

# Pediatric Inpatient Services Guest Guide



Frazier Rehabilitation Institute

**U**<sup>OF</sup>**L** Health

220 Abraham Flexner Way, Louisville, KY 40202 | 502-582-7400

[UofLHealth.org](https://UofLHealth.org)

# Table of Contents

<b>Who We Are</b> .....	4	• Overnight Visitors	
<b>Who We Serve</b> .....	4	• Pain Management	
<b>Our Mission</b> .....	4	<b>Your Child’s Safety</b> .....	20
<b>Our Commitment To Ethical Practice</b> .....	5	• Staff Identification	
<b>Patient Rights and Responsibilities</b> .....	6	• Bed / Crib Safety	
<b>Our Commitment To Patient Satisfaction</b> .....	8	• Leaving the Unit	
<b>Patient Concerns</b> .....	8	• Smoke-Free Environment	
<b>Patient Complaints</b> .....	8	• Patient Identification	
<b>Zero Tolerance Policy</b> .....	9	• Help Stop the Spread of Germs!	
<b>Our Facility</b> .....	10	• Live Plants and Flowers	
• Campus Map		• Call, Don’t Fall!	
• Directions to Patient Drop-Off and Pick-Up		• Use of Therapy Gym	
• Parking		• Personal Pets	
• Michael Brent Resource Center		• Valuables and Lost Items	
• Bill Collins Resource Center		• Security	
• Food Service		<b>Planning For Discharge</b> .....	22
• Laundry		• Discharge Criteria	
• Mail Service		• Non-Voluntary Discharge	
• Notary Service		• Discharge Against Medical Advice (AMA)	
• ATM		• Discharge Day: What to Expect	
• Hair Stylist		• Outpatient Follow-up	
<b>Kosair Charities Pediatric Pavilion</b> .....	12	• Return to School	
• Therapy Gym		• Medical Equipment	
• Classroom		• CPR Training	
• Sensory Integration Gym		• Car Seat Safety	
• Larosa Lounge		• Community Resources	
• Ronald McDonald Family Room		• Driving after Discharge	
• Outdoor Playground		<b>The Local Area</b> .....	24
<b>Your Child’s Room</b> .....	14	• Lodging	
• Your Child’s Bed		• Transportation	
• Your Child’s Call Button		<b>Frazier Rehab Institute Locations</b> .....	25
• Your Child’s Television		<b>An Important Message From Medicare About Your Rights</b> .....	26
• Wireless Internet		<b>Written Disclosure Statement</b> .....	27
• Your Child’s Telephone		<b>Consent For Treatment</b> .....	28
• Use of Personal Cell Phone		<b>Notice of Privacy Practices</b> .....	30
• Photographs		<b>Advance Directive / Living Will / Health Care Surrogate</b> .....	34
<b>Your Child’s Care and Treatment</b> .....	16	<b>Emergency Preparedness For People With Disabilities</b> .....	36
• Your Child’s Treatment Team		<b>ClinicalTrials.gov</b> .....	38
• Language Services		<b>Americans with Disabilities Act (ADA) Fact Sheets</b> .....	39
• Spiritual Care		<b>Quit Smoking Resources</b> .....	46
• Your Child’s Treatment Plan			
• Team Rounds Meeting			
• What to Bring			
• Family / Caregiver Participation			
• Visitor Policy			

## Welcome

Dear Family and Friends,

For over 65 years, the UofL Health – Frazier Rehab Institute team of physicians, therapists, rehab nurses and other staff have remained committed to the mission upon which Frazier Rehab Institute was founded: to assist physically impaired individuals of all ages in realizing their optimum level of functional independence, productivity, social adjustment and self-esteem. We are proud of the work we do here and want you to know that we place meeting your needs at the top of our list. Our goal is to provide you with the very best in rehabilitation care!

