

# Care Guide

*You-centered care.*



## Welcome to Pallitus Health Partners.

Palliative care is specialized patient-centered care that optimizes quality of life.

Palliative care is appropriate at any age and at any stage of a serious illness. It can be provided along with medical treatments designed to cure and/or support your illness.

Palliative care is provided by a team of specialists who work together to provide full care coordination along with the patient's other health care providers. Think of us as an extra layer of support.

Your care team will assist you and your family with understanding treatment choices. By working to define your personal goals and needs, the care team will create an **individualized care plan** to help enhance the quality of life for you and your family.

Pallitus Health Partners wants you to be comfortable, confident, safe and feel respected as you are cared for or as you provide care. Our mission is to enhance the quality of life through our GRACES core values:

**G**ratITUDE  
**R**espect  
**A**ccountability  
**C**ompassion  
**E**mpowerment  
**S**ervice Excellence

Our goal is to understand and respond to your unique needs and exceed your expectations. We are committed to honoring differences and providing excellent service. To learn more about our services and other programs offered, visit [www.PallitusHealth.org](http://www.PallitusHealth.org)



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## How to Contact Us

Our care team members are available to help you 24 hours a day, 7 days a week. They can address an urgent need or get a message to a member of your team.

When you call us, please be prepared to provide the following:

- patient's name
- date of birth
- your name and your contact number (in case we get disconnected or need to return a call)
- please be prepared to describe the need or problem.

Contact us by calling the phone number on the **Contact Information sheet** in your folder.

### ONLY USE THE PHONE NUMBER LISTED ON THE CONTACT INFORMATION SHEET TO REACH YOUR TEAM MEMBERS

When your Pallitus Health Partners team members call you, their cell phone or alternate office numbers will show up on your caller ID. Please do not use these numbers to reach your team members as your call may be missed if they are off-duty or out of cell phone range. Always use the phone number on the **Contact Information sheet** to reach your Pallitus Health Partners team members so we are assured your needs are met promptly.

## TapCloud Telehealth Service

Pallitus Health Partners uses the telehealth platform, TapCloud, to allow our patients and families access to our care teams via virtual care visits.

TapCloud is an additional service to help you and your family communicate with Pallitus Health Partners more effectively. In addition to providing a secure communication link to your entire care team, TapCloud can help us monitor how your treatment is working, enable video visits, and give us insight into how we can best enhance your quality of life.



# Palliative Care

## THE PLAN OF CARE

Your Pallitus Health Partners team will talk to you and your family about your wishes and goals, as well as any problems or needs you may have related to living comfortably and safely with your illness. You and your team will work together to determine the most appropriate actions to address problems, issues, and opportunities. Pallitus Health Partners calls this your Plan of Care.

Your Plan of Care will be revised as needed. It is very important that you talk to your Pallitus Health Partners care team about your concerns, as well as any fears or wishes you have, and to always let your team know what you need and what you expect.

They will work with you and your Primary Care Provider (PCP) in developing a Plan of Care that assures confidence and satisfaction with our services and attention. Our goal is to always provide excellent care and services.



## Services

- Virtual, community clinic, or in-home Nurse Practitioner and Physician visits
- Virtual, community clinic, or in-home Palliative Care Social Work visits
- Virtual/telephone nurse care coordination and medication management
- 24/7 telephone access to providers for palliative care needs
- Medication management for disturbing symptoms
- Recommendations to address your symptoms and decrease distress
- Better understanding of your disease and prognosis
- Assistance with planning for your future healthcare needs, including completion of advance directives
- Coordination with your existing healthcare providers to ensure your care aligns with your treatment goals
- Expert guidance from our palliative care team members on improving symptoms and enhancing your quality of life

# Notify Your Pallitus Health Partners Care Team About Changes

It is our goal to support you as you navigate you or your loved one's illness and the healthcare system. To do this, we need your help in notifying us of ANY significant status or condition changes. Examples of significant changes include:

- Hospitalizations or plans to go to the Emergency Room
- Worsening of any symptoms (pain, confusion, anxiety, breathing)
- Location changes (moving, transferring to nursing home/assisted living)
- Medication changes or additions to the treatment plan

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A provider is available 24/7 to respond to your call to help address your urgent needs. Please use the phone number provided on the contact information sheet you received at admission.

