

# **Road to Recovery Handbook**

“In Rehabilitation, Our Medicine is Our People”

Dear RHI Patient and Friends,

Welcome to Rehabilitation Hospital of Indiana. We are privileged to be your provider of physical medicine and rehabilitation services.

During your stay in our facility you will experience a program individually designed to provide you with the skills, motivation and clinical expertise required for the next phase of your path to recovery.

While we have several highly skilled specialists at RHI, You are the most important member of your rehabilitation team. In rehabilitation, the "medicine" we use is our people and we are confident you will find great "medicine" at RHI.

We look forward to assisting you in achieving your individual rehab goals. RHI strives to exceed your expectations of quality care, service excellence and customer satisfaction. We invite you or your family to advise of any opportunity to address any questions or comments that you might have.

Your inpatient stay at RHI is just the beginning of our lifelong commitment to you. Through our research, outpatient services, sports program and Foundation, there are many opportunities to assist you in your successful rehabilitation journey.

On behalf of the RHI physicians and staff, I look forward to working with you and your family as we celebrate your successes and recovery.

Sincerely

Daniel B. Woloszyn  
Chief Executive Officer

A handwritten signature in black ink, appearing to read 'D. Woloszyn', is positioned below the typed name and title.

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## Our Mission

Rehabilitation Hospital of Indiana provides personalized, compassionate care that enables individuals to regain hope and independence after a life-changing injury or illness.

## Our Vision

RHI leads in the practice of rehabilitative medicine through internationally-recognized translational research, innovative and patient-centered care, and holistic training.

We will achieve this vision through the following:

- Achieving superior patient outcomes
- Embracing innovative treatment methods
- Recruiting outstanding clinical expertise
- Training the next generation of rehabilitation professionals
- Seeking partnerships with other community members who serve our patient population
- Providing a lifetime continuum of rehabilitation services for our patients

## Our History and Values

Rehabilitation Hospital of Indiana opened in 1992 as a community collaboration between Methodist Hospital of Indiana and St. Vincent Hospital and Health Care Center. Today RHI derives its strength from its co-ownership by the two largest not-for-profit healthcare systems in Indiana - Indiana University Health and St. Vincent Health.

We believe that in rehabilitation, the medicine we use is people. Our physicians, nurses, therapists and staff work in collaboration with our patients and their families to reclaim, rebuild and repair their quality of life. Our values stem from our heritage and reflect the principles of the United Methodist and Roman Catholic churches. These values define how we interact with each other, our patients, and our community.

<b>Integrity</b> –	Treating each individual with dignity and respect
<b>Innovation</b> –	Pioneering research leading to better outcomes
<b>Compassion</b> –	Providing an empathetic and healing environment
<b>Teamwork</b> –	Empowering employees
<b>Service</b> –	Providing community outreach and advocacy for individuals with Disabilities through our staff, physicians, and the RHI Foundation.

## ORIENTATION TO RHI

In addition to talking with members of our staff, please take the opportunity to review this Patient Handbook. This manual contains valuable information for both you and your caregivers. Whether you are looking for visiting hours, nursing unit phone numbers, meal times, or descriptions of the rehabilitation team, your handbook is the place to turn.

### RHI Phone Directory

RHI Operator (317) 329-2000

#### Unit 1 (Rooms #100s)

Nurses Station (317) 329-2245

Nursing Program Director (317) 329-2211

#### Unit 2 (Rooms #200s)

Nurses Station (317) 329-2248

Nursing Program Director (317) 329-2229

#### Unit 3 (Rooms #300s)

Nurses Station (317) 329-2251

Nursing Program Director (317) 329-2180

#### Unit 4 (Rooms #400)

Nurses Station (317) 329-2254

Nursing Program Director (317) 329-2344

### Support Services

Administration (317) 329-2307

RHI Foundation (317) 329-2020/2197

Chaplain (317) 329-2101

Physician Support Services (317) 329-2106

### Patient's Room Phone

You may use your room phone to make a call at any time. Long distance calls can be made collect or by using a calling card. To use a calling card, you may dial 9-1-800-#, 9-1-888-# or 9-1-877-#. These are all toll free calls. There is no charge for local calls; simply dial 9 for an outside line. Please encourage family and friends to refrain from calling after 9:00 p.m. to allow appropriate rest for you and other patients.

### Televisions

Each room has a television with cable programming provided at no charge to the patient. Television guides are located in your room.

## **Wi-Fi Internet**

RHI offers free wireless internet to all our patients and guests. Please feel free to connect to “RHI-Public” from any device.

## **Religious Services**

RHI seeks to minister to the whole person; body, mind and spirit. One way we do that is by offering a place for reflection in our interfaith chapel, located just outside the cafeteria by Center Court. Scheduled religious services and communion are listed on a bulletin board next to the chapel. Your personal spiritual advisor/chaplain/minister is always welcome to attend to your personal needs. In addition the RHI chaplain is available to meet with you. Please let your nursing staff know if you would like to meet with the RHI chaplain.

## **Family Involvement/Visiting Hours**

RHI believes that the illness or injury that brings patients to our doors not only affect the patient, but the entire caregiver support system surrounding that individual. We also believe that the support you feel from caregiver presence is important to your outcome. Therefore, RHI provides an “open door” for caregiver and guests from 6:00 a.m. through 9:00 p.m.

Family members are encouraged to attend therapy sessions. Special training, such as car transfers and dietary needs, must be completed prior to leaving the hospital for a day pass or at discharge. The specialized training can be scheduled directly with your therapist. If you have any questions about scheduling these sessions, please talk with your discharge planner.

## **Clothing**

You may be wondering what to wear while here at RHI. Please plan on wearing your own clothing, as dressing will be one of the tasks you will work on here. Clothing should be large and loose fitting -- not huge, but slightly bigger than usual -- for ease of dressing. A list of appropriate items to have here may include:

Avoid jeans or pants with heavy seams due to the potential for pressure areas on the skin. Your shoes should be flat, loose-fitting, and preferably with tie or Velcro closures. Non-skid, comfortable, sturdy tennis shoes are best.

Clothes may be taken home by family members and laundered, or laundry can be done in our facility. Laundry facilities are located on each nursing unit. Tide Laundry detergent is provided. All personal items should be marked with your name on the inside garment label. Please use a permanent laundry marker.

**RHI is not responsible for the loss of personal items or clothing.**

## **Personal Belongings at Your Bedside**

You may bring personal items such as cell phones, curling irons, hair dryers, etc. Prior to use, the RHI Facilities Department will inspect item(s) to ensure that they are safe to operate within the hospital. In addition, notify nursing if you have any battery operated or rechargeable items that need to be evaluated, for example: a battery-operated radio or rechargeable razor.