For many of you, this is your first experience at an acute rehab facility. Our first responsibility is to keep you safe and we will take steps to do that. You can expect our employees to ask your name and date of birth each time they provide care. You can expect them to wash their hands before and after they provide any care. Don't hesitate to ask questions and to remind them of these expectations. Please be our partner in safety by not taking any unnecessary risks and following all safety precautions as instructed by your doctor and treatment team. Please ask for assistance when getting out of bed or going to the bathroom. Remember you are recovering and not at a 100% yet.

After discharge from our inpatient program, you may need additional outpatient therapy. In addition to our downtown location, Frazier Rehab Institute has several convenient outpatient locations in Kentucky and Southern Indiana to serve your outpatient rehab needs.

Should you or your family have any questions regarding any information contained in this handbook, please talk to your Case Manager or the Charge Nurse.

**Thank you for choosing Frazier Rehab Institute as a partner on your team to assist you in the journey of recovery!**

The Frazier Rehab Team

## Who We Are

Frazier Rehab Institute has been providing medical and rehabilitation care to adults and children who have experienced an injury or disease since it opened in 1954.

Frazier Rehab Institute is accredited by the Commission on the Accreditation for Rehab Facilities (CARF) and The Joint Commission. Frazier Rehab Institute is part of UofL Health.

## Who We Serve

Frazier Rehab Institute provided care to almost 1,800 inpatients last year.

A breakdown of these patients by diagnosis:

- 26% were admitted following a stroke
- 19% following a brain injury
- 7% following an orthopedic procedure
- 11% following a spinal cord injury
- 13% with a pulmonary condition
- 8% with a neurologic condition
- 16% following a variety of diseases or injuries including amputation, arthritis, burns, etc.

Approximately 8% of the inpatients last year were 17 years of age or younger.

The age breakdown of these patients is as follows:

- Age 5 and under 30 %
- Ages 6-12 29 %
- Ages 13-17 41 %

A breakdown of these patients by diagnosis:

- 2% Stroke
- 35% Brain Injury
- 6% Orthopedic Condition
- 2% Spinal Cord Injury
- 4% Pulmonary Condition
- 29% Neurologic Condition
- 22% Other (including cardiovascular, multitrauma, amputation, arthritis, burn, etc.)

## Our Mission

The mission of Frazier Rehab is to serve the physically impaired adult and pediatric rehabilitation needs for the people of Kentucky, Indiana and the surrounding region and to realize their optimum level of functional independence, productivity, social adjustment and self-esteem by:

- Delivering exceptional quality care
- Improving accessibility
- Advancing rehab research and education

## Our Commitment To Ethical Practice

UofL Health – Frazier Rehab Institute strongly believes that the community, our patients, and our fellow employees have the right to expect us to perform with honesty and integrity at all times. Frazier Rehab Institute has established a Code of Conduct that every employee pledges to uphold in the execution of his or her duties promoting the following values:

- We apply high ethical standards to all our activities.
- We view accountability and resourcefulness as integral to our team environment.
- We treat all those we serve and one another with respect, dignity and compassion.
- We fairly and accurately represent our capabilities and ourselves.
- We provide services to meet the identified needs of our patients and constantly seek to avoid the provision of those services which are unnecessary or not effective.
- We treat patients in a courteous and respectful manner giving consideration to their background, culture, religion and heritage.
- We bill patients or third parties only for services actually provided and provide assistance to patients seeking to understand the cost of their care.
- We maintain the confidentiality of patient information and other sensitive information concerning personnel and business issues.

Frazier Rehab has access to the Ethics Committee, a multidisciplinary group established to focus on ethical questions or issues that may arise from the care of patients. The Ethics Committee's purpose is to educate, consult with and advise health care professionals, health care workers, management, the board of directors, patients and their families on ethical issues. It may act as a liaison between the family and the health care professional. The Ethics Committee is not a decision-making body and does not replace the patient/family/physician as the decision-making triad in treatment decisions.

Any patient, family member, health professional or concerned individual may request that the Ethics Committee consider ethical questions or issues relating to health care. A request for Ethics Committee consultation may be made through Frazier Rehab Administration at 502-582-7490. Meetings of the Ethics Committee are confidential in nature, and minutes of such meetings shall not name any specific employee, physician or patient.

