



J&D Ultracare

A Professional Nursing Agency

PATIENT & FAMILY HANDBOOK

Thank you for choosing J&D Ultracare!

We look forward to a mutually satisfying relationship with you and your family. J&D Ultracare is a Licensed Home Care Agency dedicated to the care of individuals with complex health needs in the Hudson Valley.

Ultracare's focus is to provide highly skilled nursing services to individuals in their homes, as an alternative to hospital or institutional care. You and your family can feel confident that with the support of our nurses, the comfort and safety of your home will be maintained.

Ultracare's team of experienced professionals bridges the gap between hospital and home. We work closely with you, your physicians and other health care professionals to educate and promote independence in the provision of care.

We have created this handbook to help answer many of the questions you may have at the start of care as well as throughout your relationship with our Agency.

Should you have any questions or concerns, please contact us at 845-357-4500. We are available around the clock to address any issues that may arise.

Best Regards,

The Staff of J&D Ultracare

Mission & Objectives

J&D Ultracare is committed to providing high quality, specialized home care services to medically fragile patients in their homes.

Collectively, we strive to create an environment that is safe, comfortable and conducive to meeting the clinical, developmental and psychosocial goals set forth by the patient, family, and / or physician.

The principal purpose of this Agency is to provide skilled nursing services to individuals in their homes / community settings.

The Agency shall at all times comply with all applicable regulations set forth by the New York State Department of Health and The Joint Commission.

This handbook includes...

Patient's Bill of Rights	3
Advance Medical Directives	5
The ABCs of Care Coordination	6
Scheduling	7
Handling The Finances	10
Notice of Privacy Practices	11
Complaints & Grievances	14

Patient's Bill of Rights

The Patient's Bill of Rights outlines in detail the many rights each of our patients and his/her family has while receiving home care services from our Agency.

Every patient and his/her family have the right to...

- Be informed of their rights in writing at the time of admission
- Be informed of the Agency's complaint / grievance procedure
- Receive service without discrimination as to race, color, sex, religion, national or ethnic origin, or sexual orientation
- Be informed [prior to delivery of services] of any limitations to this service
- Be referred to an alternative service if the Agency is unable to meet the patient's needs
- Expect that all efforts will be made to communicate in a language or form that is understandable to them and that when necessary, the Agency will obtain special devices, interpreters or other aids to facilitate communication
- Be accepted by this Agency only if it has the resources needed to provide care safely, as determined by a professional assessment
- Refuse services or request a change in staff without fear of reprisal or discrimination
- Expect the Agency and its employees to maintain patient confidentiality and release information only as required by law or as authorized by the patient. Examine their own records and to know who else has looked at them
Patients' Health Information will be protected at all times. The Agency will follow HIPAA privacy requirements regarding treatment, payment and health operations [TPO] information.
- Review and receive copies of your records, and request modifications to such
- Expect their property to be respected by Agency staff
- Make decisions regarding care
- Formulate Advance Medical Directives [per NYS requirements] and expect them to be adhered to
- Be informed in writing of the care that is to be furnished, the type(s) of care to be rendered, who will render that care and the frequency of the visits or staffing that are proposed to be furnished
- Be advised of any change in the plan of care prior to the change being made and participate in the planning of care
- Participate in the consideration of any ethical issues that arise in care
- Be informed about the nature and purpose of any technical procedure(s) that will be performed, the potential benefits or complications associated with the procedure(s), and the name of the person performing the procedure

- Refuse treatment after being fully informed of potential complications and consequences of such action.
- Refuse experimental treatment or to participate in research unless there is documented, voluntary informed consent as evidenced by the patient / legal guardian's signature on an Experimental Drug Consent and Liability Release Form
- Receive quality patient care regardless of diagnosis. In the event of impending death, all measures to promote comfort and dignity will be taken
- To have pain managed at home to the extent possible as determined by the patient's beliefs, desires, cause and prescribed treatment alternatives available
- Assurance that our nurse will believe their self-assessments of pain
- Be informed of what to do in the event of an emergency
- Adhere to agreed upon financial arrangements
- Be informed of the extent to which payment is expected from your insurance company and of any charges for which you may be liable
- Patient / family may request copies of any and all bills regardless of whether they are paid out of pocket or by another party
- Notify the Agency if you receive care from another source
- Signify their understanding and acceptance of the service relationship set forth by this Bill of Rights, by signing the Agency's Consent for Care