The following items **are not permitted** due to safety concerns:

Electric radios, televisions, electric decorations (Christmas lights, etc.), electric blankets, heating pads, and other portable comfort devices, electric toys, other electrical equipment not approved for hospital use. **Extension cords may not be used at anytime.**

You may also want to bring personal items to make your room feel more like home. Pictures, cards, Mylar balloons and flowers always add a nice touch. Due to the potential of allergic reactions **latex balloons are not allowed in the hospital.**

## **Valuables**

You should not need more than \$5.00 during your hospitalization. Your family is encouraged to take all valuables home upon admission, if possible. RHI will not be liable for any loss of, damage to, personal property, including but not limited to dentures, eyeglasses, hearing aids, cell phones, and electronic devices.

## **Animal Visitation**

At RHI, we realize that pets can be an important part of a patient's recovery. RHI welcomes visits from dogs and cats. Before a pet visit may occur, an order must be written by the patient's RHI physician for the pet to visit. You must bring proof of current immunizations along with the physician order and register at the Reception Desk. Pets are only allowed to visit outside, or with the prior approval of the patient's roommate, in the patient's room. Pets are not allowed in the common areas, clinical areas, or cafeteria. Pet owners are responsible for care, control and maintenance of the pet while in the hospital.

Each time the pet visits RHI, the pet must be checked in at the Reception Desk in the main lobby. A tag will be issued to place on the pet – this tag indicates to our staff that the pet has been approved to visit at RHI and has the appropriate medical information. All animals must be clean and free from infestation.

**NOTE:** Any “service animal” is permitted to accompany their owner at RHI. The owner of a “service animal” is not required to register their “service animal” at the Reception desk. Your assistance in identifying your “service animal” to the RHI staff is appreciated.

## **SERVICE EXCELLENCE**

At RHI, we pride ourselves on excellent customer service. For recognition of staff members, please ask the Reception Desk in the Lobby for a staff appreciation form.

Your opinion and satisfaction is important to us. Two to three weeks after discharge, you will receive a Press Ganey Customer Satisfaction Survey. We value your feedback, and we ask that you take the time to complete the survey labeled **Rehabilitation Hospital of Indiana Inc.** when you receive it to let us know what we do well and what or where we need to improve. This helps us to continue to improve our services while recognizing our star performers.

## **Complaints/Grievances**

RHI appreciates your feedback to any compliments, concerns and/or questions. Please let any member of your treatment team know if you have a concern or complaint. If you are not satisfied with the initial response to your concern, please contact the Nursing Program Director or the Patient Advocate office **(317) 329-2108**. Every effort is made to respond to any complaint/grievance within 24 business hours.

A copy of the RHI Patient Rights and Responsibilities is provided in this handbook. RHI respects the rights of all of the individuals who have sought services at our hospital and clinics. Please know that while you have the right to refuse treatment to the extent provided by law, you will be informed of the medical consequences of that refusal. If you refuse care or treatment, you are responsible for the results of your decision.

If, at any time, you have concerns or questions about patient rights and responsibilities, please contact your Nursing Program Director or the Patient Advocate. All concerns and complaints will be handled in a confidential and respectful manner.

## **Standards of Business Conduct**

RHI believes in the rights and dignity of all individuals and recognizes it has an ethical responsibility to our patients, community and staff. RHI's Board of Directors, Administration, Medical Staff, Employees and Volunteers are committed to conducting all hospital operations, including all personnel behavior, business development, clinical and business practices in an ethical manner.

This commitment to our Standards of Business Conduct is evident in the hospital's mission, philosophy, strategic plan, policies and procedures and day-to-day operations. It includes the adherence to specific standards of ethical practice/behavior as defined by each professional group and discipline. If you have questions regarding our policies on ethical conduct, please contact your RHI discharge planner.

## **GENERAL SAFETY**

For safety purposes never transfer without assistance unless your rehabilitation team has given you permission to do so. RHI requests that all visitors and guests refrain from using any patient related equipment (including wheelchairs, adaptive devices, etc.) unless specifically requested to do so by the RHI treatment team.

Please let your nursing staff know if you are planning to leave the nursing unit. This provides awareness to the treatment team in ensuring the safety of all RHI patients. If you plan to visit with guests outside or in any of the common areas, we request that you check in with your nurse's station once per hour.

No weapons are allowed on hospital property by anyone at any time, with the exception of authorized law enforcement officers, individuals are not allowed to carry any weapons, including but not limited to guns, knives, brass knuckles, etc., while on any RHI campus.

It is our commitment to ensure your safety. If you have a question or concern, please inform a member of our team.

## **Alcoholic Beverages, Recreational Drugs, Harmful Substances, Unauthorized Controlled Substances, Home/Own Medications**

No alcoholic beverages, recreational drugs, harmful substances, or unauthorized controlled substances will be allowed on hospital property. Home/own medications may be brought in for use only if approved by the attending Physician and verified and checked by the Pharmacist at RHI. Violation may result in dismissal from our program and visitors will be escorted from the property.

## **Tobacco Free Campus**

Rehabilitation Hospital of Indiana recognizes our role in promoting a healthy lifestyle and a safe environment for our employees, patients and visitors. RHI believes this commitment includes the prevention of disease related to smoking, second-hand smoke and the use of all tobacco products. We recognize that it may be difficult for patients to comply with RHI's Tobacco-free policy. The physicians and nursing staff can assist with options to address nicotine cravings including smoking cessation options. The use of Electronic 'e-cigarettes' to include nicotine vaporizers, other similar products and devices are not recognized as an approved smoking cessation option at RHI. The use of e-cigarettes is not allowed on the campus of RHI.

**Use of any tobacco products is not permitted by anyone on any property owned or leased by RHI. This applies to all persons entering the grounds of RHI, including, but not limited to: employees, physicians, students, volunteers, guests, vendors, contracted employees, contractors, patients, and visitors.**

**We appreciate your cooperation and compliance with RHI's policy\* on Tobacco-free Campus. (\*Copy of RHI's Policy – ADM17 Tobacco-Free Campus is available upon request.)**

## **Standard Precautions/Infection Control**

Indiana law requires that health care facilities be committed to appropriate use of Universal Precautions such as hand washing. We would appreciate any deviation from this commitment to be brought to our attention so we may correct the situation. If we are unable to correct the situation, you may file an official complaint with the Indiana State Department of Health by writing to the following address:

Indiana State Department of Health  
c/o Universal Precautions Coordinator  
2 North Meridian Street  
Indianapolis, IN 46204  
Phone (317) 233-1325

## **RHI Inpatient Rehabilitation Programs**

Each program's purpose is to provide you with guidance as you progress towards greater independence, to help you return to your community, and to help you and your caregivers adjust to your new circumstances. We design each program to be goal oriented and comprehensive, so that our patients can achieve their greatest independence and productivity possible.

Our specialized therapy and nursing programs will identify the impairments and loss of function resulting from your illness or injury. With your input, we will design an individualized rehab plan to assist you in returning to your community as independently as possible. Patient and caregiver education and training are essential components of each program.