# Patient Rights and Responsibilities

The organization encourages respect for the personal preferences and values of each individual. We consider patients as partners in their health care. When patients are well informed, participate in treatment decisions and communicate openly with their doctor and other health professionals, they help make their care as effective as possible.

## WHEN YOU ARE A PATIENT YOU HAVE THE RIGHT TO:

1. Receive fair and compassionate care at all times and under all circumstances.
2. Receive comfort, respect and recognition of personal dignity, values and beliefs; including cultural, psychosocial and spiritual.
3. Be treated equally and receive the same level of care or treatment regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.
4. Receive safe and appropriate medical care to the best of the organization's ability.
5. Be informed of your rights before care is provided or discontinued, whenever possible.
6. Be informed of organization rules and regulations that affect your behavior as a patient.
7. Personal privacy and to expect that documents and communication concerning your care will be treated as confidential.
8. Confidentiality of your clinical records and to review or obtain a copy of your medical record within a reasonable timeframe.
9. Access, request amendment to, and obtain information on disclosures of your health information, in accordance with law and regulation.
10. Have family members, representatives and your physician notified promptly of the admission to the facility upon patient's request.
11. Know the name of the physician and/or medical group who has primary responsibility for coordinating your care and the names of other physicians or non-physicians involved in your care.
12. Access religious and other spiritual services.
13. Receive treatment in a safe environment free from neglect, exploitation and abuse, and to be assisted in accessing Protective Services and/or Advocacy Services, as appropriate.
14. Receive personalized treatment through an individualized treatment plan, and for you and/or your personal representative to participate in the development and implementation of your treatment plan. This organization values each patient's cultural, racial and religious customs as part of their treatment plan.
15. Appropriate assessment and management of pain.
16. Be free from restraints and seclusion of any form that are not necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
17. Patients have the right to information regarding the organization's policy on the forgoing of life support by withholding resuscitative services from patients.
18. Complete, review and revise an Advance Directive. You have the right to receive assistance in completing an Advance Directive. Your access to care will not be affected if you do or do not have an Advance Directive. Your wishes at the end of life will still be obtained and respected.
19. Know the extent to which the organization is able, unable or unwilling to honor your Advance Directive.
20. Have your family involved in care, treatment and services decisions to the extent you allow or your surrogate decision-maker, in accordance with law and regulation.
21. Have a designated surrogate decision-maker, someone who is able to make decisions about your care in the event that you are unable to do so. When a surrogate decision-maker is responsible for making care, treatment and service decisions, and the organization will respect the surrogate decision-maker's right to refuse care, treatment and services on your behalf, in accordance with law and regulation.
22. Have a family member, friend, or other individual be present with you for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated. This individual may or may not be your surrogate decision-maker or legally authorized representative.