As A Home Care Patient, You Have The Responsibility To:

- Provide complete and accurate health information concerning past illnesses, hospitalizations, medications, allergies and other pertinent items and, if necessary, financial information
- Notify the Agency immediately of any change in insurance coverage
- Assure that the financial obligations to the Agency are fulfilled as promptly as possible
- Provide full and honest information about financial and environmental factors that may affect health status or impede health care
- Assist in developing and maintaining a safe environment for yourself, caregiver and Agency staff
- Cooperate in making adequate physical arrangements in the home to allow for safe and appropriate delivery of care
- Maintain a safe working environment for Agency staff
- Be under medical supervision, including examinations by a physician at least every 6 months
- Participate in the development and update of the care plan, adhere to the plan of care and transfer/discharge plan
- Cooperate with your healthcare provider (RN and/or LPN) and adhere to authorized practitioner ordered care and services
- Inform the nurse/ Agency immediately of any changes in your physicians
- Inform the nurse / Agency about any changes in the patient's health status
- Inform the nurse / Agency about any changes in the patient's medications / treatments

- Cooperate with the Agency to ensure continuous quality improvement by allowing field supervisors to conduct periodic reviews of the safety, adequacy, type and quality of services being rendered
- Agree to learn to be self sufficient in the patient's care; including medication administration, performing treatments and using medical equipment
- Inform the Agency if the patient / family does not understand or cannot follow instructions
- Request additional information or clarification as needed
- Designate a qualified substitute caregiver in the event that the patient's caregiver(s) are unable to provide care due to a temporary absence
- Complete, sign and submit to the Agency a "Caregiver Absence Form" detailing the substitute caregiver's name, phone number and other pertinent information. The substitute caregiver must be educated and signed off in all cares needed to safely provide care in your absence
- Cooperate with health care providers without regard to race, color, religion, sex, national, ethnic origin, or sexual orientation in a courteous and respectful manner
- Discuss concerns and problems with Agency staff as they arise
- Cancel scheduled visits in advance if you are unable to receive the staff member

Advance Medical Directives

- J&D Ultracare honors and respects all rights of our patients, including the right to execute an ***Advance Medical Directive***.
Examples: Living Wills
MOLST
Do Not Resuscitate (DNR) / Do Not Intubate (DNI)
Durable Power of Attorney
Organ Donations
Refusal of Specific Treatments, Services and Medications
- A Health Care Proxy is [one type of] Advance Medical Directive that appoints a person to make health care decisions for another person if s/he becomes unable to. The parent / legal guardian of a pediatric patient (under age 18) is **automatically** the child's health care proxy.
- If you have executed an Advance Medical Directive, please provide a copy to the Agency.
- **In the absence of a valid Advance Directive, the Agency's nurses will call 911 and initiate CPR.**
- If you wish to request an advance directive i.e.: DNR / DNI order, this must be communicated to your nurse, nursing supervisor or other Agency representative immediately so that the appropriate forms can be obtained and signed by the parent / legal guardian.

The ABC's of Care Coordination

Advocating - Bridging the Gap - Comprehensive Care Planning

The Agency's Clinical Care Coordinators work collaboratively with interdisciplinary teams, both internal and external to the organization to improve patient care through effective utilization and monitoring of health care resources.

The Care Coordinator actively participates in processes designed to achieve desired clinical, financial and resource outcomes.

This process begins at the time of referral, and continues as long as you are receiving nursing services from us.

Just What the Doctor Ordered

Our nurses MUST obtain doctor's orders for any changes from the current plan of care regarding medications, treatments, feedings, etc.

Please inform your nurses and the Agency of any changes you may have received so they can verify the orders with the physician. Without a valid order, the nurse may not initiate the change, and caregiver will be responsible to perform the task until an order is obtained.

If you are speaking to the physician while the nurse is present, please allow him/her to speak with the physician to obtain the verbal order.

If you are attending a physician's appointment without a nurse, please take a Doctor's Order form with you, or ask for an additional copy of any scripts given at the time of your visit to submit to the Agency.

