

CONSUMER COPY

CONSUMER INFORMATION BOOKLET



AMD Home Care Agency

8733 Frankford Avenue

Philadelphia, PA 19136

Phone: 215-714-7444

Fax: 888-285-5812

Web: www.amdhomecare.com

Email: info@amdhomecare.com

WHAT TO EXPECT IF YOU HAVE A HOME WORKER

(consumer copy)

If it is determined you need a home services, your home services worker will be an educated individual who assists you in your home.

Things you can expect:

1. This home services agency employs both male and female workers.
2. The number of visits per week is determined after the Agency Manager/Supervisor or designee makes an assessment of your needs and meets with you to discuss services.
3. The Agency Manager/Supervisor or designee will write a service plan specific to your needs and a copy will stay in your home folder.
4. To assure proper service is being given, the home worker is supervised by an Agency representative. If at any time a problem arises concerning your worker, such as the services being provided, please call and ask for the Supervisor or Agency Manager.
5. Every effort will be made to provide consistent assignment of staff to your service. However, other work schedules and personal needs of the Agency may create the need for a replacement.

PREVENTING INFECTIONS AT HOME

(consumer copy)

Hand Hygiene Procedure

EQUIPMENT

1. Paper towels
2. Lotion
3. Liquid soap
4. Alcohol-based hand sanitizer or wipes,
5. Antiseptic hand scrub (optional), and an impermeable plastic trash bag

PROCEDURE

1. Use alcohol-based hand sanitizer.
2. Pour small amount of sanitizer into palm and spread over hands and fingers and rub thoroughly until dry.
4. Clean and replace equipment.
5. Discard disposable items according to Standard Precautions.

<p>PRACTICE GOOD PERSONAL HYGIENE</p>	<ul style="list-style-type: none"> •Regular bathing and hair washing •Daily tooth brushing/mouth cleaning •Preventative dental care once or twice a year •Regular trimming of finger/toe nails (not too short) •Keeping clothes clean/laundered •No sharing of toothbrushes •No sharing of razor blades
<p>MAINTAIN A CLEAN ENVIRONMENT</p>	<ul style="list-style-type: none"> •Keep all surfaces clean where food is prepared •Keep food containers properly closed or covered •Refrigerate foods requiring cold storage promptly •Clean up spills/messes right away •Mop kitchen/bathroom floor weekly or as needed •Clean all areas of bathroom, especially around the toilet base •Avoid using the same supplies for bathroom and kitchen •Do not pouring used mop water in the kitchen sink •Draining off liquid before putting garbage in a plastic lined pail •Keep garbage in plastic-lined covered cans •Keep yard cleared of areas where water can collect and stagnate
<p>LIMIT EXPOSURE</p>	<ul style="list-style-type: none"> •Wear gloves when cleaning bird cages, litter boxes, etc. •Avoid crowds, especially in flu season •Avoid close contact of people with contagious infections •Avoid sharing food or drinks •Cover nose/mouth with tissue when sneezing/coughing •Avoid licking fingers or tasting from mixing spoon or bowl when cooking

ACCIDENT PREVENTION

(consumer copy)

If you are over age 65, your chances of dying from an accident are almost twice as likely as that of any other age group.

By taking the right precautions, you can protect yourself and those around you and prevent serious injury.

Why is injury a common problem among older people?

1. During the aging process certain physical, mental and emotional changes occur:
2. Less physical strength
3. Impaired eyesight
4. Impaired hearing
5. Slower physical reaction
6. Poor balance and coordination

What was considered a “minor” accident in your younger years may be serious now due to:

1. Lower resistance to disease
2. Slower healing
3. Bones that are brittle
4. Your particular illness or disease
5. Physical limitations

The most common and dangerous cause of injury is falls.

Here are measures you can take to reduce falls:

1. Remove scatter rugs or use non-skid tape or backing on throw rugs
2. Tack down the edges of all carpets
3. Never leave articles around beds, stairs, or in hallways
4. Do not use a doorway, halls or stairs for storage
5. Keep pathways clear of furniture, electric cords, space heaters, etc.
6. Don't rush when climbing up or down stairs
7. Stairs should have non-skid treads and a solid, easy to grasp handrail
8. If you must climb, use a solid step or ladder rather than a chair or box
9. When carrying objects, make sure you:
 - a. Can see
 - b. Get a firm grip

- c. Move slowly and evenly
- d. Lift with your legs (knees bent, back straight)
- e. Ask for help with heavy or awkward objects

General Safety Tips:

1. Avoid wearing only socks, smooth-soled shoes or slippers on non-carpeted floors
2. Avoid wet floors – wipe all spills up immediately
3. Keep kitchen floor free of grease and scraps
4. Household pets should be kept under control and out of pathways
5. To avoid dizziness, get out of your bed or chair slowly.
6. In the bathroom:
 - a. Be sure mats are non-skid and there are treads in the tub or shower to prevent slips.
 - b. Install “grab bars”. Towel racks should not be used as grab bars as they are not secure enough to support body weight.

Adequate lighting will help prevent accidents

1. Keep a lamp near the bed so you will not have to get up in the dark.
2. Keep a night light in the bathroom.
3. Keep hallways and steps well-lit.
4. Keep a flashlight handy in case of power failure.

Additional Important Safety Tips:

1. Post Emergency Numbers By Your Phone
2. If you live alone, ask a neighbor, friend, or family member to check on you each day
3. Take your time
4. Be safe
5. Do not take unnecessary risks

MEDICATION INFORMATION

(consumer copy)

MEDICATIONS ARE MEANT TO HELP...TAKE THEM SAFELY.