Patients treated in our comprehensive inpatient rehabilitation programs may include those with the following conditions: Neurological or neuromuscular disease, orthopedic injuries, burns, amputations, brain injuries, stroke, spinal cord injuries and comprehensive medical and debilitation. RHI provides inpatient and outpatient rehabilitation programs for ages 15 and above.

## **Transition Binder**

Upon admission you will receive a Transition Binder which will include information pertinent to your rehabilitation program. Throughout the course of your hospital stay, additional information and resource materials specific to your rehab recovery will be added to the binder. Please keep the binder with you at all times. You are encouraged to use your binder as a rehab resource after discharge from your hospital stay at RHI.

## **Team Conference**

Your physician and interdisciplinary rehab team will hold a team conference **at least once per week** to discuss and document your progress in each area of rehabilitation. Your care coordinator will provide you and your caregivers updates from conferences. If you feel the need for a family conference, please notify your care coordinator.

## **RHI INTERDISCIPLINARY TEAM**

Your interdisciplinary rehabilitation team may consist of the following specialists:

### **Physiatrist (Physical Medicine and Rehabilitation Physician)**

You will be seen regularly by a physiatrist, who is a doctor of physical medicine and rehabilitation. Your physiatrist is responsible for determining your individual treatment and discharge plan. The physiatrist works in collaboration with your rehab team to design and direct the best possible program for your needs.

### **Rehabilitation Nurse**

Your rehabilitation nurses and therapists will be working closely together to reinforce rehab techniques while you are on the nursing unit. The nurses at RHI have a strong background in medical-surgical nursing and many have had extensive experience in the critical care setting. They will encourage you to do as much as you can for yourself to practice what you learn in your therapies.

### **Occupational Therapist (OT)**

Your occupational therapist will help you become more independent in everyday living. He or she will work with you on dressing, bathing, and grooming and other skills you will need to take care of yourself. The occupational therapist will use specialized equipment and techniques to help you if necessary.

### **Physical Therapist (PT)**

Your physical therapist will develop a plan to help you learn how to move again, as well as help you build strength and endurance. As you progress, you will work on becoming more independent in a wheelchair, walking alone or on becoming more independent in a wheelchair, walking alone or walking with devices such as canes or walkers.

### **Speech/Language Therapist (SLP)**

When necessary, a speech therapist will evaluate and treat your communication, swallowing, memory and thinking skills. If needed, alternate ways of communicating can be explored and provided.

### **Care Coordination Team**

The care coordination team is here to support you and your caregivers during your rehabilitation process. They will be a link between you and the treatment team through regular conversation and updates regarding your progress. He or she promotes the ongoing participation of both you and your caregivers in discussions of your plans, goals, and status. In addition, your care coordinator is responsible for assisting with your discharge arrangements and helping you with follow-up and support services needed after you leave. If you have questions or concerns about your care, please talk with your care coordinator.

### **Respiratory Therapist (RT)**

When indicated, the respiratory therapist will help you maintain strong and healthy breathing. This therapy may include exercises and testing as needed.

### **Therapeutic Recreation Specialist (TR)**

The therapeutic recreation specialist will incorporate your leisure interests while helping you work on areas such as social interactive skills, learning to plan and do activities on your own or with minimal assistance, and using community outings to practice the skills you learn in all your therapies.

### **Rehabilitation Psychology and Neuropsychology**

When necessary, a rehabilitation psychologist or neuropsychologist will help you and your caregivers cope with your illness and disability through counseling and education. They may also evaluate you for problems with attention, concentration, thinking and memory.

### **Clinical Dietitian**

The dietitian can help you meet your nutritional needs by assessing the adequacy of your diet, can work with the dietary staff to assure that you receive proper nutrition, and is available to educate you and your family on how to maintain a proper, and perhaps modified (i.e. low-salt, low-cholesterol, etc.), diet at home.

### **Chaplain**

Pastoral counseling service will be provided as desired to help meet your spiritual needs.

### **Nursing Program Director**

The Nursing Program Director applies the strategic plans of RHI to program development and implementation. Using planning, leadership and fiscal management strategies, the Nursing Program Director is responsible for program development, outcomes and patient satisfaction associated with the assigned program. As the program expert, the Nursing Program Director will network to market the program, will develop relationships with providers and will be the community resource contact person. As an RN, the Nursing Program Director provides oversight of clinical staff to provide care to the patient population served from adolescent age and older based on age-specific need.

# IMPORTANT INFORMATION

## DAILY SCHEDULE

### External Appointments

Your therapy appointments are a vital part of your rehabilitation. If you need to miss a therapy appointment because of medical or personal reasons, please discuss it with your nurse or doctor. Every morning you will receive your schedule for the day. It is kept in your Transition Binder, which travels with you in your wheelchair bag.

### Showering/Daily Hygiene

Your rehabilitation schedule may call for bathing to be part of your therapy. Showers or sponge baths on the nursing unit are generally scheduled **every other evening** (after you return from therapies or after dinner). Occasionally, your schedule may call for a morning bath. Sometimes occupational therapy will help you with your daily hygiene bathing as part of your self-care training. Your caregivers are welcome to participate in bathing or skin care if you wish.

### Meal Times

Your meals, like therapy appointments, are scheduled at specific times. Meal times are designed as a part of your rehabilitation process and may take place on the unit, in the common area, or the dining room. However, if special circumstances arise, please let our staff know so that you can be served in a timely manner. Your family can bring food, as long as it fits any special diet prescribed for you by your physician; please notify your nurse when this happens. Please be sure any food brought in is labeled with your name and the date, as it will be discarded after three days. Vending machines are located just outside the cafeteria.

### Meal Groups

In some circumstances, meals are eaten on the nursing units. Meal Groups allow for nursing and therapy staff to work with you during the meal process on body mechanics as well as monitoring swallowing ability and other special needs.

### Food Services

#### RHI Café *(Cash and Credit cards accepted)*

Monday – Friday

Breakfast: 7:15 a.m. – 9:15 a.m.

Lunch: 11:15 a.m. – 1:15 p.m.

Dinner: 4:15 p.m. – 6:15 p.m.

Weekend

Breakfast: 7:15 a.m. – 9:15 a.m.

Lunch: 11:15 a.m. – 1:15 p.m.

Dinner: 4:15 p.m. – 6:15 p.m.

#### Company Kitchen Vending at the RHI Café *(Credit Cards only)*

*Open 24 hours 7 days a week.*

## **Restraints and Restrictive Device Use**

RHI desires to provide a safe environment for all patients. We work with our accrediting organizations to ensure that we are in compliance with providing the least restrictive environment for our patients within the required parameters of safety.

