ADDITIONAL NEW PATIENT INFORMATION

This information is in addition to the Notice of Privacy Practices and the Cancellation & No-Show Policy
You may request a copy if needed.

MISSION STATEMENT

INTEGRITY REHAB is a Christian facility based on Christ as the ultimate model who showed care and compassion to those in need. The collaborative efforts of Physical Therapy, Occupational Therapy, Speech & Language Pathology Staff, and Support Staff focus on individualized patient/client treatment and evaluation programs designed for maximal restoration of physical, cognitive, emotional, communication, and social independence. The ongoing dynamic treatment and rehabilitation process is nurtured through a team approach to encourage patients/clients to achieve sustainable growth toward their highest functional level and increased quality of life.

A. Abuse, Neglect and Exploitation

It is the policy of Integrity Rehab that all employees and independent contractors shall report suspected signs of abuse, neglect and/or exploitation of a patient /client to the Clinic Director, Compliance Officer, or Administrator and to the appropriate State Agency. The purpose of this policy is to protect the health, safety and welfare of Integrity Rehab's patients and families.

1. **DEFINITIONS:**
    a. ABUSE is the negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical and/or emotional harm or pain.
    b. SEXUAL ABUSE, including any involuntary or non-consensual sexual conduct that would constitute and offense under Section 21.08, Penal Code (indecent exposure) or Chapter 22, Penal Code (assaultive offenses) or sexual exploitation.
    c. NEGLECT is the absence, omission, or failure to provide essential services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.
    d. EXPLOITATION is the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with a person using the resources of such person for monetary or personal benefit, profit or gain without the informed consent of such person.
    e. DOMESTIC VIOLENCE is an act by a member of the family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places that member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.
2. **COMMON INDICATORS:** The following is a list of common indicators for abuse/neglect in children and adults. The presence of these findings is an indication that the situation needs further investigation and **should be used only as a guide:**

a. COMMMON INDICATORS OF ABUSE/NEGLECT IN CHILDREN:
   - Unexplained or poorly explained physical injuries (bruises, burns)
   - Vaginal and/or anal soreness, tears, bruises, frequent urinary tract infections (UTI's)
   - Inappropriate sexual behavior in prepubescent children
   - Self-inflicted injuries and suicide attempts
   - Aggression and impulsive destructive behavior
   - History of nightmares, sleep disorders, enuresis, encopresis
   - Failure to thrive symptoms that are not explained by family's socioeconomic status
   - Resisting or flinching during physical examination

b. COMMON INDICATORSOF ABUSE/NEGLECT IN DEPENDENT ADULTS:
   - Unexplained or poorly explained physical injuries
   - Reluctance to speak freely when caregiver or family members is/are present
   - Poor personal hygiene, pressure ulcers, medication noncompliance
   - Symptoms of dehydration or malnutrition
   - Symptoms of depression, suicidal ideation attempts
   - Unexplained withdrawals from patient funds

3. **PROCEDURE:**
   a. Integrity Rehab employees and contractors have the responsibility to report immediately any signs of suspected abuse, neglect, or exploitation of an individual by another Integrity Rehab employee, contractor, family member, caregiver, or other licensed professional to the Clinic/Regional Director, Compliance Officer, or Administrator and to the appropriate State Agency.
      - **ABUSE HOTLINE OF THE TEXAS DEPARTMENT OF FAMILY & PROTECTIVE SERVICES (DPRS) 1-800-252-5400**
      - **FAMILIES IN CRISIS (Killeen): 254-634-1184**
      - **TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES (DADs) 1-800-458-9858**
   b. The agency will not retaliate against a person for filing a complaint, presenting a grievance, or providing, in good faith, information related to services provided by the agency.
   c. Client confidentiality and rights will be maintained during any reporting and investigation process, as appropriate.

B. Advance Directives

Advance directives are specific instructions, prepared in advance, intended to direct a person's medical care if he or she becomes unable to do so in the future.

1. Integrity Rehab recognizes the right of each patient/client to execute an Advance Directive including the right to accept, to refuse, or to withdraw from treatment.
2. Advance directives must meet specific legal requirements.
3. Advance directives must be made in writing, signed, dated, and witnessed by two people (only one can be a family member, caregiver, or other health care provider)
4. Advance directives are allowed from other states.
5. Everyone making an advanced directive in Texas has the right to revoke the directive at any time.
6. Types of Advance Directives:
   a. Directives to physicians and family or surrogates
      - States the person's medical wishes in the event of serious illness or when unable to communicate.
      - Must be used in conjunction with any medical power of attorney.

b. Medical power of attorney
   - When another person is appointed to make medical decisions on his/her behalf
c. Out-of-hospital do-not-resuscitate order
   - Also known as an DNR that allows a person not to receive life sustaining treatment unless requested
d. Declaration of mental health treatment
   - States a person's wishes and preferences about mental health treatment.