23. Participate in ethical decisions regarding your care, including decisions relative to care at the end of life. The dying patient has the right to care that optimizes comfort as well as dignity.
24. The right to receive information including risks, benefits and reasonable alternatives in a language or method of communication that you understand pertaining to your health status, current diagnosis, treatment plan and prognoses in order for you to give informed consent or to refuse consent.
25. Refuse treatment to the extent allowed by law, and be informed of the significant medical consequences of this action.
26. Refuse recording or filming made for purposes other than the identification, diagnosis or treatment of the patient.
27. Wear personal clothing and religious or other symbolic items, provided such items do not interfere with diagnostic procedures or treatment.
28. Receive information from your physician about the outcomes of your care, including unanticipated outcomes and prospects for recovery, in terms you can understand.
29. Request a consult with other physician(s) and/or independent specialist(s), at your own expense.
30. Expect that the organization will make a reasonable response to your request for services. The organization will provide evaluation, service and/or referral(s) as indicated by medical necessity. Only after you have received information about the need for transfer, and it is medically permissible, will you be transferred to another facility. The receiving facility must have agreed to accept your transfer.
31. Receive continuity of care and notification in advance of any health care needs following discharge, including outpatient care options.
32. Timely notification if your insurance will not pay your bill and information about the process to follow if you disagree with your insurance company's determination.
33. Receive an itemized explanation of your bill.
34. Present complaints and expect that corrective action will be taken, when indicated. The right to voice complaints about care without being subject to coercion/intimidation, discrimination, retaliation or compromised access to future care.
35. To expect prompt response to and resolution of a grievance, including a written notice of the organization's decision, the name of a contact person, steps taken to investigate the grievance, the results of the grievance process and the date of completion. As appropriate to the nature of the grievance, the following individuals may assist you in initiating the grievance process: the physician, staff nurse or his/her supervisor, the patient representative, hospital administrator or a social worker.
36. Communicate your problems, concerns or complaints with the organization to the Kentucky Cabinet for Health and Family Services by contacting the Office of the Inspector General, Division of Licensing and Regulation, 908 W. Broadway, Tenth Floor, Louisville, Kentucky 40203, 502-595-4958, or you may contact The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181, 800-994-6610.
37. Be advised if the organization intends to engage in or perform research, investigation, clinical trials or educational activities which affect your care or treatment so that you may decide if you want to participate or refuse to participate in such activities. You have the right to decline to participate in clinical studies, research or experiments. Refusal to participate will not affect your access to care or treatment or affect benefits to which you are otherwise entitled.
38. Patients who are dying have the right to receive care that will provide them with comfort and dignity. The dying patient has the right to receive such care, which shall include:
  - Treatment of primary and secondary symptoms responsive to treatment, as desired by the patient or surrogate decision maker
  - Effective management of pain
  - Acknowledgment of the psychosocial and spiritual concerns of the dying patient and his/her family
39. Acknowledgment of the expression of grief by the dying patient and his/her family.
40. Receive the visitors designated, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time; the organization will:
  - Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability;
  - Ensure that all visitors chosen by the patient enjoy "full and equal" visitation privileges, consistent with the patient's wishes

## **PATIENT RESPONSIBILITIES:**

The care that you receive as a patient depends partially on your participation and actions with your physicians and organization staff. Therefore, in addition to your rights as a patient, you have the following responsibilities.

1. Provide the facility with accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and any other pertinent matters about your health.
2. Report any safety issues related to your care or about the physical environment.
3. Ask questions when you do not understand what you have been told about your care, your condition, or what you are expected to do regarding your care.
4. Report any unexpected changes in your condition to your physician(s) or other health care providers.
5. Follow any treatment plan recommended by your physician, including the instructions of nurses and other health care professionals as they carry out your physician's orders.
6. Assume responsibility for your actions if you refuse treatment or do not follow the prescribed treatment.
7. Keep appointments given to you at discharge.
8. Treat organization staff, physicians and other care providers with respect and courtesy, avoiding use of profanity and inappropriate or threatening conduct.
9. Inform and provide us with advance directives and the appointment of a surrogate in your behalf.
10. Meet your financial commitments to the organization.

## **Our Commitment To Patient Satisfaction**

Our goal is to provide the very best in rehabilitation care and we want you to be completely satisfied with the services you receive while at Frazier Rehab. Our team takes great pride in ensuring that your stay is comfortable, efficient, and effective as you recover. After discharge, you may receive a text message or email with the sender identified as "91994." This message is coming from Press Ganey, our patient satisfaction survey company. We would appreciate your response by completing a short survey about your experience at Frazier Rehab by clicking on the link to the eSurvey. This information is helpful for us to learn how we can improve. You may also receive an additional mail survey from Frazier Rehab, asking specific questions about your rehab program and treatment team.

## **Patient Concerns**

We want to provide the very best care possible while at Frazier Rehab Institute. If you have concerns about the care or service you are receiving, please contact the charge nurse at 502-240-2632 at any time.