Caregiver Education / Certificate of Education

In effort to ensure that caregivers are informed about all aspects of their loved one's care, all patients / caregivers will receive verbal and, as appropriate, written instructions as indicated by Agency policy and patient's needs, unless specifically ordered to the contrary by the physician.

Education shall include but is not limited to information regarding disease process, equipment use and management [according to DME vendor policy], medication management, safety and infection control.

Once education is complete signature is required on Certificate of Education.

Hands Off Reporting

Please ensure you are available for report at the beginning and end of a nurse's shift if there is no nurse prior to or following the nurse on duty. It is essential to the continuity of care that a full report regarding patient's condition, care, treatment, medications, services, and any recent or anticipated changes be discussed. This exchange will allow the opportunity for questioning between giver and receiver of patient information. Please be aware that agency staff may only hand off care to caregivers who are signed off on the current Certificate of Education or other agency staff.

Caregiver Absences

If you are planning to be away and wish for nursing services to continue, a number of steps must be completed to ensure continuity of care in your absence. Please notify the Agency of your plans as soon as they are made. Complete the "Caregiver Absence Form" in its entirety and return it to the Agency 2-3 business days BEFORE you leave. The person you designate MUST be capable of meeting ALL of your loved one's needs since a cancellation may occur during your absence. Therefore, your designated caregiver must be included on the current certificate of education prior to your departure. In the event that the cares will be performed at a location other than your home, a home safety evaluation is also required at the new location.

Scheduling

The Agency's regular office hours are 8:30am - 5pm Monday through Friday.

Additionally, our On-Call staff provides clinical and scheduling support after hours and on weekends. By dialing **845-357-4500**, the Agency's On-Call staff is accessible to address "time of the essence " issues that cannot wait until regular business hours.

- All nursing services will be arranged directly between you and the Agency
- Printed schedules will be mailed or, if you prefer, faxed or emailed to you each month
- Please check your schedule carefully upon receipt and post it in a conspicuous place for the nurses to view and double check their time.
- If discrepancies are noted, call the Scheduling Department immediately.
- Open shifts could appear on your schedule but are always a work in progress.
- Should you have any special scheduling requests, please notify the Scheduling Department as far in advance as possible. Schedules are typically created two weeks prior to the first of each month, as nurses confirm their availability with the Agency.

Please call the Agency immediately if:

- A nurse fails to arrive on time;
- There is a change in the schedule;
- Staff time slips do not match your schedule
- The patient is hospitalized; or
- The patient will not be home when a nurse is scheduled to arrive.

J&D Ultracare will contact you whenever there is a change in the schedule or a cancellation.

Cancellations do occur. Please be assured that we will make every effort to fill the shift in order to provide nursing care as scheduled.

IMPORTANT NOTE:

You should be aware that the nurses assigned to your case are not authorized to make any changes to the schedule without Agency approval [i.e. Switch shifts with another nurse, modify shift start and end times, or otherwise self-schedule].

YOU may incur personal financial liability for scheduling changes not approved and effected by the Agency.

Your Home Is Our Work Place

J&D Ultracare understands the importance of home safety in all environments where care and services are provided, as well as the need to minimize the risks to you, your family and our staff.

Upon admission, an environmental assessment is performed where care is to be delivered. The purpose of this assessment is to evaluate potential hazards that could interfere with the safety of the patient, caregiver and/or Agency staff.

When Home care is approached using good communication skills and a strong sense of teamwork it will alleviate potential confusion and/or frustration. Home care is an experience that can be tremendously satisfying and successful for you and your family.

“When a nurse and family have clear, well-defined boundaries, they are able to maintain separate but related balance.”

- Barnsteiner & Gillis-Donovan, 1990

Please provide the Agency with specific "House Rules" to communicate clear boundaries for the nursing staff prior to their orientation in your home.

In addition consider the following arrangements for your nurses....