At RHI, we encourage patients to be as active as possible. With this in mind, there are times where patients may require devices to restrict movement or restraints to prevent harm. You may see the following types of devices in use at RHI:

- Wheelchair Seatbelts
- Roll Belts
- Soft Lap Belts
- Soft Pelvic Holders
- Soft Extremity Restraints
- Mitts
- Upper and Lower Side Rails on Beds
- Padded Side Rails
- Enclosure Beds

These devices assist us in protecting patients and others from harm. No restrictive device or restraint can be used without an order from the physician. Family members are notified of the need to utilize restraints as soon as possible. Restraint use must be renewed every 24 hours by the physician and will be discontinued as soon as the patient exhibits safe behaviors. If you have any questions about our use of Restrictive Devices or Restraints, please feel free to talk with the Clinical Charge Nurse, Nursing Program Director or Physician involved in your care.

## **Care Coordinator/Leaving Against Medical Advice**

The Care Coordinator will communicate updates regarding progress towards your discharge goals. The Care Coordinator and treatment team will coordinate equipment and support needs with patient and caregivers. These coordinated efforts range from scheduling caregiver training, follow up appointments, coordinating needed medical equipment and prescriptions. Your physician will make the final determination regarding the date of discharge based upon the patient's progress. Information about community resources and support will be given to both you and your caregivers as part of the discharge planning process.

We encourage all patients to complete their course of rehabilitation. If you make the decision to leave the hospital prior to completing the physician ordered treatment plan, then the risk and dangers of leaving Against Medical Advice (AMA) will be explained. If you choose to pursue an AMA departure, you will be asked to sign a **Release from Responsibility** form to confirm your understanding of the consequences associated with an AMA departure.

## **Volunteers**

Volunteers are a very valuable asset at RHI. You will find them assisting your care in many ways from transporting you to and from therapy, peer mentoring, and assisting therapists on your therapy. Our volunteers may have such an important impact on your stay that you may decide to volunteer after your discharge. If interested in volunteering, please call the RHI Volunteer Coordinator at **(317) 329-2020**.

## **Special Occasions**

We know that special occasions may occur while you are with us. Please let the nursing staff or discharge planner know of your birthday or anniversary so we may help you celebrate. We are happy to provide a room in which you and your guests may gather.

## **Photographing, recording or Illustrating**

Patient's attorney, physician, or therapist may want to produce photographs, recordings or illustrations for various uses. The patient must complete and sign the RHI Consent to Photography, Record and/or Illustrate form before being photographed or taped. Please coordinate any photo or video needs with your Care Coordinator and the RHI Marketing Department.

## **Public Restrooms**

Public restrooms are located on each nursing unit, east of the Main Lobby, in the hallway north of the cafeteria, and just inside the doors of the main entrance near the therapy gym. For the patient's safety, we request that all visitors and guests only use the public restrooms, leaving the patient room restrooms available for their use.

## **RHI Support**

- Stroke education
- Stroke awareness group
- Spinal cord education
- Peer guest program
- Brain injury coping skills
- Peer mentoring brain injury
- Bridging the gap

## **port Groups**

## **ATM**

There is an ATM located in the Lobby area across from the Main Reception Desk.

## **Billing Inquiry**

For questions regarding your patient bill please contact our Patient Financial Services (PFS) department at 317-329-2325. The hours for our PFS department are Monday through Friday 7:30 am to 4:00 pm ET.

## **Financial Assistance Disclaimer**

Rehabilitation Hospital of Indiana (RHI) is committed to the healthcare needs of its patients regardless of the patient's ability to pay. Our Financial Assistance policy provides assistance to the financially and medically indigent and those who may be uninsured. To request financial assistance, please complete an application and attached the required supporting documents. Financial Assistance eligibility requirements are based on household income and members and are based on a sliding scale.

RHI also provides a discount to the uninsured as stated in our financial assistance policy.

For assistance or questions regarding our financial assistance application or process, please contact our Patient Financial Services (PFS) department at 317-329-2325. The hours for our PFS department are Monday through Friday 7:30 am to 4:00 pm ET.

## OUTPATIENT SERVICES

Inpatient therapy is often only one part of your journey in improving your condition. RHI has outpatient services to help you to continue your progress. Services range from periodic check-ups to intensive therapy sessions and will be individualized to meet your rehabilitation needs. In addition to continuing many of the services you received as an inpatient, a variety of specialized outpatient services also exist, including:

- Amputee Services
- Aquatics Therapy
- Arthritis Program
- Vestibular/Balance Services
- Chiropractic Services
- Community Re-entry
- Driving Evaluations
- Follow-Up Clinics
- Vocational Rehabilitation
- Neuropsychological Service
- Occupational Therapy
- Orthopedic Program
- Pain Management
- Physical Therapy
- Resource Facilitation
- Spasticity
- Speech Therapy
- Swallowing Program
- Wheelchair & Positioning Clinic
- Vision Rehabilitation
- Physical Medicine and Rehab Clinic
- Musculoskeletal & Spine Clinic

For more information, please see your discharge planner or call the numbers below to schedule your appointment.

### **RHI Outpatient - Main Hospital**

4141 Shore Drive (I-465 and West 38<sup>th</sup> Street)  
Indianapolis, IN 46254  
Office: (317) 329-2141 Fax: (317) 329-2165

### **RHI NeuroRehabilitation Center**

9531 Valparaiso Court (I-465 and 96<sup>th</sup> Street)  
Indianapolis, IN 46268  
Office: (317) 879-8940 Fax: (317) 872-0914

### **RHI Outpatient Carmel**

12425 Old Meridian Street, Ste. B2 (Old Meridian & Carmel Drive)  
Carmel, IN 46032  
Office: (317) 566-3422 Fax: (317) 566-9111

## **RHI Foundation**

The RHI Foundation is an essential part of the RHI organization. Through the generosity of our patients, patient family members and community organizations, the Foundation enhances the RHI staff's ability to provide state-of-the-art rehabilitation services. For additional information, or to find out how you can donate, contact the RHI Foundation office at **(317) 329-2020** or **(317) 329-2197**.

## **RHI Sports Program**

The RHI Sports Program makes recreational and competitive activities a reality again for many individuals who have endured an injury or illness and completed rehabilitation. Our program boasts over 14 sports teams and conducts approximately 25 athlete development programs each year, resulting in nearly 22,000 program hours to more than 300 individuals. We provide competitive and non-competitive opportunities for youth and adults with spinal cord, orthopaedic, neuromuscular, and visual impairments to engage in challenging experiences. It is our belief that sports, recreation, and leisure are vital to motivating people with disabilities to re-enter the workforce, develop strong social skills, and improve their levels of physical fitness and overall well-being. For more information contact the Sports Program Coordinator at **(317) 329-2281**.

## **RHI Research and Education**

Research and research education are important to providing the best possible rehabilitation to our patients at RHI. The research conducted at RHI is directed at discovering the most effective rehabilitation methods. The Rehabilitation Hospital of Indiana is in collaboration with the staff, faculty, residents and students of the Department of Physical Medicine and Rehabilitation (PM&R), the Indiana University School of Medicine, Purdue University, and other universities involved in research being conducted at RHI.