1. Use caution and be aware of what you are taking.
2. Tell your physician, pharmacist about all the medications you are taking (prescription and over-the-counter) to prevent dangerous combinations or duplications.
3. Take a list of your medications to the doctor on each visit.
4. Read your medication labels and take as directed.
 - a. Always take the exact dosage prescribed.
 - b. Take at the times indicated.
 - c. If you miss a dose, do NOT double your next dose.
 - d. Always keep medication in the original container and out of reach of children.
 - e. Organize your containers in one area.
 - f. Appropriately discard any expired medications or those that have been discontinued by your doctor. Ask your doctor about proper disposal. **DO NOT PUT IN TRASH!**
 - g. Never take another person's medications.
 - h. **BEWARE** of the precautions on the label. Some drugs do not mix with alcohol, certain foods or other medications.

REMEMBER – ALWAYS READ THE LABEL BEFORE TAKING ANY DRUG!

OXYGEN IS ALSO A PRESCRIPTION!

Make sure the equipment company instructs you in safety precautions and the correct use of ALL equipment (oxygen, walkers, monitors, Hoyer lifts, wheelchairs, etc.) If you do not understand its use, let your Agency Manager know and they can contact the company to review safety rules with you.

In the event that narcotics are being taken, they must be monitored as closely as possible and checked to be sure that they are being taken appropriately. If the narcotic is discontinued, the consumer/family have the responsibility to dispose of the used narcotics by either destroying the narcotics or arranging for disposal of the medication in the home.

Keep an updated list of your medications for emergency situations.

Have a Disaster Plan

FIRE

(consumer copy)



Protect yourself, your family and your home against fire or burns.

- Be prepared!
- Make a fire escape route and practice it.
- Make sure fire exits are free of clutter.
- Keep a fire extinguisher charged and handy. Know how to use it.
- Install smoke detectors and keep them in working order.
- Don't smoke in bed or when sleepy.
- Use space heaters according to manufacturer's instructions. Keep them free from clutter, paper, curtains, etc.
- Keep flammable liquids outside of home in approved safety containers.
- Have your home electrical system checked if there are signs of a wiring problem.
- Keep all electrical appliances in good working order.
- Use extension cords properly. Do not overload them and keep them away from sinks or water.
- Keep towels, curtains, and other flammables a safe distance from the stove.

To prevent burns:

- Always check hot water temperature. Experts suggest setting hot water heaters at 120 degrees F or below.
- Wear tight fitting or short sleeves when cooking.
- Keep pot handles away from the front of the stove.
- Use potholders.

BIOMEDICAL WASTE DISPOSAL IN THE HOME

(consumer copy)



Recent changes in the state regulations have expanded the application of the federal OSHA (OCCUPATIONAL SAFETY AND HAZARD ADMINISTRATION) regulations regarding the disposal of biomedical waste to include the home setting. It is now illegal to put home-generated biomedical waste out with the regular trash for pick up.

Biomedical waste generated in the home must be packaged and disposed of properly to reduce the risk of exposure to waste handlers and the public at large.

What is Biomedical Waste?

Biomedical waste is defined as any solid or liquid waste that may present a threat to infection of humans. These include, but are not limited to:

1. Used, absorbent materials saturated with blood or body fluids, secretions, excretions, which are contaminated with blood, whether wet or dried. Absorbent materials include such items as bandages, gauze and sponges.
2. Non-absorbent disposable devices that have been contaminated with blood or body fluids, secretions or excretions which are contaminated with blood. Non-absorbent disposable devices include such items as sharps, syringes, lancets, IV tubing, etc.

Your home care agency is responsible for collection and removal of all biomedical waste generated while they are providing home care services. This is done through the use of OSHA approved containers: a rigid container (usually red, but not always) for sharps; and a red bag for absorbent materials. Both of these containers will be marked with a fluorescent orange biohazard or biomedical waste symbol. Upon discharge from the home care services, you will be provided with the name and phone number of local sharps and biomedical waste disposal programs in your area.

**REMEMBER! IN NO CASE SHOULD A RED BAG OR A SHARPS CONTAINER
EVER BE PUT OUT WITH HOUSEHOLD TRASH.**



CONSUMER INSTRUCTIONS IN THE EVENT OF AN EMERGENCY

(consumer copy)

Emergencies include natural and manmade disasters. This may include hurricanes, tornadoes, earthquakes, severe weather or other natural disasters or it may include manmade disasters such as bio-terrorism, Terrorism, Radiation, Chemical Spills, Nuclear Accidents and Hazardous Material.