- Please have comfortable arrangements for the nurses –
A comfortable chair and an area for writing, such as a table or desk.
- Follow Fire Safety requirements of smoke detectors, fire extinguishers, oxygen signs, etc. to prevent fire hazards. Please refer to the Home Environment and Safety Evaluation provided in your home chart.
- A clear walkway, entrance, exit for the nurses.
- For night nurses, provide adequate lighting in the area care will be provided.
- Nurses are NOT PERMITTED to sleep on duty.
- Identify preferences regarding the use of radio, television and or laptops. These techniques may be helpful to nurses to remain more alert during night shifts.
- Nurses cell phone use should be limited during their shift and pictures or video are not permitted.
- Nurses bring their own food and beverages for consumption in your home.
- Nurses may ask to store their food in your refrigerator or use your microwave to reheat something. If you have cultural preferences or have specific "rules" regarding the use of your appliances, please articulate this clearly to the nurses.
- Nurses will wear comfortable, respectable clothing; uniforms are not required. The nurse should be wearing the Agency's identification badge.
- Specify where nurses should store their coats, boots, etc. Please specify whether you prefer slippers to shoes in your home.
- Nurses are NOT PERMITTED to operate a motor vehicle to transport patients, but may accompany others as needed in a motor vehicle [operated by others] at the nurse's discretion.
- Please take advantage of the time nurses are in your home. Use this time to ask questions, practice procedures and learn what you need to know to meet the patient's medical needs. Also use this time to provide yourself with frequent rest periods.
- Nurses must have sufficient time to record his/her patient's clinical information on the required nursing documentation. This should be completed before the end of the shift, and a copy remaining in the patient's chart.

Handling the Finance\$

Prior to the start of care you will be asked to sign a consent. In it you will be made aware of any financial responsibility on your part including co-payments, deductibles and/or other expenses not reimbursed by your funding source[s].

This form will also provide for an assignment of benefits if appropriate.

To ensure services can be appropriately funded thereby limiting your financial liability and minimizing the possibility of an interruption of services, it is imperative that you keep us informed of all changes regarding the funding source(s) for your nursing services. This includes change of insurance policies, change of employers, the addition of a secondary policy, retirement, COBRA, etc.

Insurance Verification

As such, the Agency requires that you maintain a current coverage profile at all times. We will distribute an Insurance Verification Form to you at various times throughout the year. Each time you receive this form it is essential that you complete it in its entirety [even if there have been no changes in your insurance] and return it to the Financial Department within 5 days of receipt.

This provides for accurate billing practices by the Agency, thereby ensuring that your benefits are being accessed and utilized appropriately.

Nurses' Time Slips

Every nurse will present time slips to you. Please be sure that the time documented on the slip is accurate. ONLY if you are in agreement, should you sign the time slip.

Do not sign any blank time slips or those reflecting time that is inconsistent with the time actually worked.

These time slips are the basis for both the nurses' paychecks and the Agency's billings to your insurance. Again, unauthorized time may be your financial responsibility.

Accuracy is imperative!

Notice of Privacy Practices

As required by the Privacy Regulations Promulgated Pursuant to the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** this notice describes how health information about you or your child may be used and disclosed and how you can get access to your identifiable health information.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. Our Commitment to Your Privacy

J&D Ultracare is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you / your child and the treatment and services we provide to you / your child. We are required by law to maintain the confidentiality of health information that identifies you / your child. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your / your child's identifiable health information
- Your / your child's privacy rights regarding identifiable health information
- Our obligations concerning the use and disclosure of your / your child's identifiable health information

The terms of this notice apply to all records containing your / your child's identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice.

B. If You Have Any Questions About This Notice, Please Contact:

Clinical Operations Manager, J&D Ultracare @ 99 Washington Avenue, Suffern, NY 10901 or @ 845-357-4500. Referred to hereafter as Clinical Operations Manager.

C. We May Use / Disclose Your / Your Child's Health Information in the Following Ways:

The following categories describe the different ways in which we may use and disclose your / your child's identifiable health information.

1. **Treatment.** Our organization may use your identifiable health information to treat you. Many of the people who work for our organization may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care such as your / your child's physicians, therapists, spouse, children or parents.
2. **Payment.** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify your / your child's eligibility for benefits (and range of benefits), and we may provide your insurer with details regarding your / your child's treatment to determine if your insurer will cover, or pay for, your / your child's treatment or services. We may also use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly, as appropriate.
3. **Health Care Operations.** Our organization may use and disclose your / your child's identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business activities for our Agency.
4. **Release of Information to Family/Friends.** Our organization may release your / your child's health information to a friend or family member who is helping to pay for your / your child's health care, or who assists in caring for you / your child.
5. **Release of Information to Laboratories / Durable Medical Equipment Companies.**
This agency may release your / your child's health information to laboratories and/or durable medical equipment supplier as appropriate when directed by your / your child's physician.