Because of our commitment to research, you may be asked to participate in a research project. You will also have the opportunity to join our Research Registry and be contacted about future research projects that may be of interest and possible benefit to you. Any time that you are asked to be part of a research activity, it will be thoroughly explained to you and you will be asked to give your consent to participate. You can decide not to participate and you will still receive the best clinical services that we can offer. Once you start in a research project, you can decide to quit participating at any time. RHI patients often choose to participate in research in order to learn more about their condition, have a chance to participate in innovative treatments, or just to help us learn how best to serve people with disabling or chronic medical conditions.

To learn more about research at RHI visit our web site at [www.rhin.com](http://www.rhin.com).

## ACCREDITATIONS

### The Joint Commission and CARF Accreditations

Rehabilitation Hospital of Indiana has been recognized for its high standards and quality service through accreditation by The Joint Commission and Commission on Accreditation of Rehabilitation Facilities (CARF). The Joint Commission accredits hospitals and healthcare facilities throughout the world, ensuring the safety and quality of care provided to patients. The CARF accreditation is specific to rehabilitation services with emphasis on recognizing and measuring patient's improvement and enhancing the lives of the persons served.

Any RHI patient or member of the public may contact The Joint Commission to report a concern or register a complaint about a Joint Commission accredited health care organization by calling **(800) 994-6610**, or emailing [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

Any RHI patient or member of the public may also contact the Commission on Accreditation of Rehabilitation Facilities to report complaints or concerns to [feedback@carf.org](mailto:feedback@carf.org), or you may call toll-free **(866) 510-2273**, or **(866) 510-CARF**, which is a dedicated telephone line for receiving consumer feedback, during business hours. Other business calls should continue to be directed to CARF's main number. The number is TTY-accessible for people with hearing impairments.

Any RHI patient or member of the public may contact the Indiana State Department of Health to file an official complaint by calling **(317) 233-1325**.

If you require assistance in contacting either of these agencies, please contact RHI Risk Management/Quality at **(317) 329-2108**.



## APPENDIX 1

### YOUR RIGHT TO DECIDE

You can decide, *right now*, what medical treatments you want or don't want. You can tell your doctor or loved ones these decisions, so that if you become too sick to tell them they'll know what you want them to do. You can choose someone you trust to make these decisions for you if you become unable to make them for yourself. You can write these decisions down on a paper called an *advance directive*. *For more information, keep on reading!*

#### **Introduction**

You can decide - right now - what treatment you want or don't want, and you can tell that decision to your doctor and your loved ones so that if you become too sick or unable to tell them, they'll know what you want them to do. Federal law now says that you must also be informed of other ways that you can control the medical treatment you receive. That is the purpose of this information.

#### **What happens if I become unable to make my own medical decisions?**

Unless you do something, your health care decisions will be made by someone else if you become unable to consent to or refuse your medical treatment for yourself. In Indiana, these decisions may be made by whomever your doctor talks to in your immediate family (meaning your spouse, parent, adult child, brother or sister) or by a person appointed by a court.

But in Indiana, you can make and write down your own decisions about your future medical treatment if you wish. Or you can appoint a person you choose to make these decisions for you when you are not able to do so. You can even disqualify someone you don't want to make any health decisions for you. You can do these things by having what is called an *advance directive*. *Advance directives* are documents you can complete to protect your rights to determine your medical treatment and can help your family and doctor understand your wishes about your health care.

Your *advance directive* will not take away your right to continue to decide for yourself what you want. Your *advance directive* will speak for you only when you are unable to speak for yourself, or when your doctor determines that you are no longer able to understand enough to make your own treatment decisions.

#### **What can I do now to express my wishes in case I later become unable to tell my doctor or my family?**

There are three ways you can make your wishes known now, before you get too sick to tell what treatment you want or don't want:

- You can speak directly to your doctor and your family.
- You can appoint someone to speak or decide for you.
- You can write some specific medical instructions.

### **Do I have to fill out more papers?**

No. You can always talk with your doctor and ask that your wishes be written in your medical chart. You can talk with your family. You don't have to write down what you want, but writing it down makes it clear, and sometimes, writing it down is necessary to make it legal. When you are no longer able to speak for yourself, Indiana law pays special attention to what you have written in your *advance directive* about your health care wishes and whom you appointed to carry them out.

### **Do I have to decide about an *advance directive* right now?**

No. You have the right to make an *advance directive* if you want to, and no one can stop you from doing so. But no one can force you to make an *advance directive* if you don't want to and no one can discriminate against you if you don't sign one.

### **Which *advance directive* should I use?**

That depends on what you want to do. If you want to put your wishes in writing, there are three Indiana laws that are important - the Health Care Consent Act, the Living Will Act, and the Powers of Attorney Act. These laws may be used singly or in combination with each other. These laws are complicated, however, and it is always wise to talk to a lawyer if you have specific questions about your legal choices.

### **What is the Indiana Health Care Consent Act?**

The Indiana Health Care Consent Act is found in the Indiana Code at IC 16-8-12. This law lets you appoint someone to say yes or no to your medical treatments when you are no longer able. This person is called your *health care representative*, and he or she may consent to, or refuse, medical treatment for you in certain circumstances that you can spell out. To appoint a *health care representative*, you must put it in writing, sign it, and have it witnessed by another adult.

Because these are serious decisions, your *health care representative* must make them in your best interest. In Indiana, courts have already made it clear that decisions made for you by your *health care representative* should be honored. These decisions can determine which medical treatments you will or will not receive when you are unable to express your wishes. If you want, in certain circumstances and in consultation with your doctor, your *health care representative* may even decide whether or not food and water should be artificially provided as part of your medical treatment.

## **What is the Indiana Living Will Act?**

The Indiana Living Will Act is found in the Indiana Code at IC 16-8-11. This law lets you write one of two kinds of legal documents for use when you have a terminal condition and are unable to give medical instructions. The first, the *Living Will Declaration*, can be used if you want to tell your doctor and family that certain life-prolonging medical treatments should not be used, so that you can be allowed to die naturally from your terminal condition. The second of these documents, the *Life-Prolonging Procedures Declaration*, can be used if you want all possible life-prolonging medical treatments used to extend your life.

For either of these documents to be effective, there must be two adult witnesses and the document must be in writing and signed by you or someone that you direct to sign in your presence. Either a *Living Will Declaration* or a *Life-Prolonging Procedures Declaration* can be cancelled verbally, or in writing, or by cancelling or destroying the declaration yourself. The cancellation is effective, however, only when your doctor is informed.

## **What is the Indiana Powers of Attorney Act?**

The Indiana Powers of Attorney Act is found in the Indiana Code IC 30-5. This law spells out how you can give someone the power to act for you in a lot of situations, including health care. You do this by giving this person your *power of attorney* to do certain things you want this person to do. This person should be someone that you trust. He or she does **not** have to be an attorney, even though the legal term for this person you appoint is *attorney in fact*. The person you name as your *attorney in fact* is given the power to act for you in only the ways that you specify. Your *power of attorney* must be in writing and signed in the presence of a notary public. It must spell out who you want as your *attorney in fact* and exactly what powers you want to give to the person who will be your *attorney in fact*, and what powers you don't want to give. Since your *attorney in fact* is not required to act for you if he or she doesn't want to, you may wish to consult with this person before making the appointment.