C. Cell Phone

To decrease distractions, please refrain from using cell phones during therapy sessions. Your courtesy and cooperation are appreciated.

D. Children

Integrity Rehab's purpose is to assist in achieving one's highest functional level in a productive and safe environment. To ensure your safety, your child's safety, and other's safety, please note the following:

1. Children are NOT permitted in the gym area (unless they are the patient).
2. Children must be well behaved. If at any time the staff feels that your child/children is/are being disruptive or destructive, you may be asked to leave for that day.
3. Unattended children are not permitted (unless they are 13 or above).

E. Civil Rights

Integrity Rehab upholds the Federal Civil Rights laws that help protect patients/clients from unfair treatment or discrimination, because of race, color, national origin, disability, age, sex (gender), or religion. Federal laws also provide conscience protections for health care providers.

F. Disaster/Emergency

This policy describes the process for disaster readiness and emergency management; Integrity Rehab's goal is to ensure the safety and well-being of patients/clients and employees during periods of a disaster/emergency that disrupts agency services.

1. **A DISASTER** is defined as any natural or man-made event that significantly disrupts the environment of care. A disaster also requires extra assistance beyond those needed to respond to everyday emergencies.
   a. Natural disasters would include adverse conditions such as floods, tornadoes, hurricanes, blizzards, storms, earthquakes, etc.
   b. Man-made or human-generated disasters include war, chemical, biological, radiological, and nuclear terrorism, transportation accidents, group violence, food or water contamination, deforestation, building collapse,
   c. Hazardous materials that are released could pose a potential risk to life, health, or property.
   d. Terrorist acts using weapons or/and chemical, biological, radiological, and nuclear agents have one key element in common – violence or the threat of violence.
   e. Internal emergencies may result from the disaster/emergency, such as loss of communications systems, loss of utilities, and staffing shortage.
2. **PREPAREDNESS:**
   a. Suggested **personal emergency supplies** needed in case of disaster:
      - Three (3) day supply of water (1 gallon per person per day) and food that will not spoil.
      - One change of clothing and protective footwear per person, and one blanket or sleeping bag per person.

- A first-aid kit that includes your family's prescription medications.
- Emergency tools including a battery-powered radio, flashlights, and plenty of extra batteries.
- Candles and matches.
- An extra set of car keys and a credit card, cash, or traveler's checks, picture identification, proof of address
- Sanitation supplies, including toilet paper, soap, feminine hygiene items, and plastic garbage bags.
- Special items for infant, older adult, or disabled family members.
- An extra pair of eyeglasses.
- Clients/patient dependent on medical equipment that is necessary for maintaining life support will be encouraged to have battery pack backup available.

b. For **emergency services CALL 9-1-1**. This includes medical emergencies, police services, fire departments, etc.
c. For **suicide and crisis hotline CAL 9-8-8.** This includes free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.
d. For information related to **community resources and services, CALL 2-1-1** (available 24 hrs./7 days/wk.)
   - Register NOW if you require assistance to evacuate during a disaster/emergency.
   - Information related to social services and counseling.
e. Information related to state and federal agencies.
f. Patients are encouraged to use local radio station to listen for weather updates.
g. For further Disaster/Emergency planning information contact FEMA at 1-800-480-2520 or The American Red Cross Chapter at (254) 200-4400 or Know What to Do.

3. DISASTER RESPONSE:

a. The Disaster Preparedness Plan will be implemented as soon as Integrity Rehab personnel become aware of the existence of an emergency or disaster.
b. In the event of an emergency or disaster, listen to your radio or television for up-to-date information. In case of power failure use a battery powered radio for news and instructions.
c. Integrity Rehab and Home Health will do all within their ability to maintain communication and coordinate services with patients.
d. The Administrator or designee will designate the Emergency Supervisor who will initiate patient triage and determine the level of care and emergency needs of patients.
e. Integrity Rehab encourages all individuals to consider their own safety prior to assisting others. Once safety is established, assess the situation and call emergency services as needed.
f. Depending on the emergency/disaster, evacuate the facility if needed. If the building is damaged and deemed to be unsafe, evacuate immediately.
g. In the event of a **tornado**, all persons are instructed to STAY INDOORS and locate themselves in a room without windows (i.e., bathroom, closet). If there is no room available without windows, stay as far away from the windows as possible. Stay in a safe place until you are sure the tornado has passed.
h. When an emergency or disaster occurs during business hours and it is not safe to leave the facility, all patients and staff are encouraged to remain at the agency until instructed to leave, be escorted by emergency service personnel, or advised otherwise.
i. Good practices for coping with an **active shooter situation**
   - Be aware of your environment and any possible dangers.
   - Take note of the two nearest exits in any facility you visit.
   - If you are in an office, stay there and secure the door.