## **Patient Complaints**

If a complaint is received from a current inpatient, every effort will be made to resolve the complaint at the bedside. If the complaint can be satisfactorily addressed, it is not considered a grievance. If the complaint cannot be resolved, the formal grievance process will be implemented. Any complaint received from a discharged inpatient or that is written is automatically deemed to be a grievance. You may expect follow-up either through verbal or written communication usually within seven days of receipt of grievance. Please note that any written correspondence related to care of a patient will be sent to the patient, no matter who is presenting the concern.

Should you feel that the hospital has not responded to your concern, you have the option to contact:

### **The Joint Commission**

Office of Quality & Patient Safety  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
Email: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)  
Phone: 800-994-6610

### **CMS**

The Kentucky Office of the Inspector General  
Northern Enforcement Branch  
Phone: 502-595-4958  
Email: [NEBComplaints-Reports@ky.gov](mailto:NEBComplaints-Reports@ky.gov)

# Help us provide a safe environment for care.

## UofL Health has a **ZERO TOLERANCE POLICY** for abusive or violent behavior towards our patients, staff and visitors.

### **Verbal abuse can include:**

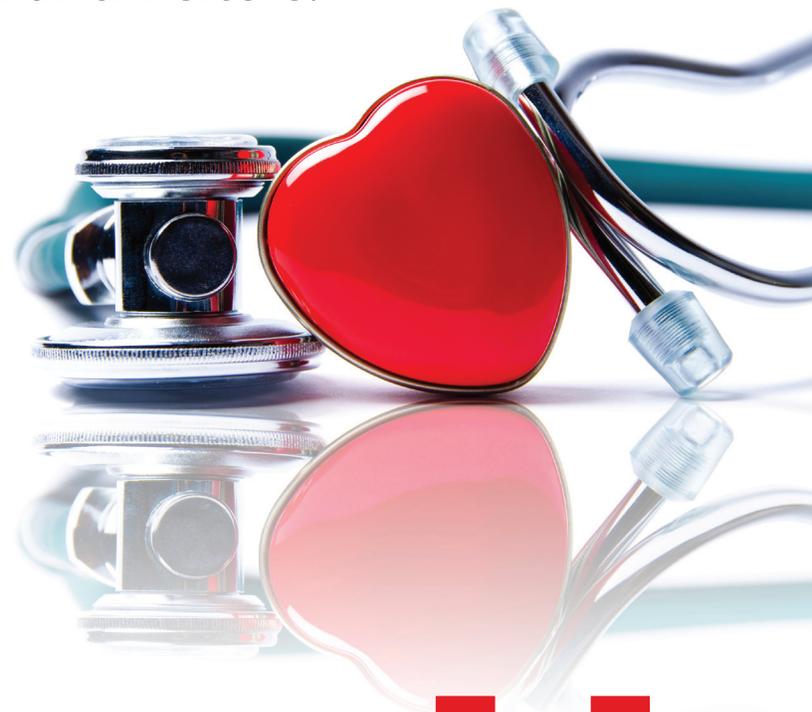
- Calling names or swearing
- Yelling at, threatening or intimidating
- Using sexually explicit comments or innuendo

### **Physical violence can include:**

- Using any degree of physical force with intent to harm
- Touching someone inappropriately
- Holding or restraining someone

**Violation of this policy will result in IMMEDIATE ACTION by security and may result in removal from the hospital by law enforcement.**