If you wish, your *power of attorney* document may appoint the person of your choice to consent to or refuse health care for you. This can be done by making this person your *health care representative* under the *Health Care Consent Act*, or by referring to the *Living Will Act* in your *power of attorney* document. You can also let this person have general power over your health care. This would let him or her sign contracts for you, admit or release you from hospitals or other places, look at or get copies of your medical records, and do a number of other things in your name. You can cancel a *power of attorney* at any time, but only by signing a written cancellation and having this actually delivered to your *attorney in fact*.

### **Are there forms to help me write these documents?**

Although Indiana law provides limited forms for some of the purposes listed above, these may not be sufficient to accomplish everything you might want. Although these laws do not specifically require an attorney, you may wish to consult with one before you try to write one of the more complicated legal documents described above.

### **Can I change my mind after I write an *Advance Directive*?**

Yes. As we mentioned above, you can change your mind about any of the types of appointments or about the living will. However, you need to make various people aware that you've changed your mind - like your doctor, your family or the person you've appointed - and you might have to revoke your decision in writing. Remember, however, that you can always speak directly to your doctor. But be sure to state your wishes clearly and be sure they are understood.

### **What if I make an *advance directive* in Indiana and I am hospitalized in a different state, or vice versa?**

The law on honoring an *advance directive* in or from another state is unclear. Because an *advance directive* tells your wishes regarding medical care, however, it may be honored wherever you are, if it is made known. But if you spend a great deal of time in more than one state, you may wish to consider having your *advance directive* meet the laws of those states, as much as possible.

### **What should I do with my *advance directive* if I choose to have one?**

Make sure that someone, such as your lawyer or a family member, knows that you have an *advance directive* and knows where it is located. You should give a copy of your *power of attorney* document to the person you have appointed to serve as your *attorney in fact*. You may also decide to ask your doctor or other health care provider to make your *advance directive* a part of your permanent medical record.

Another idea would be to keep a second copy of the directive in a safe place where it can be easily found, and you might keep a small card in your purse or wallet which states that you have an *advance directive* and where it is located and who your *attorney in fact* is, if you have named one.

#### **Final things to remember:**

- You have the right to control what medical treatment you will receive.
- Even without a lawyer or a form, you can always tell your doctor and your family what medical treatments you want or don't want.
- No one can discriminate against you for signing, or not signing, an *advance directive*.
- Using an *advance directive* is, however, your way to control your future medical treatment.

*Approved for distribution by the Indiana State Department of Health.*

## APPENDIX II

### RHI ACUTE INPATIENT REHABILITATION ADMISSION CRITERIA

#### **For Inpatient Admission (must meet ALL):**

- Medically stable
- Medical necessity
- 3 hours of therapy daily or 15 hours per week
- Requires two therapies for higher function
- Potential to participate in program
- Requires close medical supervision
- Not previously rehab treated unless:
  - New advances/technology
  - Changes in functional status makes assessment reasonable
  - Special procedure requiring post surgical care
- Admission reasonable/necessary to determine rehab potential
- Severity warrants intensive rehab
  - Self care
  - Mobility
  - Safety considerations (personal/medical)
  - Communication/cognitive/impaired judgment
  - Pain

#### **For Continued Stay (must meet ALL):**

- Actively participates
- Functional gains in last 14 days
- Continued problem with self care, mobility, safety, communication, cognitive, impaired judgment or pain
- Requires 2 therapies for higher function
- Potential to tolerate 3 hour program
- Team evaluation every 2 weeks

#### **For Discharge (must meet ONE):**

- Met goals
- No longer needs 2 therapies
- No longer needs close medical supervision
- Medically unstable
- Refuses to participate
- No significant progress in 14 days

APPENDIX III  
PRIVACY ACT NOTIFICATION STATEMENT

The Health Care Financing Administration (I-ICFA) is authorized to collect specific information by Sections 1819(f), 1819(b)(3)(A), and 1864 of the Social Security Act. The purpose of this data collection is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to study the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy and research functions. This system will collect the minimum amount of personal information needed to accomplish its stated purpose.

The information collected will be entered into the Long Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1516. Information from this system may be disclosed, under specific circumstances to: (1) A congressional office from the request of that individual in response to an inquiry from the congressional made at the request of that individual; (2) the Bureau of Census; (3) the Department of Justice; (4) an individual or organization for research, evaluation or epidemiological project related to the prevention of disease or disability, or the restoration of health; (5) contractors working for FICFA to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an agency of a state government for purposes of determining, evaluation and/or assessing overall or aggregate cost, effectiveness and/or quality of health care services provided in the State; (7) another Federal agency to fulfill whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII functions; (9) another entity that makes payment for or oversees administration of health care services for providing fraud or abuse under specific conditions.

You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches. Collection of the Social Security Number is voluntary, however, failure to provide this information may result in the loss of Medicare benefits provided by the nursing home. The Social Security Number will be used to verify the association of information to the appropriate individual.

APPENDIX IV  
REHABILITATION HOSPITAL OF INDIANA  
NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the Privacy Officer at  
**(317) 329-2198**

**Our Pledge Regarding Medical Information**

This Notice of Privacy describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Information may be disclosed in writing, orally or electronically.

**Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by the Rehabilitation Hospital of Indiana (RHI), our employees and others that are involved in your care and for the purpose of providing health care services to you. Your protected health information may be disclosed to pay your health care bills and to support RHI's operations.

**For Treatment**

We may use your medical information to provide you with treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students or other personnel who are involved in your care.

We may disclose medical information about you to people outside RHI who may be involved in your medical care after you leave, such as family members, clergy or others we use to provide services that are part of your care.

For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments may share medical information about you in order to coordinate the different things you need.

**Appointment Reminders**

We may use and disclose your medical information to remind

### **For Patient Assessment**

During your stay here, your progress will be evaluated on an ongoing basis. The information collected is part of your medical record. Rehabilitation Hospital of Indiana will use the

Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) as part of that

assessment, when evaluating your clinical status. Your rights regarding this data collection are:

- To be informed of the purpose of the assessment data collection as part of the reimbursement process.
- To refuse to answer patient assessment data questions if you wish.
- To See, review, and request changes on the assessment instrument.

### **For Payment**

We may use and disclose your medical information so that treatment and services you receive at the hospital may be billed to and payment may be collected from you, and insurance company or a third party.

For example, we may need to give your health plan information about your treatment received at the hospital so your health plan will pay us or reimburse you for the services. We may also tell your insurance carrier about treatment that you are going to receive in the future, to obtain prior approval or to find out if they will pay for the treatment.

### **For Health Care Operations**

We may use and disclose medical information about you for our business operations. These uses and disclosures are necessary to run RHI and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate our performance.

We may combine medical information about many patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective.