Wherever you decide to seek refuge during an evacuation or other emergency, at a friend or a relative's home, a motel/hotel, an emergency public shelter, you must take provisions with you. The following suggested items will make your temporary stay more comfortable:

- Foods that do not need cooking
- Drinking water in a non-breakable container (1 gallon per person per day)
- Special dietary food if required
- Identification, valuable papers and photos
- Personal hygiene items, such as: soap, deodorant, shampoo, toothbrush, toothpaste, aspirin, antacid, incontinent supplies, washcloth, towels etc.
- Utensils, such as: manual can opener, disposable plates, cups, forks, knives, spoons, napkins
- Prescription medicines, written prescription for refills & list of medications
- Specific medical information in writing
- Carrying container for items
- Books, magazines, cards, toys, and games for adults and children
- Infant care items such as formula, food, disposable diapers and toys
- Battery operated radio, extra batteries & earphones
- Flashlight, lantern
- First aid kit including: betadine solution, bandages, adhesive tape, band-aids, bandages, safety scissors, non-prescription medicines
- Spare batteries for radio and flashlights
- Personal aids such as: eyeglasses, hearing aids & prosthetic devices
- Change of clothing and rainwear
- Sleeping bag or blanket, sheet & pillow

REMEMBER:

**ALL ALCOHOLIC BEVERAGES, ILLEGAL DRUGS, PETS, AND WEAPONS
ARE PROHIBITED WITHIN EMERGENCY PUBLIC SHELTERS.**

For more information, see the community reference pages in your telephone directory, or call:

**Department of Emergency Management
Philadelphia OEM
240 Spring Garden Street
Philadelphia, PA 19123
215-686-1103**

COMMUNITY RESOURCES

(consumer copy)

Alzheimer's Association	800-272-3900
Athritis Foundation	215-564-9800
American Cancer Society	215-985-5400
Aprise (Assistance with Health Insurance Concerns)	215-456-7600
Aid for Friends (Food Pantry)	215-464-2224
Bureau of Blindness and Visual Services	215-560-5700
Catholic Social Services	215-587-3900
Conill Institute for Chronic Illness	215-746-7267
Community Legal Services for Elderly	215-227-2400
Dental Care Program for Seniors	215-468-3866
Disabled American Veterans	215-943-7771
Emergency Shelter Services	215-686-7150
Flu Shots (PA Department of Health)	215-686-5043
LIHeap Hotline	215-560-2970
Philadelphia County Police (Emergency 911)	215-686-3530
Philadelphia County Fire Department	215-592-5962
Philadelphia County NE MOW	215-745-9066
PCA Hotline	215-65-9040
Philadelphia Corporation for the Aging	215-765-9040
Prescription Assistance-PACE	800-225-7223
Rescue Relief for Seniors	215-426-1977
SEPTA Paratransit	215-580-7145
Social Security	800-772-1213
Utility Emergency Service Fund	215-988-9093

Veterans Administration Center

215-381-3040

Wheels, Inc. (free transportation for medical visits)

215-563-2000

Children and Youth Services (CYS)

20 S. 69th Street, Upper Darby, PA. Phone: 610-713-2000

531 Penn Street, Chester, PA. Phone: 610-447-

1000 100 W. 6th Street, Media, PA. Phone: 610-891-5258

CYS investigates all allegations of child abuse and neglect, as mandated by state law. Provides a wide range of services to abused and neglected children from birth to age 18, and their families as well as services to adolescents who are at severe risk due to their behavior or that of their parent.

www.co.delaware.pa.us/humanservices/childyouth.html

Domestic Abuse Project

24 hour hotline: 610-565-4590

14 West 2nd Street, Media,

PA. Phone: 610-565-6272

2600 W. 9th Street, Chester,

PA Phone: 610-497-6737

Provides immediate crisis intervention, information, support, referrals, emergency, advocacy and support in filing for temporary Protection From Abuse (PFA) orders and representation for clients at permanent PFA hearings. Offers accompaniment and advocacy for victims involved in criminal proceedings against their abusers. Provides shelter to adults and their dependent children at imminent risk of physical abuse.

Transitional housing program offers longer-term subsidized housing and intensive case management. Short and long-term supportive/educational counseling.

www.dapdc.org

Elder Abuse

Phone: 610-490-1300

Phone: (after business hours) 610-622-9284

Coordinated through COSA (County Offices of Services to the Aging) If you believe someone is in need of Adult Protective Services, please call the

www.delcosa.org

Family Support Line

100 West 6th Street, Media,

PA Phone: 610-891-5237

Provides free therapy groups for children and adolescent victims of sexual abuse. Also provides parents therapy group and access to a therapy network.

www.familysupportline.org

Life Beyond Abuse

Phone: 610-565-3399

Offers support and treatment to all members of the cycle of abuse. Programs include individual counseling, moderated support groups and assistance to victims involved in custody and visitation issues.

www.lifebeyondabuse.org

ADVOCACY

Delaware County Office of Behavioral Health

Phone: 610-713-2387

Provides mental health court/delegate services, community advocate, Community Support Program (CSP), and Contingency Fund.

Mental Health Association of Southeastern

PA Phone: 1-800-688-4226, ext. 228

A nonprofit citizen's organization serving adults, children and family members through programs and advocacy efforts

www.mhasp.org/

PRO-ACT

(Pennsylvania Recovery Organization-Achieving Community Together)

Phone: 1-800-221-6333

A support group of volunteers advocating for the recovery community, their families, and for those still suffering from the disease of addiction. Call to enroll in the family program, which is offered in convenient locations through Delaware County.

www.proact.org

SPAN (Suicide Prevention Awareness Network)

Dedicated to preventing suicide through public education, awareness, community action, federal, state and local advocacy.

www.spanusa.org

MENTAL HEALTH COUNSELING/PSYCHIATRY

American Day Treatment Center

401 Pilgrim Lane, Suite 100, Drexel Hill, PA

Phone: 1-888-CARE-898

Mental health assessments, partial day hospitalization and intensive outpatient treatment programs. Call for an appointment.