- If you are in a hallway, get into a room and secure the door.
- Call 9-1-1 when it is safe to do so.
- **If there is an accessible escape path, attempt to evacuate the premises. Be sure to:**
  - Have an escape route and plan in mind.
  - Evacuate regardless of whether others agree to follow.
  - Leave belongings behind
  - Help others escape, if possible
  - Prevent individuals from entering an area where the active shooter may be.
  - Keep your hands visible.
  - Follow the instructions of police officers.
  - Do not attempt to move wounded people.
  - Call 9-1-1 when it is safe to do so.
- **If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.** Your hiding place should:
  - Be out of the active shooter's view.
  - Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
  - Not trap you or restrict your options for movement.
- **To prevent an active shooter from entering your hiding place:**
  - Lock the door.
  - Blockade the door with heavy furniture.
- **If the active shooter is nearby:**
  - Lock the door.
  - Silence your cell phone and/or pager
  - Turn off any source of noise (i.e., radios, televisions)
  - Hide behind large items (i.e., cabinets, desks)
  - Remain quiet.
- **If evacuation and hiding out are not possible:**
  - Remain calm.
  - Dial 9-1-1, if possible, to alert police to the active shooter's location
  - If you cannot speak, leave the line open and allow the dispatcher to listen.

4. **RECOVERY:**
   a. Following a disaster/emergency, if you have not heard from Integrity Rehab personnel, please call 254-699-3933 to: update your status, determine the status of the clinic, and confirm or reschedule appointments.
   b. Your status, experience/s, and feedback are important to assist in your treatment and to help evaluate the effectiveness of this Disaster/Emergency Plan.

G. Drug Testing

Integrity Rehab 'promotes a drug-free environment and reserves the right to randomly test employees for drugs and/or alcohol. Employees are not allowed to work if they are impaired by drugs, alcohol, or controlled substances.

1. The Drug-Free Working Policy is followed and will be provided to any person requesting the information and perform actions in accordance with OSHA
2. Staff/patients/others are encouraged to notify the clinic if a staff member shows signs of impairment on the job.
3. Documentation will be kept confidential except as required by the law.

H. Rights of the Elderly (Human Resources Code Chapter 102)

DEFINITIONS:

(1) "Convalescent and nursing home" means an institution licensed by the Texas Department of Human Services under Chapter 242, Health and Safety Code.

(2) Home health services means the provision of health service for pay or other consideration in a patient's residence regulated under Chapter 142, Health and Safety Code.

(3) Alternate care means services provided within an elderly individual's own home, neighborhood, or community, including:

a. Daycare;
b. Foster care;
c. Alternative living plans, including personal care services; and
d. Supportive living services, including attendant care, residential repair, or emergency response services.

(4) Person providing services means an individual, corporation, association, partnership, or other private or public entity providing convalescent and nursing home services, home health services, or alternate care services.

(5) Elderly individual means an individual 60 years of age or older.

PROHIBITION:

(1) A person providing services to the elderly may not deny an elderly individual a right guaranteed by this chapter.

(2) Each agency that licenses, registers, or certifies a person providing services shall require the person to implement and enforce this chapter. A violation of this chapter is grounds for suspension or revocation of the license, registration, or certification of a person providing services.

RIGHTS OF THE ELDERLY:

(1) An elderly individual has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The elderly individual has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.

(2) An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the elderly individual:

   a. Has the right to make the individual's own choices regarding the individual's personal affairs, care, benefits and services;
   b. Has the right to be free from abuse, neglect, and exploitation; and
   c. If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individual's affairs.

(3) An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the elderly individual or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel.

(4) A mentally retarded elderly individual with a court-appointed guardian of the person may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian.

(5) An elderly individual may not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care, or services.