We may disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes.

We may combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.

We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of the specific patients.

### **Business Associates**

We contract with outside organizations, called business associates, to perform some operational tasks on our behalf. An example would be a billing service. When these services are performed, we disclose the necessary health information to these companies so that they can perform the tasks we have asked them to do, and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### **Treatment Alternatives**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **Health-Related Benefits and Services**

We may use and disclose medical information to tell you about health-related benefits or services. For example, this may include a new heart care program that we offer.

### **Fundraising Activities**

RHI may disclose demographic information to the RHI Foundation so that the foundation may contact you regarding raising philanthropic funds for the hospital and its operations. RHI would only release contact information, such as your name, address and phone number, and the dates you received treatment or services at the hospital. If you do not want to be contacted for fundraising efforts, you must notify RHI's Foundation in writing at 4141 Shore Drive, Indianapolis, IN 46254.

### **Hospital Directory**

We may include certain limited information about you in the hospital directory while you are a patient. This information may include your name, hospital room number, and room extension.

### **Individuals Involved in Your Care or Payment for Your Care**

We may disclose your protected health information to a friend or family member or other person specifically designated by you and who is involved in your medical care.

We may also give medical information to someone who helps to pay for your care.

We may disclose information about you to a regulatory entity assisting in disaster relief efforts so that your family can be notified about your condition, status and locations. In certain situations you would not be identified or contacted, but your medical information may be used but kept confidential.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

### **Communicable Disease**

If authorized, RHI may disclose your protected health information, to a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading the disease or condition.

### **Abuse or Neglect**

We may disclose your protected health information to a public health agent authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information to a governmental entity or agency authorized to receive such information if we believe that you have been the victim of abuse, neglect or domestic violence. In this case, the disclosure would be consistent with the requirements of applicable federal and state law.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may release medical information if asked to do so by law enforcement officials:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary **(1)** for the institution to provide you with health care, **(2)** to protect your health and safety or the health and safety of others, or **(3)** for the safety and security of the correctional institution.

### **Public Health Risks and Patient Safety Issues**

We may disclose medical information about you for public health activities or to ensure your safety. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report deaths;
- to report actual or suspected child or elder abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to report mandatory disease state reporting;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law

### **Your Rights Regarding Your Medical Information**

#### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Health Information Services, 4141 Shore Drive, Indianapolis, IN 46254. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

## **Your Rights Regarding**

(Right to Inspect and Copy cont'd)

We may deny your request to inspect and copy in some limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by RHI will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend**

If you feel that medical information we have about you is incorrect, you have the right to request an amendment. To request an amendment, your request must be made in writing and submitted to Health Information Services Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- is not part of the medical information kept by RHI;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of people who received your information outside of treatment, payment, operations and others that you have given your authorization to receive information.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the ways medical information is used. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to RHI's Health Information Services Department. In your request, you must tell us **(1)** what information you want to limit; **(2)** whether you want to limit our use, disclosure or both; and **(3)** to whom you want the limits to apply – for example, disclosures to your spouse.

**Right to Request Confidential Communication**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing and submit it to the Health Information Services Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or law will be made only with your written permission. If you provide us permission to use or disclose medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. RHI is unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

**Changes to this Privacy Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. Upon your request, we will provide you with any revised Notice of Privacy by posting it on our website at [www.rhin.com](http://www.rhin.com), calling RHI and requesting that a revised copy be sent to you in the mail or asking for one at the time of your appointment here.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with RHI or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint with RHI, please call or submit in writing to Risk Management at (317) 329-2108, 4141 Shore Drive, Indianapolis, IN 46254. You will not be penalized for filing a complaint.

APPENDIX V  
PATIENT RIGHTS AND RESPONSIBILITIES

**PATIENT RIGHTS**

It is the mission of Rehabilitation Hospital of Indiana to foster human dignity and preserve the rights of each patient.

**Adequate, Appropriate, Compassionate Care**

You have the right to appropriate and compassionate care at all times. You have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation. You will not be discriminated against on the basis of your religion, color, national origin, sex, age, handicap, marital status, sexual preference or source of payment.

**Staff Identification**

You may expect that the people caring for you will introduce themselves and explain their roles in your care.

**Information About Your Medical Condition and Healthcare**

You have the right to receive information about your condition in terms you can understand, as well as the proposed course of treatment, procedures and prospects for recovery. If your physician withholds this information because it is not medically advisable, he or she must record the reason in your medical record. You have the right to designate a representative to make health care decisions on your behalf. You or your designated representative has the right to participate in the consideration of ethical issues surrounding your care. We encourage you to contact your nurse, physician or discharge planner to assist you.

**Pain Management is Part of Medical Treatment, Both During Your Hospital Stay and Upon Discharge. When You are in Pain, You Have The Right to:**

- Have your pain and medication history taken
- Have your pain questions answered freely
- Develop a pain plan with your caregivers
- Know what medication or treatment will be given
- Know the risks, benefits and side effects of treatment.
- Know what alternative pain treatments may be available
- Be believed when you say you have pain
- Have your pain assessed on an individual basis and at regular intervals.
- Have you pain assessed using an appropriate pain scale
- Ask for changes in treatment if pain persists
- Receive pain medication on a timely basis.
- Include your family in decision making, if desired.

## **Refusal of Treatment**

You have the right to refuse treatment to the extent provided by law and to be informed of the medical consequences of that refusal. If you refuse care or treatment, you are responsible for the results that decision. If the hospital or its staff decides that your refusal of treatment prevents you from receiving appropriate care according to ethical and professional standards, the relationship with you may be terminated upon reasonable notice.

## **Refuse to Take Part in Research or Experimental Procedures**

If experimental procedures are being considered as part of your care, these will be explained to you. You have the right to refuse to take part in any research or experimental projects and to withdraw from such projects in which you previously agreed to participate.

## **Freedom from Restraints**

You may not be restrained unless a physician has given written authorization for this, or it is deemed necessary in an emergency situation to protect you from injuring yourself or others.

## **Access to Your Medical Records**

Generally, you have the right to read your medical record while you are a patient at the hospital, if a physician or designated healthcare professional is present. After discharge, you have the right to obtain (for a fee) copies of your completed medical record unless your physician does not think this is medically advisable for you. Information about access to your medical records may be obtained by contacting the hospital's Health Information Services Department.

## **Confidentiality of Records**

Communication and records about your care will be treated confidentially. You have the right to determine, in writing, who may receive copies of your medical record, except as required by law.

## **Privacy—Personal and Informational**

You are entitled to privacy in treatment and in caring for your personal needs. This includes the right to be interviewed and examined in surroundings designed to assure reasonable privacy. (With the semi-private rooms at Rehabilitation Hospital of Indiana that includes the right to have the privacy curtain pulled to during treatment or discussion of your healthcare needs). You have the right to an environment which preserves your dignity and contributes to a positive self-image.