6. **Professional Committees.** Our Agency may release your / your child's health information to our Professional Advisory Committee or Quality Improvement Committee members as appropriate.
7. **Disclosures By Law.** Our organization will use and disclose your / your child's identifiable health information when we are required to do so by federal, state or local law.

D. Use / Disclosure of Your Identifiable Health Information in Certain Special Circumstances:

The following categories describe unique scenarios in which we may use or disclose your / your child's identifiable health information:

1. **Public Health Risks.** Our organization may disclose your / your child's identifiable health information to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products, equipment or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees **OR** we are required or authorized by law to disclose this information.
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our organization may disclose your / your child's identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil right laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our organization may use and disclose your / your child's identifiable health information in response to a court or administrative order when involved in a lawsuit or similar proceeding. We also may disclose your / your child's identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in a dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release identifiable health information if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe might have resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify / locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Serious Threat to Health or Safety.** Our organization may use and disclose your / your child's identifiable health information when necessary to reduce or prevent a serious threat to your / your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.
6. **Military.** Our organization may disclose your / your child's identifiable health information if you are a member of US or foreign military forces (including veterans) and if required by the appropriate military command authorities.
7. **National Security.** Our organization may disclose your / your child's identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your / your child's health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates.** Our organization may disclose your / your child's identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
9. **Workers' Compensation.** Our organization may release your / your child's identifiable health information for Workers' Compensation and similar programs.

E. Your Rights Regarding Your Identifiable Health Information:

You have the following rights regarding the identifiable health information that we maintain about you:

1. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, please make a written request to: **Clinical Operations Manager**, specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your / your child's identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your / your child's identifiable health information to individuals involved in your / your child's care or the payment for your / your child's care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you / your child. In order to request a restriction in our use or disclosure of your / your child's health information, you must make your request in writing to: **Clinical Operations Manager**.

Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our Agency's use, disclosure or both; and (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you / your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to: **Clinical Operations Manager** in order to inspect and/or obtain a copy of your / your child's identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

4. Amendment. You may ask us to amend your / your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing to: **Clinical Operations Manager**. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to: **Clinical Operations Manager**. All requests for an "accounting of disclosures" must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our Agency may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with any additional requests, and you may withdraw your request before you incur any costs.

6. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services.

To file a complaint with our organization, contact: **Clinical Operations Manager**.

If you are not satisfied with the resolution J&D Ultracare has reached, you may contact your New York State Regional Office or The Joint Commission. **You will not be penalized for filing a complaint.**

7. Right to Provide an Authorization for Other Uses and Disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your / your child's identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your / your child's identifiable health information for the reasons described in the authorization. Please note, we are required to retain records of your / your child's care.

Complaints & Grievances

J&D Ultracare makes every effort to meet the needs of each and every family we serve. We recognize though, that there may be times when you are not satisfied and we have therefore developed a procedure to address all complaints and grievances.

Our policy ensures that all patients, family members and/or designated representatives are provided with adequate means to present their complaints and grievances.

The following provides an overview of our procedure.

If you have any questions or need to file a complaint / grievance, please contact J&D Ultracare directly at 845.357.4500.

- All ethical concerns, complaints and/or grievances shall be treated with privacy and confidentiality as appropriate.
- Each reported concern shall be treated with consideration, respect and full recognition of the patient's dignity and individuality.
- Patients, family members and/or designated representatives have the right to express themselves without interference, coercion, discrimination or reprisal.
- Reports of any type may be lodged with the Clinical Operations Manager or an Officer of the Agency.
- A response to an ethical concern, complaint and/or grievance shall be rendered within 15 days of receipt by the Agency.
- This Agency will examine all reported ethical concerns, complaints and grievances. Receipt, investigation and resolution of any concern, including an appeal of such, will be documented appropriately.

Should you have concerns regarding patient care and safety that have not been satisfactorily resolved through the organization you may contact:

**NYS Department of Health
Home Care and Hospice Complaints Hotline @ 1-800-628-5972
[between the hours of 10am and 4pm on all State business days]**

– OR –

**The Joint Commission's Office of Quality Monitoring @
1-800-994-6610 or complaint@jcaho.org.**