<http://www.mainlinehealth.org/behavioral>

Catholic Social Services

240 N. Springfield Road, Springfield, PA

Phone: 610-626-6550/6559

130 E. 7th Street, Chester,

PA Phone: 610-876-9183

Provides family, marital, and individual counseling on a sliding fee scale.

www.css-phl.org/index.html

Center for a Healthy World

Phone: 610-664-7793

Free mental health counseling in exchange for community service.

Child Guidance Resource Centers

2000 Old West Chester Pike, Havertown,

PA Phone: 484-454-8700

Provides behavioral healthcare services for children, adolescents and families with mental health, developmental disabilities, and residential needs.

www.cgrc.org/

Crozer Chester Medical Center Psychiatry

Phone: 610-874-5257

Crisis-MH/Substance Abuse

Mental Health Psychiatric Crisis Centers and Crisis Services:

Project Reach

Phone: 610-352-4703; Emergency beeper: 610-515-6726

A free crisis management service for Delaware County residents. Staff is trained to assist in mental health emergencies, family and school-based emergencies. Phone consultations and on-site assessments provided.

Crozer Chester Medical Center Crisis Services

One Medical Center Blvd., Upland, PA

Phone: 610-447-7600

Provides 24 hour, walk-in crisis services.

Mercy Fitzgerald Hospital Crisis Services

Lansdowne Ave. and Bailey Rd., Darby, PA

Phone: 610-237-4210

Provides 24-hour, walk-in crisis services.

EMERGENCY ASSISTANCE (FOOD, SHELTER, FUEL)

Community Action Agency

Chester Office Phone: 610-874-8451

Darby Office Phone: 610-583-9133

Media Office Phone: 610-891-5101

Provides employment/life skills training, housing, utility, emergency shelter, and food assistance. www.caadc.org

Domestic Abuse Project

See also listing under "Abuse"

Phone: 610-565-6272

24 hour hotline: 610-565-4590

Provides tenant-based transitional housing for victims of domestic violence. www.dapdc.org

Office of Adult Services

Phone: 610-713-2115

Provides and coordinates a variety of services to eligible families and individuals including case management, rent and utility assistance, emergency shelter, transitional housing.

Salvation Army

Phone: 610-874-4266 (Chester location)

Emergency food and shelter.

Hair Care Services for the Homebound

Hair Care Services for

Homebound 825 Wilde Avenue

Drexel Hill, PA 19026
Phone: 610-853-3659

Bernadette Boylan
Phone: 610-659-5039

Stephanie Saravello
Phone: 484-320-8326

PHYSICIAN REFERRAL

Delaware County Medical Society
Phone: 610-892-7750

Crozer Keystone Health Systems
Phone: 1-800-254-3258

Riddle Memorial Hospital Physician Referral
Phone: 610-891-3600

Main Line Health
Phone: 1-866-CALL-MLH, 1-866-225-5654
(Bryn Mawr, Lankenau, Paoli & Riddle Hospitals)

Medical/ Low Cost Health Care

ChesPenn Health Services
Adult & Pediatric Services
Chester Community Hospital
2600 W. Ninth Street
Chester, PA 19013-2098
Phone: 610-859-2059

ChesPenn Health
Services Eastside Health
Center
Adult & Pediatric Medical & Dental Services
125 East 9th Street
Chester, PA 19013
Phone: 610-872-
6131

ChesPenn Center for Family
Health 1 South State Road, Suite
A
Upper Darby, PA 19082
Phone: 610-352-6585

Mercy Fitzgerald Hospital – Ambulatory Clinic
1503 Lansdowne Avenue, Second Floor
Darby, PA 19023
Phone: 610-237-2529
Monday through Thursday, 12:00 p.m. – 4:30
p.m.

PA Department of Health
Delaware County State Health
Center 151 W. Fifth Street
Chester, PA 19013-
3250 Phone: 610-447-
3250
Public health clinics, TB, STD and more

Greater Philadelphia Health Action, Inc.
5000 Woodland Avenue
Philadelphia, PA 19143
Phone: 215-726-9807
Offers comprehensive primary and behavioral healthcare, health services and
childcare. www.gphainc.org

Pennsylvania Health Law
Project Phone: 1-800-274-3258
Provides advocacy, legal assistance, and referral services for issues of access to health care
coverage www.phlp.org

Delaware County Board of Assistance
Medical Assistance Applications
Chester Office Phone: 610-447-3015
Darby Office Phone: 610-461-3800

OLDER ADULTS

County Office of Services for the Aging (COSA)
206 Eddystone Ave., 2nd floor, Eddystone, PA
Phone: 610-490-1300
Provides community information, in-home, and volunteer services for older adults including the GATEWAY
program-(Giving Assessment, Treatment, and Empowerment in the Aging Years), which targets adults 60 and
up with behavioral health issues and connects them to appropriate resources.
www.delcosa.org

Office of Adult Services
See listing under "Emergency Assistance."
Phone: 610-713-2115

Barry Mills Moving
& Hauling
(Insured, affordable, clean
outs) Phone: 267-446-4924

Estate Solutions Group
1004 MacDade Bkld.
Milmont Park, PA 19033
Phone: 800-260-0316

Everyday Laundry Service
812 South St. Bernard St.
Philadelphia, PA 19143
Phone: 215-724-5978

Maids And More
17 Smithbridge Road, PO Box 173
Chester Heights, PA 19017
Phone: 610-558-8138

Helpful Transitions, Llc
(managing your move with skill and comfort)
P.O. Box 644
Wynnewood, PA 19096
Phone: 610-649-4123

Professional Clean Out Services
154 E. Brookhaven Road
Brookhaven, PA 19015
Phone: 610-872-5902

Senior Transition Services
3408 Hillside Dr.
Huntingdon Valley, PA 19006
Phone: 215-947-5490

Community Transit of Delaware County
206 Eddystone Avenue, Eddystone,
PA Phone: 610-490-3960
Transportation provided for health care appointments, shopping and other pre-arranged trips.

