services: 211 or (409) 962-2001
4. Texas Department of Health and Welfare: (409) 983-8380
5. Department of Aging & Disability Services: 855-937-2372 Port Arthur (409) 962-2001 or Orange (409) 886-4475
6. Department of Family & Protective Services: Port Arthur (409) 963-0312 or Orange (409) 670-4500
7. Area Agency on Aging: 800-395-5465 or 409-924-3381 or Dial 211 for the Linkage network and you will be connected to any agency on aging in the state of Texas as well as the Ombudsman Programs.
8. Consumer Services and Rights Protection Texas Department of Mental Health and Mental Retardation: (800) 458-9858 (Monday – Friday)
9. Texas Department of Protective and Regulatory Services: (800) 252-5400
10. Relay Texas for the Deaf – 800-676-3777
    Relay Texas Voice – 711

How the Medicare Beneficiary Ombudsman Works for You

December 2014

The Medicare Beneficiary Ombudsman helps you with Medicare-related complaints, grievances, and information requests. The Medicare Beneficiary Ombudsman makes sure information is available about:

What you need to know to make health care decisions that are right for you

Your rights and protections under Medicare

How you can get issues resolved

The Medicare Beneficiary Ombudsman also shares information with the Secretary of Health and Human Services, Congress, and other organizations about what works well and what doesn't work well to improve the quality of the services and care you get through Medicare.

To get help with your Medicare-related questions or concerns, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If your inquiry requires a response from the Medicare Beneficiary Ombudsman, a 1-800-MEDICARE representative can direct your inquiry to the Medicare Beneficiary Ombudsman as needed.

How to get help in your area

The Medicare Beneficiary Ombudsman works with organizations like State Health Insurance Assistance Programs (SHIPs). SHIPs are state programs that provide free local health insurance counseling to people with Medicare and national Medicare beneficiary advocacy organizations to make sure your issues are resolved. These organizations provide information, counseling, and assistance with:

Your Medicare questions, including your benefits, coverage, premiums, deductibles, and coinsurance

Medicare grievances (complaints)

Appeals (if you disagree with a coverage or payment decision made by Medicare or your Medicare plan)

Problems joining or leaving a Medicare Advantage Plan (like an HMO or PPO) or any other Medicare health plan or Medicare Prescription Drug Plan

You can find the phone number for your state's SHIP by visiting Medicare.gov/contacts or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For more information

Visit Medicare.gov and select "Claims & Appeals" to get information about how to get your Medicare questions and complaints handled.

Visit Medicare.gov and select "File a complaint" under "Forms, Help, & Resources" to submit feedback about your Medicare health plan or prescription drug plan directly to Medicare.

Call 1-800-Medicare.

Notification of Weapon and Drug Policy
Weapons or other dangerous objects, illegal drugs and drugs not prescribed by your physician are not permitted in this facility. The Hospital's obligation to provide a safe environment for patient care must override the patient's room and confiscate such objects upon reasonable and probably cause.

Personal Valuables
ALL PATIENTS are requested to leave personal items of value at home.

Mid-Jefferson Extended Care Hospital is **NOT** liable for the loss of, or damage to, clothing, glasses, dentures, or any other personal property, such as money, jewelry, documents, or articles of unusual value unless deposited with the hospital for safekeeping according to hospital policy. You may bring small items to remind you of home (photos, radios, etc.), but the maintenance department must check any and all electrical items prior to use. Items which produce heat such as microwaves, curling irons, or hair dryers, etc. are not allowed.

Visitors

Visiting Hours
At this time we are only allowing Visitation at the Nederland Campus for Non-COVID patients from 10-11 am daily. This may and will change as the CDC guidelines change.

Nederland: 409-726-8800
Beaumont: 409-363-5811
Mail/Telephone
Your address while you are here is:
NEDERLAND LOCATION:
Mid-Jefferson Extended Care Hospital of Southeast Texas
2600 Highway 365
Nederland, Texas 77627

BEAUMONT LOCATION:
Mid-Jefferson Extended Care Hospital at Beaumont
860 S. 8TH ST
Beaumont, Texas 77701
The mail you receive will be delivered to your room by the hospital staff. To use the telephone, you must first dial "**9**" to get an outside line. Any long distance calls must either be collect or credit card calls.
The hospital phone number is (409) 726-8700 in Nederland, 409-363-5800 in Beaumont. There is also guest wireless connection available. The password for the wireless connection is LTACHosp365 in Nederland. The password for the wireless connection in Beaumont is GetMeWell! .