You have the right to talk privately with anyone you wish (subject to hospital visiting regulations) unless your physician does not think this is medically advisable and has documented this reason in your medical record. You also have the right to refuse to see visitors.

### **Continuity of Care**

You will be instructed about how to continue your health care after you leave the hospital. If transfer to another health care facility is necessary, you will receive an explanation as to why the transfer is required. You will be given assistance in making arrangements for transfer.

### **Information About Your Hospital Bill**

You have the right to receive an explanation of your hospital bill except where prohibited by law.

Whenever possible, you will be notified when you are no longer eligible for insurance. Any questions about your bill should be directed to our Patient Financial Services department at **(317) 329-2325**.

### **Financial Assistance**

Rehabilitation Hospital of Indiana (RHI) is committed to the healthcare needs of its patients regardless of the patient's ability to pay. Our Financial Assistance policy provides assistance to the financially and medically indigent and those who may be uninsured. To request financial assistance, please complete an application and attach the required supporting documents. You may request an application by notifying your discharge planner or contacting our Patient Financial Services (PFS) department at **(317) 329-2325**. Financial Assistance eligibility requirements consist of household income along with the number of household members and are based on a sliding scale. RHI also provides a discount to the uninsured as stated in our financial assistance policy.

For assistance or questions regarding our financial assistance application or process, please contact our Patient Financial Services department at **(317) 329-2325**. The hours for our Patient Financial Services department are Monday through Friday 8 am to 5 pm ET.

### **Other Rights**

You have the right to take part in religious and/or social activities while in the hospital, unless your physician thinks these activities are not medically advisable.

## **Your Responsibilities as a Patient**

Your health care is a cooperative effort among you, your physician, the hospital staff and your family. In addition to your rights, it is expected that you and your family will assume the following responsibilities to the best of your ability.

### **You Are Responsible For:**

- Following the hospital's rules and regulations as explained to you or described in printed material.
- Providing a complete and accurate medical history when requested to do so.
- Telling the physician, nursing staff or therapy staff, if you do not understand your treatment or if you do not understand what you are expected to do.
- Following the recommendations and advice given by your physician and treatment team about your treatment.
- Paying your hospital bill or telling the hospital if you cannot pay the bill timely so that other arrangements can be made.
- Being considerate of other patients and of hospital staff, volunteers, visitors and guests as well as hospital property.
- Reporting unexpected changes in your condition to your physician.

### **Your Care**

We need your cooperation to further our goal of patient satisfaction. We invite you to call RHI Administration at **(317) 329-2307** if you have any questions, suggestions, concerns or complaints about your care. If concerns arise after normal business hours or on the weekend, please contact your Clinical Charge Nurse or the House Coordinator.

If you believe that you have been mistreated, denied services or discriminated against in any aspect of services, you may file a grievance. RHI Administration is available to assist you with that process. A written response will be provided, upon request.

RHI will investigate all grievances. If that investigation shows improper behavior by RHI personnel, we will take appropriate action with the personnel in question, in an effort to prevent the behavior in the future. We will report the results of our investigation to you if you want us to, subject to confidentiality laws and policies.

You should also be aware that you can file a complaint with one of the following regulatory agencies:

Indiana State Department of Health by calling **(800) 246-8909**

Joint Commission (800) 994-6610 or emailing [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

The Commission on Accreditation of Rehabilitation Facilities (CARF)

[feedback@carf.org](mailto:feedback@carf.org), or you may call toll-free **(866) 510-2273** or **(866) 510-CARF**

**If you desire more information, please contact RHI Administration at the number listed above.**

## APPENDIX VI

### PROTECTIVE AND SUPPORT SERVICES RESOURCE LIST

The list of the following agencies are provided for your benefit in reporting any information concerning patient protective and support services is provided to you by the Rehabilitation Hospital of Indiana.

#### Child Abuse Reporting:

Marion County Office of the Division of Family and Children

Program: Child Protective Services

145 S. Meridian Street

Indianapolis, IN 46225

Phone: (317) 636-2255

Or (800) 800-5556

#### Adult Protective Services:

IN FSSA/DDARS, Bureau of Aging and In-Home Services

Program: Adult Abuse Hotline

Indiana Government Center South

402 W. Washington Street

Indianapolis, IN 46207

Phone: (800) 992-6978

#### Medicare: Medical Necessity, Appropriateness of Quality of Care Issues

Health Care Excel

2901 Ohio Blvd., P.O. Box 3713

Terre Haute, IN 47803

Phone: (800) 288-1499

#### State Survey/Certification and Licensure:

Indiana State Department of Health

2 North Meridian

Indianapolis, IN 46204

Phone: (317) 233-1325

Medicaid Fraud/Abuse Reporting  
Indiana Medicaid Fraud Control Unit  
Office of the Attorney General  
Room 219, State House  
200 West Washington Street  
Indianapolis, IN 46204  
Phone: (317) 232-6520

The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
(800) 994-6610

CARF International  
4891 E. Grant Road  
Tucson, AZ 85712 USA  
(520) 325-1044 or toll-free (888) 281-6531 Voice/TTY  
(520) 318-1129 fax



Throughout our continuum of care we will help  
Navigate your **Outpatient Road to Recovery**

Experience the difference with RHI Outpatient Services

## *Continuum of Care*

- |  |   |
|--|---|
| <input type="checkbox"/> RHI Specialized Outpatient Clinics                    | <input type="checkbox"/> Aquatic Therapy                    |
| <input type="checkbox"/> Spine & Musculoskeletal Clinic                        | <input type="checkbox"/> Vision and Optometry               |
| <input type="checkbox"/> Neuropsychology                                       | <input type="checkbox"/> Adaptive Driving Program           |
| <input type="checkbox"/> Physical Therapy                                      | <input type="checkbox"/> Massage Therapy                    |
| <input type="checkbox"/> Occupational Therapy                                  | <input type="checkbox"/> Driving Evaluations                |
| <input type="checkbox"/> Speech Therapy  | <input type="checkbox"/> Community Re-entry                 |
| <input type="checkbox"/> Vestibular and Balance                                | <input type="checkbox"/> Wheelchair Seating and Positioning |
| <input type="checkbox"/> Follow-up Clinics (Stroke, Brain Injury, Spinal Cord) |   |

**3** convenient locations to serve you.

### **RHI—Main Campus**

4141 Shore Drive  
Indianapolis, IN 46254  
Phone: 317-329-2000  
Fax: 317-329-2360

### **RHI Neuro Rehabilitation Center**

9531 Valparaiso Ct.  
Indianapolis, IN 46268  
Phone: 317-879-8940  
Fax: 317-872-0914

### **RHI Carmel**

12425 Old Meridian St., Ste. B2  
Carmel, IN 46032  
Phone: 317-566-3422  
Fax: 317-566-9111

To schedule an appointment call any of our locations.

[www.rhin.com](http://www.rhin.com)



4141 Shore Drive

Indianapolis, Indiana 46254

(317) 329-2000

[www.rhin.com](http://www.rhin.com)



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