SUPPORT GROUPS

Addiction
Phone: 215-923-7900
Alcoholics Anonymous (AA) Southeast PA Intergroup Association of AA
www.sepennaa.org

Clubhouse
Upper Darby, PA
Phone: 610-352-9897

Al-Anon/Alateen
Phone: 1-888-425-2666

A program based on the 12 steps of Alcoholic Anonymous for family and friends affected by someone else's drinking.
www.pa-al-anon.org/

Debtor's Anonymous
A 12 step recovery program from compulsive debt. www.debtorsanonymous.org/

Gambler's Anonymous
Phone: 215-468-1991 or 1-888-442-7085

A 12 step program for compulsive gamblers www.gamblersanonymous.org/

Nar-Anon Family Group

A program based on the 12 steps of Narcotics Anonymous for people who know someone who is addicted. Pennsylvania Hotline: 1-800-678-4989

Meetings in Pennsylvania- click here

Narcotics Anonymous (NA)

www.na.org

Delaware County NA Meeting Information

Phone: 610-534-9510

www.gprsona.org

Overeater's Anonymous

A 12 step recovery program for compulsive overeaters. www.oa.org

A Time To Heal

Phone: 484-571-8010

Support Group for Children and Teens who are experiencing a suicide loss.

24 Hour Hotlines

Childline

Phone: 1-800-932-0313

Child abuse reporting.

Domestic Abuse Project

Phone: 610-565-4590

(see also listing under "Abuse")

Poison Control

Phone: 1-800-222-1222

Information about poisoning

Project Reach

Phone: 610-352-4703

Beeper: 215-515-6726

Mobile crisis intervention

National Suicide Prevention Lifeline

Phone: 1-800-273-TALK (24/7) or 1-800-273-8255

RECORD YOUR FREQUENTLY CALLED NUMBERS

NAMES

TELEPHONE NUMBERS

EMERGENCY/DISASTER INFORMATION PLAN – HOME CARE CONSUMERS

(consumer copy)

KEEP THIS PLAN WHERE IT CAN EASILY BE LOCATED.

General Instructions to Consumer on Use of This Form:

This information is provided to you as a quick reference source in case any emergency occurs. Keep this document where it can easily be found. Inform other persons close to you (relative, neighbor, etc.) of its location.

1. AMD Home Care Agency has an Agency Manager or designee on call 24 hours a day. You can reach the Agency Manager or designee through 215-669-4912. After office hours and on weekends and answering service will reach the Agency Manager or designee and he/she will return your call, come see the consumer if necessary, or simply answer any questions you may have.
2. In case of a serious medical emergency, call 911. AMD Home Care Agency does not operate as an emergency service, therefore, valuable time may be lost by contacting The Agency for an emergency such as a diabetic coma, severe chest pain, unconsciousness, etc.

Name:	Date:
Allergies: NKA	EDP Classification:

In case of Medical Emergency Dial 911

The Emergency Medical Service Dispatcher will need to know:

- Your Name: _____
- Your Telephone Number: _____
- Your Address: _____

List of My Current Medications

List of My Supplies / DME

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Emergency contact Information

In Case of Emergency Please Notify the Following Individual:

Name: _____ Phone: _____ Relationship: _____

Disaster Plan Code

Level I Level II Level III Level IV

Emergency contact Information

I Will:	<input type="checkbox"/> Stay Home		
	<input type="checkbox"/> Stay with Family or Friend		Name and Telephone #:
	<input type="checkbox"/> Evacuate to a Shelter	<input type="checkbox"/> Standard <input type="checkbox"/> Special Needs Registry <input type="checkbox"/> MMF	Shelter's Name and Address:
	<input type="checkbox"/> Evacuate to hospital		

Comments

Describe how services will continue in the event of an emergency:

Physician

Pharmacy

Name:	Name:
Telephone Number:	Telephone Number:
Address:	Address:
AMBULANCE NAME:	PHONE:

HURRICANE INFORMATION *(consumer copy)*



HURRICANE: IT'S NOT JUST ANOTHER STORM



Hurricane Survival Checklists

Before the Storm:

- Know your risk
- How high is your home from sea level? Consult your home's building for your first floor elevation.
- Listen to a local radio and television station for official announcements issued from the Emergency Operations Center.

Special Circumstances (anything requiring additional preparation and/or evacuation time):

- Mobile Home/recreational vehicle
- People with special needs (medical or physical condition)
- Pets
- Boats

Know the Strength of the Hurricane:

- Category One: 74-95 mph sustained winds
- Category Two: 96-110 mph sustained winds
- Category Three: 111 -130 mph sustained winds
- Category Four 131-155 mph sustained winds
- Category Five: above 155 mph sustained winds

Determine where you will seek shelter if you have to leave and select an alternate:

- Friend's house, if located away from risk area
- Hotel or Motel located Inland
- Emergency Public Shelter operated by the American Red Cross

OTHER IMPORTANT THINGS TO CONSIDER:

- Take a drive to your shelter choice so you know where it is located. Time the trip and multiply the time by three (3) to account for pre-storm road traffic conditions.
- Make the commitment now to evacuate when you told to do so by local or state officials.
- If you do not have flood insurance, consult your insurance agent purchase. There is a five day waiting before coverage begins.
- Prepare your hurricane evacuation kit.