## What To Expect From Your Care Team

Every visit is important and your Pallitus Health Partners team wants you to know what to expect so you are prepared and feel your visits are meaningful and helpful to you. We suggest that you write down questions you have before the visit.

At the end of the visit your team member will review important points from the visit, the process for reaching your Pallitus Health Partners team after hours, and will plan for follow up based on your Plan of Care.

## What About Medications?

Your Pallitus Health Partners team will provide you with information about your medications. Please store medications safely out of sight and out of children's reach.

When a medication is no longer needed, we will guide you to dispose of it safely. **In accordance with federal law, Pallitus Health Partners staff will never hand deliver, pick up, transport or accept medications.**

### PALLITUS HEALTH PARTNERS RESPONSIBILITIES RELATED TO MEDICATIONS

Controlled medications have potential for abuse. Because of this, there is strict accountability to protect public health and safety. To do this Pallitus Health Partners must:

- Assure your medications are safe. This is our first responsibility to you, our patient. To do this, we may ask you several questions, such as:
  - "Are you allergic to anything?"
  - "How much medication are you taking?"
  - "How often?"
  - "How well is it working?"
  - "How alert do you want to be, even if that means more pain?"
- Comply with laws and regulations. The laws require that we only provide medications that will be used for a medical reason and in amounts that are acceptable based on medical standards. If a medication is not helping, we will evaluate alternatives to meet your needs.
- Practice in an honorable, ethical and professional manner. This means prescribing and providing the right medications, for the right reasons and making sure that they get to the right person.
- Consider the use of medications as part of your well-being. This includes physical, spiritual, social and emotional well-being.

### PATIENT'S RESPONSIBILITIES RELATED TO MEDICATIONS

Provide Pallitus Health Partners with complete and accurate information concerning your care. This includes the amount and frequency of all medications taken.

Safe medication use is also important and medication destruction must occur at the time a medication is discontinued. Your Pallitus Health Partners team will provide instructions to guide you when this is necessary. You can also reach out to your local pharmacy for guidance. Below is a process outlining safe medication disposal:

1. Take the discontinued medication and place in original bottle.
2. Cross out your name and personal information on the bottle.
3. Place all the medication in the bottle with liquid soap and water to start dissolving the medication.
4. Mix with cat litter, coffee grounds or dirt to complete the process.
5. Close the medication bottle and secure with tape.
6. Dispose of the bottle in your regular trash.

## PATIENT'S RESPONSIBILITIES RELATED TO OXYGEN SAFETY

### If Using Oxygen –

- Do not smoke, light a match, or have any open flames such as candles near oxygen
- Do not use hair spray or other aerosol sprays near oxygen
- Keep oxygen at least 10 feet from potential electrical sparks such as radios and TVs
- Do not store oxygen near sources of heat
- Keep oxygen tanks in an upright position
- Avoid use of lotions, face creams, and petroleum (Vaseline) products
- Display the “Oxygen in Use” sign on your home’s entry door
- Use a water-based lubricant like K-Y Jelly in the nostrils if needed for dryness
- Hold the oxygen tubing to the side when up and moving
- Keep the concentrator away from walls and drapes
- Keep tubing away from walkways
- Keep room well-ventilated
- Have smoke detectors and a fire-extinguisher in your home



## Grief Counseling Center Services

*Pallitus Health Partners is a part of Hosparus Health.* If you would like to speak to someone professionally about how the diagnosis has affected your family, please speak to your team social worker. They can determine if a referral to the Hosparus Health Grief Counseling Center is appropriate for you or other members of your family.

You can find more information and resources about the Grief Counseling Center and its services by visiting [www.HosparusHealth.org](http://www.HosparusHealth.org).

## What if I Have a Concern or Complaint?

Our team members want to provide the very best quality of care, and we invite your comments about our services. Often we use surveys or interviews to get your feedback, but you can also call us at any time. We strive for you to be very confident in our services and want to know when you are not.