Cell Phone Policy
Patient safety and wellbeing is our utmost priority. Due to interference with certain types of medical equipment, please speak with your health care provider to ensure your cell phone will not interfere with your care.

Smoking
As we are a healthcare facility, our policy prohibits smoking in any part of the facility.

Financial Obligations
If you should have questions concerning the hospital bill for your stay in our facility, please feel free to contact the hospital. You may call Monday through Friday 8:00 a.m. – 4:30 p.m. (CT) and we will be glad to help you with your billing questions. Our number is (409) 726-8700 or (409) 726-8877, or fax (409) 726-8701.
You have the right to make a request in writing for an itemized statement which details each item or service you have received from our facility. Please contact our office if you would like an itemized statement.

Your Hospital Bill
The hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. Remember that your policy is a contract between you and your insurance company and you have the final responsibility for payment. Your bill reflects all of the hospital services you receive during your stay. Charges fall into two categories: a basic daily rate, which includes your room, meals, nursing care, housekeeping, telephone and television; and charges for special services which include items your physician orders for you, such as x-rays or laboratory tests.

If you have certain tests or treatments in the hospital, you may receive bills from physicians you did not see in person. These bills are for professional services rendered by these doctors in diagnosing and interpreting test results while you were a patient. Pathologists, radiologists, cardiologists, anesthesiologists and other specialists perform these services and are required to submit separate bills. If you have questions about these bills, please call the number printed on the statement you receive from them.

Health Care Service Plans
The hospital maintains a list of all hospital payers that is contracted with. If the patient is not covered under a contract account, he/she will be responsible for balances from other insurance carriers.

The undersigned certifies that the above information has been explained and its contents understood and that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative or is duly authorized by the patient as the patient's general agent to execute and accept its terms.

Your Rights If You Are A Medicare Hospital Patient
• You have the right to receive all hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal Law, your discharge date must be determined solely by your medical needs, not by Medicare payments.
• You have the right to be fully informed about decisions affecting your Medicare coverage and payment for your hospital stay and for post-hospital services.
• You have the right to request a review by a Quality Improvement Organization (QIO) of any non-coverage that you receive from the hospital stating that Medicare will no longer pay for your hospital care. QIOs are groups of doctors who are paid by the Federal Government to review medical necessity, appropriateness, and quality treatment furnished to Medicare patients. The phone number and address of the QIO for your area is:

Kepro
5201 West Kennedy Blvd.
Suite 900
Tampa, FL 33609
888-315-0636
Fax: 833-868-4060

Where can you get help or more information if you need it?
• Look at www.medicare.gov on the web. This is Medicare's official website. You can find the most up-todate Medicare information and answers to your questions any time.
• Call 1-800-MEDICARE (1-800-633-4227). This toll-free help line is available 24 hours-a-day, seven days a week to answer your questions. You can speak to a Customer Service Representative in English or Spanish.
TTY users should call 711 Relay Texas Voice 800-735-2988..
We hope your stay with us is pleasant and we look forward to providing you "Quality Patient Care." If you have any questions or concerns during your stay, please contact your Patient Advocate, Case Manager or Social Worker.
Thank You for Choosing Mid-Jefferson Extended Care Hospital.
We are dedicated to providing you with quality patient care and look forward to making

your stay as comfortable and pleasant as possible.

Mid-Jefferson Extended Care Hospital
2600 Highway 365, Nederland, Texas 77627
Tel: 409-726-8700 • Fax: 409-726-8701

Mid-Jefferson Extended Care Hospital at Beaumont
860 S 8th St
Beaumont, Texas 77701

Mid-Jefferson Extended Care Hospital does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, please contact the Human Resources Department at (409) 726-8706.

MID-JEFFERSON
Extended Care Hospital

Advance Directives, Communicating Your Health Care Wishes

ADVANCE DIRECTIVES

Federal law ensures that all competent adults have the right to make their own health care decisions. It's your right as a patient to accept or refuse medical care. Advance directives can protect this right is you ever become mentally or physically unable to choose or to communicate your wishes due to an injury or illness. By making your wishes know in advance you will be providing your physician and family with information to allow the best health care decisions to be made for you. Advance directives reduce the stress and responsibility of family members faced with making difficult health care decisions when loved ones are incapacitated. By executing an advance directive you can make legally valid decisions about your future medical car3e. It is important to remember that advance directives only take effect when you can no longer make your own health care decisions.