DURING THE STORM, REMAIN INSIDE:

- Blowing debris can injure or kill. Travel is extremely dangerous. Stay inside until authorities have announced your area is safe.
- Stay away from windows. Avoid using all electrical appliances. Seek refuge in a small interior, windowless area such as a closet, hallway or bathroom.

AFTER THE STORM:

- Expect the worst. Be careful of downed power lines, gas leaks weakened structures and dangerous animals.
- Do NOT drink the water. Eat only foods you're sure are absolutely safe.
- Be extra careful in handling power tools, generators, candles, matches and gas lanterns.
- Ask your Insurance Company for financial help. Listen to local radio stations for official relief information and instructions.

STAY SAFE

SNOW STORMS/ BLIZZARDS/SNOW EVENTS *(consumer copy)*

Winter Storm Watch: This means a winter storm is possible.

Winter Storm Warning: This means a storm is occurring or soon will.

Before the Storm:

- Know your risk.
- Make sure your disaster kit is available including emergency phone numbers.
- Charge your cell phone.
- Get some food and water into your home to sustain you for a few days.
- Ensure that you have back up batteries, flashlights and if you are using an oxygen concentrator, have your back up system accessible.
- If you have oxygen, contact your oxygen provider and arrange for back up supplies. If you have backup tanks, check your back up tanks make sure they are full and that you can switch over to the back up.
- Listen to a local radio and television station for official announcements issued from the Emergency Operations Center.
- If the storm is reported to actually be happening, obtain assistance from family and friends to stay with you and assist you or make arrangements to stay with them. If you change your location, let the Agency know the address at which you will be staying.
- Place a shovel at the door to your home and make sure you have made arrangements for someone to assist you with snow removal.

During the Disaster:

- STAY CALM
- Inside: Keep the home warm and avoid the use of kerosene heaters inside the house.
- Stay indoors and dress warmly. Dressing in layers of loose fitting clothing is best.
- Make sure that you keep you keep up your nutrition and hydration status.
- Outside: winds and snow accumulation can build up on the tops/peaks of home, avoid walking under these. Stay inside and warm. You can take care of issues outside after the storm.
- On the road: Be safe and stay home. If you need to be removed from the home you are encouraged to be in a vehicle that has 2-4 wheel drive and snow tires.

After the Disaster:

- Call for assistance from snow removal personnel.
- If you have to go out, dress warmly and be careful not to over exert if shoveling snow.
- Turn on radio and listen for instructions on travel and safety instructions.

Other Important Information:

- Plan for reuniting family.
- Contact your insurance company regarding damage.

EARTHQUAKES/TORNADOES/OTHER DISASTERS

(consumer copy)

You may face potential threats from Earthquakes, Tornadoes or Other Disasters

Disaster Information:

We are constantly aware of the potential of an earthquake/tornado/ other disasters creating damage and creating dangerous conditions. We need to properly prepare so that a disaster of any type will not cause greater personal damage than necessary. The items listed below may help you survive the disaster in a better way.

During the Disaster:

- STAY CALM
- Inside: Stand in an internal hallway or crouch under a desk or table, away from windows or glass dividers
- Outside: Stand away from buildings, trees, telephone and electric lines
- On the road: Drive away from underpasses/overpasses; stop in a safe area; stay in vehicle. Be aware of road conditions and do not take risks.

After the Disaster:

- Check for injuries- provide first aid
- Check for safety- check for gas, water, sewage breaks, downed electric lines and shorts; turn off appropriate utilities; check for building damage and potential safety problems
- Aftershocks from an earthquake or storm resurgence can cause cracks around the chimney, foundation, stairs
- Clean up dangerous spills
- Wear shoes
- Turn on radio and listen for instructions on travel and safety instructions
- Don't use the telephone except for emergency use

Other Important Information:

- How to turn off gas, water and electricity
- Do NOT drink water. Eat only foods you are sure are safe
- Plan for reuniting family
- Contact your insurance company regarding damage

PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

(consumer copy)

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These routine uses specify the circumstances when the Centers for Medicare & Medicaid Services may release your information. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. The Federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services.
2. Contractors or consultants working for the Centers for Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. An agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. Another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care.
6. An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. A congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Assessment Information in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may **request** you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or correct your personal health information that the Federal agency maintains in its System of Records: Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA System Manager. TTY for the hearing and speech impaired: 1-877-486-2048

CONSUMER EMERGENCY AND CONTACT INFORMATION

(consumer copy)

Consumer Name: _____ SOC: _____

Address: _____

City _____ State _____ Zip: _____

Telephone Number: _____ Cell Phone: _____

Responsible Person's Name: _____ Relationship: _____

Home Telephone: _____ Work Phone: _____ Cell Phone: _____

Relative/Friend Not Living With You: _____ Relationship: _____

Home Telephone: _____ Work Phone: _____ Cell Phone: _____

Primary Physician: _____ Telephone Number: _____

NATURAL DISASTER EMERGENCY PLAN

- Class I – Consumers with life threatening conditions that require ongoing medical treatment or a medical device to sustain life.
- Class II – Consumers with the greatest need for care will be seen as soon as possible. Consumers requiring daily insulin injections, IV medications, sterile wound care of a wound with a large amount of drainage.
- Class III – Services could be postponed 24-48hours without adverse effects. Diabetic consumers able to self-inject, sterile wound care to a wound with minimal amount or not drainage.
- Class IV – Service could be postponed 72-96 hours without adverse effects. Postoperative with no wound, routine catheter changes or discharge within 10-14 days.