If you have any concerns, questions, or suggestions, please talk with a Pallitus Health Partners team member. Our team members are trained to listen to your feedback with respect, and we appreciate your willingness to help us improve. You do not need to worry about a negative response from us or about getting anyone in trouble. We are here to serve you and want you to feel very satisfied with the service you receive. If after discussing your problem with us, you are still not satisfied, you may call:

### THE COMPLIANCE HOTLINE

If you have concerns about patient care or safety, please report them to the Compliance Hotline, at 1-888-765-7408, operated by an independent third party administrator. You can feel confident calling the Compliance Hotline. Your call can be anonymous and your concerns will be provided to Pallitus Health Partners.

If your concerns are not resolved through the organization, please contact the Joint Commission's Office of Quality Monitoring by phone at 800-994-6610, or email [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

## We Want to Hear from You

Twice a year we call Pallitus Health Partners patients and families with a satisfaction survey regarding our services and care delivery. We appreciate your feedback as we strive to always improve how we support those in our care.

# Statement of Patient/Family Rights and Responsibilities

Revised Date: 12/22/2020

**Pallitus Health Partners\* intention is to protect and support the human and legal rights of all in its care by guaranteeing patients and families the right to:**

- Access care, regardless of race, religion, national origin, gender, gender identity, sexual orientation, age, disability, ability to pay, or communication needs.
- Be treated with dignity, consideration and respect.
- Have your property treated with respect.
- Receive a timely response to your request for service.
- Know the facts about diagnosis and prognosis.
- Have symptoms and pain controlled.
- Be fully informed of the care and services that will be provided by us, how much it will cost and how payment will be handled, including any responsibility you may have.
- Receive care from professionally trained personnel, and know the names and responsibilities of the people giving your care.
- All requests to change care providers will be honored unless it is based on the care provider's gender, race, national origin, religion, sexual orientation, gender identity or other federally protected characteristics.
- Participate in the ongoing Plan of Care to meet your needs, as well as any conflicts or issues that may arise.
- Refuse care or treatment, or choose services which are not part of the palliative care Plan of Care and receive information about the possible consequences of your decision.
- Receive information and assistance in developing advance directives (durable power of attorney for healthcare, living will, do not resuscitate order) and have healthcare providers follow your advance directives.
- Expect personal privacy, security and confidentiality of all information related to your care, within required regulations.
- Be informed within a reasonable time of changes in care, transfers or anticipated termination of service.
- Know how to make a complaint or recommend changes in agency policies and services, and have the freedom to do so without fear of negative consequences.
- Be informed of planned visits and any delays or changes related to scheduled visits.
- Be informed and give consent before participating in any research studies.
- Voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of Pallitus Health Partners and to do so without fear of reprisal.
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of property.
- To choose your attending physician.
- To receive information about the scope of services Pallitus Health Partners will provide and specific limitations on those services.
- Receive information in a manner he or she understand. Provisions for information relayed will be made in regards to age, language (translation services), level of understanding, and/or vision and hearing capabilities.

## **All patients and families have certain responsibilities, and these include the responsibility to:**

- Remain under a doctor's care while receiving palliative care services.
- Provide Pallitus Health Partners with complete and accurate information concerning your care.
- Report any unexpected or sudden changes in your condition to Pallitus Health Partners and your primary physician.
- Sign the required consents and releases for insurance billing.
- Participate in your care by asking questions, expressing concerns and informing Pallitus Health Partners of any advance directives that you have.
- Follow any instructions you are given about specific aspects of care or use of equipment, or let Pallitus Health Partners know if you are not able to do so.
- Notify Pallitus Health Partners if the visit schedule needs to be changed.
- Provide a safe home environment in which your care can be given.
- Arrange for adequate caregiving by others as your needs change.
- Accept the responsibility for any refusal of treatment or your decision to have any treatment, which is not part of the palliative Plan of Care.
- Treat Pallitus Health Partners personnel with respect and consideration.
- Abide by Pallitus Health Partners policies regarding the duties our personnel may perform.
- Inform Pallitus Health Partners administration of any dissatisfaction or problems with your care.
- Notify Pallitus Health Partners if new treatment or services are suggested or started so we can talk with you about how these fit with the palliative Plan of Care.