(6) An elderly individual may complain about the individual's care or treatment. The complaint may be made anonymously or communicated by a person designated by the elderly individual. The person providing service shall promptly respond to resolve the complaint. The person providing services may not discriminate or take other punitive action against an elderly individual who makes a complaint.

(7) An elderly individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals unless providing privacy would infringe on the rights of other individuals. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. An elderly person may send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an elderly individual is married and the spouse is receiving similar services, the couple may share a room.

(8) An elderly individual may participate in activities of social, religious, or community groups unless the participation interferes with the rights of other persons.

(9) An elderly individual may manage the individual's personal financial affairs. The elderly individual may authorize in writing another person to manage the individual's money. The elderly individual may choose the manner in which the individual's money is managed, including a money management program, a representative payee program, a financial power of attorney, a trust, or a similar method, and the individual may choose the least restrictive of these methods. A person designated to manage an elderly individual's money shall do so in accordance with each applicable program policy, law, or rule. On request of the elderly individual or the individual's representative, the person designated to manage the elderly individual's money shall make available the related financial records and provide an accounting of the money. An elderly individual's designation of another person to manage the individual's money does not affect the individual's ability to exercise another right described by this chapter. If an elderly individual is unable to designate another person to manage the individual's affairs and a guardian is designated by a court, the guardian shall manage the individual's money in accordance with the Probate Code and other applicable laws.

(10) An elderly individual is entitled to access to the individual's personal and clinical records. These records are confidential and may not be released without the elderly individual's consent, except the records may be released:

a. To another person providing services at the time the elderly individual is transferred; or
b. If the release is required by another law.

(11) A person providing services shall fully inform an elderly individual, in language that the individual can understand, of the individual's total medical condition and shall notify the individual whenever there is a significant change in the person's medical condition.

(12) An elderly individual may choose and retain a personal physician and is entitled to be fully informed in advance about treatment or care that may affect the individual's well-being.

(13) An elderly individual may participate in an individual plan of care that describes the individual's medical, nursing, and psychological needs and how the needs will be met.

(14) An elderly individual may refuse medical treatment after the elderly individual:

a. Is advised by the person providing services of the possible consequences of refusing treatment;
b. Acknowledges that the individual clearly understands the consequences of refusing treatment.

(15) An elderly individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals.

(16) An elderly individual may refuse to perform services from the person providing services.

(17) Not later than the 30th day after the date the elderly individual is admitted for service, a person providing services shall inform the individual:

a. Whether the individual is entitled to benefits under Medicare or Medicaid; and
b. Which items and services are covered by these benefits, including items or services for which the elderly individual may not be charged.

(18) A person providing services may not transfer or discharge an elderly individual unless:
- a. The transfer is for the elderly individual's welfare, and the individual's needs cannot be met by the person providing services;
- b. The elderly individual's health is improved sufficiently so that services are no longer needed;
- c. The elderly individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made;
- d. The person providing services ceases to operate or to participate in the program that reimburses the person providing services for the elderly individual's treatment or care; or
- e. The elderly individual fails, after reasonable and appropriate notices, to pay for services.

(19) Except in an emergency, a person providing services may not transfer or discharge an elderly individual from a residential facility until the 30th day after the date the person providing services provides written notice to the elderly individual, the individual's legal representative, or a member of the individual's family stating:
- a. That the person providing services intends to transfer or to discharge the elderly individual;
- b. The reason for the transfer or discharge listed in Subsection (r);
- c. The effective date of the transfer or discharge;
- d. If the individual is to be transferred, the location to which the individual will be transferred; and
- e. The individual's right to appeal the action and the person to whom the appeal should be directed.

(20) An elderly individual may:
- a. Make a living will by executing a directive under the Natural Death Act (Chapter 672, Health and Safety Code);
- b. Execute a durable power of attorney for health care under Chapter 135, Civil Practice and Remedies Code; or
- *c.* Designate a guardian in advance of need to make decisions regarding the individual's health care should the individual become incapacitated.

LIST OF RIGHTS:

(1) A person providing services shall provide each elderly individual with a written list of the individual's rights and responsibilities, including each provision of Section 102.003, before providing services or as soon after providing services as possible, and shall post the list in a conspicuous location.

(2) A person providing services must inform an elderly individual of changes or revisions in the list.

RIGHTS CUMULATIVE:

(1) The rights described in this chapter are cumulative of other rights or remedies to which an elderly individual may be entitled under law.

(Added by Acts 1997, 75th Leg., ch. 475, Sec. 1, eff. Sept. 1, 1997).