ADVANCED DIRECTIVE ACKNOWLEDGEMENT/HIPAA/HOME CARE PRIVACY RIGHTS ACKNOWLEDGEMENT

(consumer copy)

Consumer's name: _____ Medicaid # _____

I, _____, acknowledge that the Agency has provided me with information which indicates that I may accept or reject any medical treatment, including any particular service specified:

- Living Will or Out of Hospital Do Not Resuscitate (DNR)
- Statutory Power of Attorney for Health Care decisions
- Advance Directives in Pennsylvania – A Health Care Directive
- HIPAA/Home Care Privacy Rights

I also understand that it is my responsibility to ask question about the information provided by the Agency. They have offered to provide a copy of the state's illustrative forms under state law if I request. I have also been advised to consult with my physician, lawyer, family, clergy, social worker or other qualified personnel for additional information or contact with a lawyer should I need assistance in changing the forms to reflect my treatment wishes or in executing a living will or statutory Power of Attorney for health care decisions.

I understand that this Agency will honor the advance directives and is willing and able to provide any procedure specified on the advance directives.

I understand that the fact that I have or have not signed a living will or Statutory Power of Attorney for Home Care decisions does not affect the medical treatment and home care to be provided by the Agency. I understand that it is the Agency's written policy to fully comply through its healthcare providers with the terms of a consumer's Living Will or Statutory Power of Attorney for Healthcare decisions to fullest extent permitted by state statutory Power of Attorney for Healthcare decisions to fullest extent permitted by state law.

I have been given an explanation and acknowledge receipt of the HIPAA PRIVACY RIGHTS. I understand that I may contact the Agency at any time for questions or concerns.

PLEASE CHECK THE FOLLOWING:

_____ I Have _____ I Have not signed a Living Will

_____ I Have _____ I Have not signed a Statutory Power of Attorney for Health Care

_____ if I have the above documents, I will provide the Agency with copies for its records.

HIPAA PRIVACY RIGHTS

Consumers have the right to give adequate notice concerning the use/disclosure of their PHI on the first date of service delivery, or as soon as possible after an emergency.

The Privacy Rule grants consumers new rights over their PHI, including the following:

1. Receive a Privacy Notice at the time of the first delivery of service
2. Restrict use and disclosure, although the covered entity is not required to agree
3. Have PHI communicated to them by alternate means and at alternate locations to protect confidentiality
4. Inspect, correct and amend PHI and obtain copies, with some exceptions
5. Request a history of non-routine disclosures for six years prior to the request, and
6. Contact designated persons regarding any privacy concerns or breach of privacy within the facility or at HHS

Signature Consumer or Representative (Signed on behalf of consumer when authorized to the extent permitted by state law):

X _____ *(consumer copy-signature not required)* Date: _____

Agency Witness: *(consumer copy-signature not required)* Date: _____

Federal law requires that this agency provide the above information.

AUTHORIZATION, AGREEMENT, AND ACKNOWLEDGEMENTS

(consumer copy)

I GRANT permission to the employees of AMD Home Care Agency herein referred to as "the Agency" to render home services as required or requested, as appropriate.

I ACKNOWLEDGE that the Agency has notified informed and explained to me the **CONSUMER BILL OF RIGHTS**. I have received information on Advance Directives, Directives to Physician, Durable Power of Attorney for Home Health Care, and Out of Hospital DNR orders, the services to be provided, the supervision of the services, and charges for services rendered will be the responsibility of the consumer/family to pay.

I AUTHORIZE the Agency to release any medical information requested by representatives of local, state or federal agencies, insurance companies, or other organizations or entities as may be required by said representatives for payment of claims out of this home care agency which are due. The agency has notified me of the Policies and Procedures regarding Disclosure of Clinical Records.

I REALIZE that Agency staff may not be present in my house at all time and I, my caregiver or legal guardian will assume responsibility for my care when agency staffs are not present.

I UNDERSTAND that the Agency does not routinely perform drug testing on its employees but may do so at our discretion using urine samples.

I UNDERSTAND that the Agency will notify me in writing and orally, no later than 30 days from the date they become aware of charges not covered by third party payers.

I UNDERSTAND that in the event of an emergency during which the Agency cannot meet my needs, the Agency can transfer me to another Agency that can provide the service I require.

I FURTHER UNDERSTAND that Agency employees may not be employed by me without first compensating the Agency \$1100.00 or employee's annual wages, which is even greater.

I HAVE BEEN INFORMED of the Agency's policies for resuscitation, medical emergencies and accessing 911 services. (EMS)

I AM AWARE that the Agency will be supervising my care and if I have complaints regarding services rendered, I am to contact the Agency Manager.

I AM AWARE that the Agency is responsible for payment of all wages and taxes to the home service staff that will be providing services in my home.

I HAVE BEEN INFORMED of my rights and that I may file complaints about the Agency with the Pennsylvania Home Health Hotline at 1-800-254-5164, during regular business hours. After hours/ holiday calls will be answered by machine and responded to the next business day.