# Notice of Privacy Practices

This Notice of Privacy Practices ("Notice") describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

## USE AND DISCLOSURE OF HEALTH INFORMATION

*Pallitus Health Partners\**, a part of *Hosparus Health*, may use your health information for purposes of providing you treatment, obtaining payment for your care/service and/or conducting health care operations. Pallitus Health Partners will ask you to acknowledge that you have received this Notice. Your health information may be used or disclosed for purposes outlined below. Pallitus Health Partners has established policies to guard against unnecessary use, access or disclosure of your health information.

*The following is a summary of the circumstances and purposes for which your health information may be used and disclosed without your authorization:*

**To provide treatment.** Pallitus Health Partners may use and disclose your health information to coordinate care/service within Pallitus Health Partners and with others involved in your care or service, such as your attending physician, members of the Pallitus Health Partners interdisciplinary team and other health care professionals who have agreed to assist Pallitus Health Partners in coordinating care/service. For example, Pallitus Health Partners may disclose information about symptoms to physicians involved in a patient's care so the physician can prescribe appropriate medications.

**To obtain payment.** Pallitus Health Partners may use and disclose your health information in order to collect payment from third parties for the care/service you may receive from Pallitus Health Partners. For example, Pallitus Health Partners may provide information regarding your health care status to your health care insurer so that the insurer will reimburse you or Pallitus Health Partners. Pallitus Health Partners may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for your care/services.

**To conduct health care operations.** Pallitus Health Partners may use and disclose health care information for its own operations to facilitate the function of Pallitus Health Partners and to provide quality care/services to all of Pallitus Health Partners patients/families/clients. Health care operations include, but are not limited to, activities such as:

- Quality and compliance purposes. For example, Pallitus Health Partners may use your health information to evaluate staff performance or evaluate how to more effectively serve patients/families/clients.
- Activities designed to improve health or reduce health care costs.
- Procedure development, case management and care coordination. For example, Pallitus Health Partners may use your health information to contact you as a reminder regarding a visit to or an appointment with you.
- Training programs in which students, trainees or practitioners learn under supervision.

- Accreditation, certification, licensing or credentialing activities.
- Business planning and development.
- Business management and general administrative activities of Pallitus Health Partners.

**When legally required.** Pallitus Health Partners may use and 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.** Pallitus Health Partners may, in accordance with applicable laws, disclose health information for public health activities and purposes:

- To prevent or control disease, injury or disability, to report disease, injury, vital events such as birth or death, and for the conduct of public health surveillance, investigations and interventions.
- To 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 (FDA).
- To notify a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To inform an employer about an individual who is a member of the workforce as legally required.

**To report abuse, neglect or domestic violence.** Pallitus Health Partners is required to notify government authorities if it believes a patient/family member/client is the victim of abuse, neglect or domestic violence. Pallitus Health Partners makes this disclosure when required, or authorized by law. Resources and education will also be given to patient/family/client if they wish to make a report.

**To conduct health oversight activities.** Pallitus Health Partners may disclose health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, proceedings or actions, inspections, licensure or disciplinary action, or other activities necessary, as allowed by law. Pallitus Health Partners, however, may not disclose your health information if you are the subject of an investigation or activity and such investigation or activity does not arise out of and is not directly related to receipt of health care, or qualification for, or receipt of, public benefits or services when your health is integral to your claim for public benefits or services.

**In connection with judicial and administrative proceedings.** Pallitus Health Partners may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Pallitus Health Partners receives reasonable assurances that you or your personal representative has been given notice of the request for your health information and that a qualified protective order is being secured for this purpose.