Texas law recognizes 4 types of advance directives:

1) **A Directive to Physicians and Family or Surrogates, also known as a Living Will.**
2) **A Medical Power of Attorney.**
3) **A Mental Health Treatment Declaration.**
4) **An Out-of-Hospital Do Not Resuscitate Order.**

A Directive to Physicians and Family or Surrogates, also referred to as a Living Will

Allows you to tell your health care provider and family whether or not you want life-sustaining treatments or procedures administered to you if you are diagnosed with a terminal or irreversible condition. Life sustaining treatments are those treatments or procedures that are not expe4cted to cure the underlying condition or to make you better. Examples include **Dialysis** – a method of cleaning waste products from blood by a machine when the kidneys are no longer functioning properly, **Respirator or mechanical ventilation** – machines used to keep patients breathing, **Feeding tubes** – provision of nutrition and medications through a tub in the stomach when patients can no longer eat or drink normally, and **CPR** – used to restore stopped breathing and/or heartbeat.

A directive to physician (living will) goes into effect when your doctor and health care provider have a copy of the directive, and your physician determines that you are no longer able to make your own health care decisions, and it has been determined that you are terminally ill or have an irreversible condition.

Medical Power of Attorney

Allows you to designate an agent to act on your behalf in making health care decisions should you become unable to make these decisions yourself. The agent must be at least 18 years of age, and may be a family member such as your spouse, child, brother, sister, or a close friend. The person that you designate has the authority to make health care decisions on your behalf only when your physician certifies that you lack the capacity to make your own decisions. You may limit the decision-making authority of the agent by specifying limitations on the medical power of attorney form. In the even that you become incapacitated, your agent your agent will consult with your physician and then make health care decisions based on knowledge of your wishes and religious and moral beliefs. If your wishes are unknown, your agent must make a decision based on what he believes is in your best interest.

Mental Health Treatment Declaration

Allows you to tell health care providers your choices for mental health treatment in the event you become incapacitated. Under Texas law, the definition of mental health treatment includes among other: *1) Electroconvulsive or other convulsive treatments. 2) Psychoactive medications and 3) Emergency mental health treatment.* The Mental Health Treatment Declaration goes into effect when a Texas court determines that you no longer understand the nature and consequences of the proposed mental health treatment and that you lack the ability to make decisions concerning this treatment. Unlike other advance directive the Mental Health Treatment Declaration expires 3 years from the date it is executed. If you are incapacitated on the date that the declaration expires, it will remain valid until you are again able to make your own decisions.

OUT-OF-HOSPITAL DO NOT RESUSCITATE (DNR) ORDER

This advance directive must be issued in conjunction with your physician. A special bracelet identifies your decision that medical personnel are not to try to revive you by any means should you suffer a cardiac arrest (your heart stops breathing) or a respirator arrest, (you stop breathing). Medical personnel in settings outside of the hospital, such as ambulance personnel, home health, hospice, nursing homes and hospital emergency rooms will respect your wishes as long as the identifying bracelet is present.

Additional information and Forms for executing A Directive to Physicians and Family or Surrogates, (Living Will); Medical Power of Attorney; and/or Out-of Hospital Do Not Resuscitate Order are available upon request

Patients' Rights Regarding Self-determination:

1) Informed consent. Except in an emergency situation your physician must clearly explain the advantages, risks and alternatives of any procedures, test or treatment. You must give your permission for such are. You have the right to refuse any treatment. The information will help you make an i9nformed decision about the kind of treatment that you want to receive.
2) Patients may refuse medical treatment to the extent permitted by law. When refusing treatment, the patient will be informed of significant medical consequences that may result from such action.
3) Patients will be provided with written information concerning their rights under Texas State law to make decisions concerning medical care..
4) Patients will receive information and have the opportunity to execute advance directives as described in this pamphlet
5) Neither this hospital nor your physician may require you to execute an advance directive as a condition for admittance or receiving treatment in this or any other hospital.
6) If an advance directive is presented, it will be made part of the patient's permanent medical record
7) All terms of the advance directive(s) shall be complied with by the facility and caregivers to the extent required or allowed by law.
8) If a conflict is present between the physician and facility and they are unable to respect the patients advance directive the patient shall be transferred to another physician or health care facility.

A patient has a right to lodge a grievance with the state agency directly regardless of whether he/she first used the hospital grievance processes. Contact *The Texas Department of Health at* 888-973-0022 or written grievances should be sent to 1100 W. 49th Street, Austin, Texas 78757