Consumer Name: *(consumer copy-signature not required)* Date: _____

Consumer Signature: *(consumer copy-signature not required)*

Responsible Party: _____

CONSUMER RIGHTS AND RESPONSIBILITIES *(consumer copy)*

The Consumer has the responsibility:

8. To provide, to the best of his/her knowledge, accurate and complete information about:
 - a. Past and present medical histories.
 - b. Unexpected changes in his/her condition.
 - c. Whether he/she understands a course of action selected.
9. To follow the treatment recommended by the particular handling of the case.
10. For his/her actions if he/she refused treatment or does not follow the physician's orders.
11. For accruing that the financial obligations of his/her health care are fulfilled as promptly as possible.
12. To respect the rights of all staff providing service.
13. To notify the agency promptly in advance of an appointment or visit you must cancel.
14. To become independent in care to the extent possible, utilizing self, family and other sources.
10. To pay for care or services not covered by 3rd party payers.
11. To comply with the rules and regulations established by the agency and any changes subsequent to the rules.

(consumer copy-signature not required)

Signature of Consumer

Date

(consumer copy-signature not required)

Signature of Agency Representative

Date

CONSUMER NAME (Last, First)	MEDICAL RECORD #
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CONSENT FOR TREATMENT AND FINANCIAL AGREEMENT

(consumer copy)

CONSUMER NAME (Last, First, MI): _____ MR

CONSENT TO RECEIVE SERVICES: I, _____ hereby, authorize the agency to render, appropriate home services to me. I understand the Agency will do an evaluation of my home service needs. I accept the proposed Service Plan and authorize services to be provided by the Agency with supervision to be done by agency personnel. I recognize that I have the right to refuse treatment or terminate services at any time by notifying the agency office. Also, the Agency may terminate service by notifying me of termination and reason. I believe my service needs to be:

AUTHORIZATION FOR PAYMENT TO PROVIDER: I authorize any holder of medical or other information about me to release to any third party payers, any information needed for this or related claims. I request that payment as authorized be made on my behalf to the Agency if covered. This authorization and request shall apply starting the date of this agreement, until discontinued.

CHARGE FOR SERVICES: Your initial services from the Agency will include the following services and initial frequency of visits and charge per visit.

SERVICES	FREQUENCY OF VISITS	CHARGE PER VISIT	AMOUNT CONSUMER IS RESPONSIBLE TO PAY
Companion/Homemaker			
Direct Care Worker			

CONSUMER LIABILITY FOR PAYMENT: You have the right to be advised, before service is initiated, of the extent to which payment for services may be expected from other sources and the extent to which payment may be required from you, the consumer. We are advising you, orally and in writing, about the cost of items and services to be provided. You will receive a bill monthly for charges incurred. As the consumer, you will be notified of any change in the charges for services provided as soon as possible, but no later than 30 days from the date the home services agency becomes aware of a change. You will be responsible for charges related to the services provided to you by this agency.

CONSUMER'S RIGHT/EMERGENCY PLAN/COMPLAINT PROCEDURE: I have been informed of my rights and received a copy of the Consumer's Bill of Rights prior to the start of service procedure, "Advanced Directives, Emergency Plan, Out-of-Hospital, Do-Not-Resuscitate, Consumer's Conduct & Responsibilities, Abuse/Neglect/Exploitation". I have been allowed to participate in planning my services and have received a copy of the State's Toll Free Home Health Agency Hotline Number Pennsylvania, 1-800-254-5164 which receives complaints or grievances 24 hours a day, seven days a week.

CONFIDENTIALITY: It is our policy to protect all clinical records against loss, defacement, tampering and use by unauthorized person(s). The consumer's written consent shall be required for the release of medical information to persons not otherwise authorized by law (federal and state) to receive this information. Authorized persons who may review the clinical record include surveyors, physicians, third party payers and external and internal auditing personnel.

RELEASE OF RECORDS: I understand the agency policy with regard to confidentiality and release of records prohibits access to my records by persons other than personnel involved in service. I therefore give written consent for release of medical records to service providers involved in my service delivery.

The consumer has received written information regarding their right to make healthcare decisions.

(consumer copy-signature not required)

CONSUMER OR AUTHORIZED AGENT SIGNATURE _____

RELATIONSHIP TO CONSUMER _____

DATE _____

AGENCY REPRESENTATIVE SIGNATURE _____

TITLE _____

DATE _____

CONSUMER RIGHTS AND RESPONSIBILITIES *(consumer copy)*

The Consumer has the responsibility:

15. To provide, to the best of his/her knowledge, accurate and complete information about:
 - a. Past and present medical histories.
 - b. Unexpected changes in his/her condition.
 - c. Whether he/she understands a course of action selected.
16. To follow the treatment recommended by the particular handling of the case.
17. For his/her actions if he/she refused treatment or does not follow the physician's orders.
18. For accruing that the financial obligations of his/her health care are fulfilled as promptly as possible.
19. To respect the rights of all staff providing service.
20. To notify the agency promptly in advance of an appointment or visit you must cancel.
21. To become independent in care to the extent possible, utilizing self, family and other sources.
12. To pay for care or services not covered by 3rd party payers.
13. To comply with the rules and regulations established by the agency and any changes subsequent to the rules.

(consumer copy-signature not required)

Signature of Consumer

Date

(consumer copy-signature not required)

Signature of Agency Representative

Date

CONSUMER NAME (Last, First)	MEDICAL RECORD #
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