**For law enforcement purposes.** Pallitus Health Partners may disclose health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or other lawful request.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Pallitus Health Partners suspects that a death was the result of criminal conduct including criminal conduct of Pallitus Health Partners.
- In order to report a crime that occurred on Pallitus Health Partners premises.
- In order to report a crime under certain circumstances if Pallitus Health Partners is providing emergency health care in response to a medical emergency.

**To coroners and medical examiners.** Pallitus Health Partners may disclose health information for purposes of determining cause of death or for other duties, as authorized by law.

**To funeral directors.** Pallitus Health Partners may disclose health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to funeral arrangements. If necessary to carry out duties, Pallitus Health Partners may disclose health information prior to and in reasonable anticipation, of a death.

**For organ, eye or tissue donation.** Pallitus Health Partners may use or disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For research purposes.** Pallitus Health Partners may use or disclose your health information for research purposes. However, before Pallitus Health Partners discloses any health information for such research purposes, the research project is subject to an extensive approval process in accordance with the law.

**In the event of a serious threat to health or safety.** Pallitus Health Partners may, consistent with applicable law and ethical standards of conduct, disclose health information if it, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety.

**For specified government functions.** In certain circumstances, Pallitus Health Partners may use or disclose health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For worker's compensation.** Pallitus Health Partners may disclose your health information as authorized by the law and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, as

established by law, that provide benefits for work-related injuries or illness without regard to fault.

**Inmates.** Pallitus Health Partners may disclose your health information to a correctional institution or law enforcement officer if you are an inmate or under the custody of law enforcement in order for the correctional institution to provide you with medical care; to protect your health and safety or the health and safety of others; and for the safety and security of the correctional institution.

**For fundraising activities.** Pallitus Health Partners may use information about you including your name, address, phone number, age, gender, date of birth and the dates you received care/service to contact you or your family to raise money for Pallitus Health Partners. If you do not want Pallitus Health Partners to contact you or your family, notify Pallitus Health Partners, a part of Hosparus Health (502-456-6200 or 1-800-264-0521) and indicate that you do not wish to be contacted.

**Persons involved in your care.** Unless you indicate otherwise in accordance with our procedures, we may disclose to a family member or friend or any other person you identify, the portion of your health information which directly relates to that person's involvement in your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary for your care, if, based on our professional judgment, we determine that it is in your best interest. We may disclose protected health information to notify or assist in notifying a family member, friend or personal representative (or any other person who is responsible for your care) of your location, general condition or death. We may also use or disclose your protected health information to an authorized public or private entity to assist in disaster-relief efforts. Finally, if you are deceased, we may disclose your health information to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with wishes you expressed to us during your life.

**Business associates.** Certain entities, known as business associates, provide services to us through contracts. We may disclose your health information to these business associates and allow them to retain, create, use and disclose your information to perform duties for us. We seek assurances from the business associate that it has implemented appropriate safeguards to protect your information.

## AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than stated above and as required by law, Pallitus Health Partners will not disclose health information without your written authorization. A few examples of disclosures that would require your authorization are disclosures to a life insurer for coverage purposes, health information used for marketing purposes, or health information that is sold to a third party. If you or your personal representative authorizes Pallitus Health Partners to use or disclose your health information, such authorization may be revoked in writing to Pallitus Health Partners at any time.



With regard to use or disclosure of your health information for marketing purposes, Pallitus Health Partners will obtain prior written authorization to use or disclose your health information for marketing purposes except for a face-to-face encounter or a communication involving a promotional gift of nominal value. With your prior written authorization, Pallitus Health Partners may use your health information to send community information mailings and may publish patients' names in the Pallitus Health Partners newsletter. Pallitus Health Partners will not sell or disclose lists of patients or families or your health information to third parties for the marketing purposes of the third party without your authorization.

If Psychotherapy Notes are created for your treatment, most uses and disclosures of these notes will require your written authorization. "Psychotherapy Notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. "Psychotherapy Notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

## YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Pallitus Health Partners maintains:

- **Right to request restrictions.** You may request in writing any desired restrictions on certain uses and disclosures of your health information, including but not limited to Pallitus Health Partners' disclosure of your health information to someone who is involved in your care. However, in most cases, Pallitus Health Partners is not required to agree to your request. If we agree with your request for restrictions, we will comply with your request unless your health information is needed to provide emergency treatment. Additionally, you may restrict disclosure of your health information to your health plan with respect to services for which you paid fully out of pocket. If you wish to make a request for restrictions, please send your request in writing to Medical Records at Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271.
- **Right to receive confidential communications.** You have the right to request in writing that Pallitus Health Partners communicate with you in a certain way. For example, you may ask that Pallitus Health Partners 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 send your request in writing to Medical Records, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271. You are not required to provide any reasons for your request.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including medical records and billing records. A request to inspect and copy records containing your health information may be made in writing to the Medical Records Department, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, KY 40205-3271. You have the right to receive a copy of your medical record in the format of your choice. If Pallitus Health Partners is unable to produce your medical record in the requested format or has concerns about the security of the records, Pallitus Health Partners will work with you to produce the medical record in an agreed upon format. If you request a copy of your health information, Pallitus Health Partners has 30 days to respond. If Pallitus Health Partners agrees to your request, Pallitus Health Partners must provide a free initial copy of your records. Thereafter, Pallitus Health Partners may charge a reasonable fee for copying and assembling costs associated with your request in accordance with applicable state laws. If we deny your request to review or obtain a copy of your medical or billing records, you may submit a written request for a review of that decision.
- **Right to amend health care information.** If you believe that your health information records are incorrect or incomplete, you may request that Pallitus Health Partners amend the records. That request may be made as long as the information is maintained by Pallitus Health Partners. A request for an amendment of records must be made in writing to Compliance Officer, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271. Pallitus Health Partners 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 Pallitus Health Partners, if the records you are requesting are not part of Pallitus Health Partners' 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 Pallitus Health Partners, the records containing your health information are accurate and complete.
- **Right to an accounting.** You have the right to request an accounting of disclosures of your health information made by Pallitus Health Partners. However, this right does not apply to disclosures (1) made to you or in response to an authorization form signed by you; (2) for national security or intelligence purposes; (3) made to your family or friends who are involved in your care; or (4) made to correctional institutions or law enforcement in custodial situations. This right also does not apply to disclosures made for purposes of treatment, payment or health care operations unless Pallitus Health Partners maintains an electronic health record for you. The request for an accounting must be made in writing to Medical Records (800-264-0521). Accounting requests may not be made for periods of time in excess of six (6) years. However, requests for an accounting of disclosures of an electronic health record disclosure for purposes of treatment, payment or health care operations,



may not be made for periods of time in excess of three (3) years. Pallitus Health Partners provides the first accounting you request during any twelve (12)-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- **Right to a copy of this Notice.** You have a right to receive a copy of this Notice at any time, even if you previously received a copy. To obtain a copy, please contact the Medical Records at Pallitus Health Partners, a part of Hosparus Health (800-264-0521). You may also view the current version of this Notice at [www.HosparusHealth.org](http://www.HosparusHealth.org).

#### STATE LAW RESTRICTIONS ON INFORMATION REGARDING CERTAIN CONDITIONS

Kentucky has more stringent laws than the HIPAA Privacy Rule with respect to HIV/AIDs status and mental health and chemical dependency records (we are allowed to disclose this information only under certain limited circumstances and/or to specific recipients). In situations in which these laws apply to your information, we will comply with these more stringent laws. If Kentucky law otherwise prohibits or materially limits our ability to make any uses or disclosures of your health information that would otherwise be permitted under the HIPAA Privacy Rule, we will follow the more stringent state law if it is applicable to your health information.

#### DUTIES OF PALLITUS HEALTH PARTNERS

Pallitus Health Partners is required by law to maintain the privacy of your health information and to provide to you with this Notice. Pallitus Health Partners will notify you if there is a reportable breach regarding the security of your health information in accordance with the law. Pallitus Health Partners is required to abide by terms of this Notice as may be amended from time to time. Pallitus Health Partners 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 Pallitus Health Partners changes its Notice, Pallitus Health Partners will provide a copy of the revised Notice to you upon your request and will post a copy of the revised notice on its website and at its physical service delivery sites. You have the right to express complaints to Pallitus Health Partners and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to Pallitus Health Partners should be made in writing to the Compliance Officer, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271. Pallitus Health Partners 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 contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Compliance Officer, Pallitus Health Partners, a part of Hosparus Health, 6200 Dutchmans Lane, Louisville, Kentucky 40205-3271 (800-264-0521).

**Please call if you have any questions regarding this notice.**

Effective Date: 04/14/03

Revision Date: 05/12/08, 09/21/11, 6/13/13, 8/23/2016,  
12/22/2020

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**Kentucky Patients**

**HOSPARUS, INC. Policies and Procedures**

**MEDICATIONS – DISPOSAL**

**Regulatory:** 42 CFR 418.106 (e); KRS 216.2980

**Section:** Patient Care

**Main Groups Affected:** Nurses, Physicians, Care providers attending a death; Volunteers who pickup supplies

**Effective:** 06/24/2022

**Policy Statement:** For hospice and palliative patients, any scheduled II, III, IV, and V controlled substances that are discontinued, or upon patient's death, will be destroyed based on regulatory standards. Disposal of controlled medication in the following facilities [NF, ALF, HICC, Hospital based GIP] will be the responsibility of that facility.

**Kentucky Patients:**

Per KRS 216.2980, any provider of hospice, palliative care, or end-of-life services shall have written policies and procedures for the deactivation or sequestration and disposal of Schedule II, III, IV, or V controlled substances prescribed to a patient when a prescription is discontinued or upon the patient's death by the entity or person pronouncing the death.

**Procedures:**

1. Education regarding the Medication Disposal policy is reviewed during the admission visit and is acknowledged by the patient or patient's legal representative by signing the consent form. Information on medication disposal is reinforced at subsequent visits.
2. If a scheduled medication is ordered by a community health provider and discontinued, discussion of sequestration and disposal will occur with that community health provider and communicated to the patient or patient's legal representative.
3. Pallitus Health Partners shall deactivate or dispose of scheduled medications prescribed by and managed by Pallitus Health Partners providers, upon discontinuance of the medication or the patient's death.
4. For a patient's death, a patient's discharge, or discontinuation of a controlled substance, the Pallitus Health Partners nurse reviews the patient's medication record to accurately identify any Scheduled II, III, IV, or V controlled substances for disposal. The Pallitus Health Partners nurse requests the family to retrieve the above identified medications present in the home (*this includes the comfort pak and any medications sequestered in the "Do Not Use" container*). The retrieved medications are given to the Pallitus Health Partners Nurse for disposal.  
\*\*\**(NOTE - If a prescribed Scheduled II, III, IV, or V controlled substance is not discontinued when a patient is discharged, the nurse will not destroy the medication.)*\*\*\*

5. The disposal of medication(s) is witnessed by an adult and is documented in the patient's electronic medical record (EMR). The documentation must be signed by the adult who witnessed the medication disposal and must include the name and count of the medications disposal.
6. Disposal of scheduled substances shall comply with the United States Food and Drug Administration's recommendations.
7. If an interdisciplinary team (IDG) member is not present at the time of the patient's death, patient's discharge or discontinuation of a controlled substance, an IDG member makes a phone call to the patient and/or patient's representative and offers a visit to assist with the disposal of medications. If a visit is requested to assist with the disposal of the medications, the visit is made by a nurse.
8. If the patient or patient's legal representative refuse to comply with the destruction of controlled substances upon the patient's death, or for discontinued scheduled medications at the patient's transfer/discharge, an IDG member will complete a notification form in the electronic reporting system and information will be forwarded to local law enforcement.
9. For disposal of scheduled medication when patient is transferred to another setting:
  - a. If the medications are left in the home, an IDG member will make every effort to contact the patient's representative to offer a visit to assist with the disposal of medications. If a visit is requested, the visit is made by the nurse. All attempts and/or the destruction of medications will be documented in the patient's EMR.
  - b. In instances where the patient has brought their home medications to the HICC/hospital, the medications are stored per the facility's policy. In the event of a patient's death, the medication is disposed of per the facility's policy. Upon a patient's discharge, any discontinued controlled substance will be destroyed by the Pallitus Health Partners nurse.  
\*\*\**(NOTE - If a prescribed Scheduled II, III, IV, or V controlled substance is not discontinued when a patient is discharged, the nurse will not destroy the medication.)*\*\*\*

**Resources/Tools:**

"Proper Disposal of Prescription Drugs – Federal Guidelines," Office of National Drug Control Policy, Oct. 2009.  
[http://www.whitehousedrugpolicy.gov/publications/pdf/prescrip\\_disposal.pdf](http://www.whitehousedrugpolicy.gov/publications/pdf/prescrip_disposal.pdf)

KRS 216.2980

**Indiana Patients**

**HOSPARUS, INC. Policies and Procedures**

**MEDICATIONS – DISPOSAL**

**Regulatory:** 42 CFR 418.106 (e); KRS 216.2980

**Section:** Patient Care

**Main Groups Affected:** Nurses, Physicians, Care providers attending a death; Volunteers who pickup supplies

**Effective:** 06/24/2022

**Policy Statement:** Scheduled II, III, IV, and V controlled substances that are discontinued, or upon patient's death, will be destroyed based on regulatory standards. Disposal of controlled medication in the following facilities [NF, ALF, HICC, Hospital based GIP] will be the responsibility of that facility.

**Indiana Patients:**

1. Education and discussion regarding the Medication Disposal policy is reviewed during the admission visit and is acknowledged by the patient or patient's legal representative by signing the consent form. Information on medication disposal is reinforced at subsequent visits.
2. If a scheduled medication is ordered by a community health provider and discontinued, discussion of sequestration and disposal will occur with that community health provider and communicated to the patient or patient's legal representative.
3. Pallitus Health Partners shall deactivate or dispose of scheduled medications prescribed by and managed by Pallitus Health Partners providers, upon discontinuation of the medication or the patient's death.
4. For patient's death, patient's discharge, or discontinuation of a controlled substance, the Pallitus Health Partners staff member reviews the patient's medication record to accurately identify any Scheduled II, III, IV or V controlled substances for disposal. The Pallitus Health Partners staff member requests the family retrieve the above identified medications present in the home. (This includes the comfort pak and any medications sequestered in the "Do Not Use" container). The retrieved medications are given to the Pallitus Health Partners Nurse for disposal.

\*\*\**(NOTE - If a prescribed Scheduled II, III, IV or V controlled substance is not discontinued when a patient is discharged, the nurse will not destroy the medication.*\*\*\*

5. The disposal of medication(s) is witnessed by an adult and is documented in the patient's electronic medical record (EMR). The documentation must be signed by the adult that witnessed the medication disposal and must include the name and count of the medications disposal.
6. If an interdisciplinary team (IDG) member is not present at the time of a patient's death, patient's discharge or discontinuation of a controlled substance, an IDG member makes a phone call to the patient and/or patient's representative and offers a visit to assist with the disposal of medications.
  - a. If the patient's representative does not want a visit, the patient's representative can dispose of medications following the instructions provided in the Patient Care Guide or as directed by the care team. Documentation of this conversation is documented in the patient's EMR.

**Resources/Tools:**

"Proper Disposal of Prescription Drugs – Federal Guidelines," Office of National Drug Control Policy, Oct. 2009.  
[http://www.whitehousedrugpolicy.gov/publications/pdf/prescrip\\_disposal.pdf](http://www.whitehousedrugpolicy.gov/publications/pdf/prescrip_disposal.pdf)

KRS 216.2980

Patient Name: \_\_\_\_\_

[illegible]

## Symptom Control Diary

[illegible]







Our goal is to enhance the quality of life for the patient and family through excellent symptom management, education of their disease, connection with community resources (based on psychosocial needs), and assessment of goals to guide their Plan of Care. Palliative care is appropriate at any age and any stage of a serious illness, and services are delivered for as long as necessary.

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