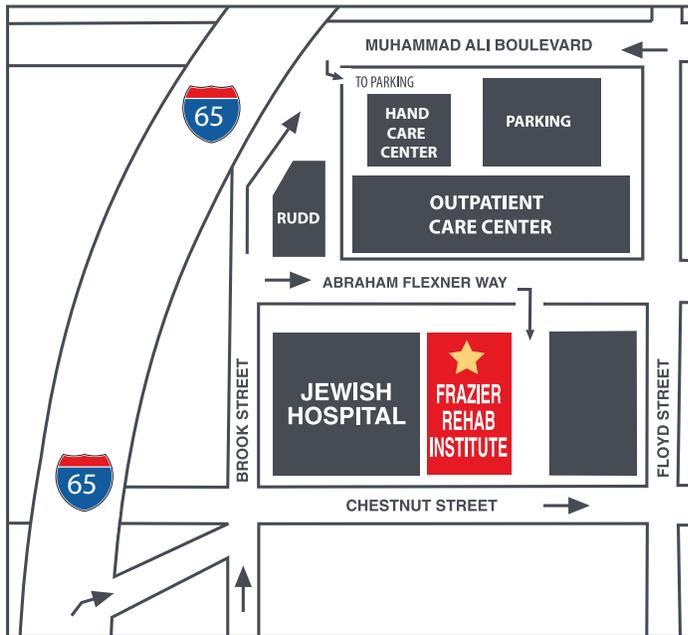
**Violation of this policy may also include LEGAL ACTION up to and including filing charges that could result in imprisonment**  
*in accordance with Statutes KRS 431.005 and KRS 431.015, amended March, 2017.*



**UofL Health**

# Our Facility

## CAMPUS MAP



**UofL Health – Frazier Rehab Institute**  
220 Abraham Flexner Way  
Louisville, KY 40202

## DIRECTIONS TO PATIENT DROP-OFF AND PICK-UP

Turn right onto Abraham Flexner Way off of Brook Street. The second building on the right is Frazier Rehab and Neuroscience Center. Just past Frazier Rehab on the east side of the building is a drive through ramp for patient drop-off and pick-up.

## PARKING

To better serve the inpatients of our downtown medical campus facilities:

- We provide one free pass for parking in the hospital garage for each inpatient
- The patient may give this pass to one individual
- The free parking pass is good for the month issued plus the first 7 days of the next month
- We offer free valet parking for OUTPATIENTS
- Additional passes for family and visitors of a patient can be purchased at the booth in parking garage
- Standard Rates:

0 to 1 hour .....	\$1.00	3 to 4 hours .....	\$4.00
1 to 2 hours .....	\$2.00	4 to 5 hours .....	\$5.00
2 to 3 hours .....	\$3.00	5 to 24 hours.....	\$7.00
Lost Tickets .....	\$7.00		
- Daily Parking Pass: \$7.00 (for patients/visitors)
- Weekly Parking Pass: \$10.00 (for patients/visitors)
- Monthly Parking Pass: \$40.00 (for patients/visitors)
- The Valet Parking is a flat \$8.00 fee

If you would like to apply for a handicapped parking permit for your automobile, truck, or van, please contact the case management department at 502-582-7686. You will be given an application form to be signed by your doctor. You can either take the application to the County Clerk's Office and receive your permit that day or mail the application form to the County Clerk's Office and your permit will be mailed to you. There is an annual fee for this permit.

## **MICHAEL BRENT RESOURCE CENTER**

Located on the 11th floor of Frazier Rehab, the Michael Brent Resource Center is an area for inpatients, outpatients, families and community groups to meet and access resources to better understand their medical condition. The Center is open Monday through Friday, from 8 a.m. – 4:30 p.m.

The Center provides information to patients and their families about spinal cord injury (SCI) and other disabilities. Functioning as a lending library of books, magazines, DVDs, and CDs, the Center also provides computers with adaptive access to the internet. In addition, the Center's website, [www.spinalcordmedicineresources.com](http://www.spinalcordmedicineresources.com), lists a calendar of events, current news about SCI, and links to web-based resources. The Center is supported by Friends for Michael Inc., a non-profit group dedicated to raising funds and awareness of spinal cord injury in memory of Michael Brent.

## **BILL COLLINS RESOURCE CENTER**

Located on the first floor of Frazier Rehab, the Bill Collins Resource Center provides resources for patients with movement disorders. Here they can find information to learn about their disorder, about organizations and facilities that can help them with the management of their disorder, and about research opportunities. It is not limited to Parkinson's disease, but is encompassing of the entire range of movement disorders and diagnoses.

## **FOOD SERVICE**

We are committed to healthy communities! This means that we will provide nutritious menu options to nurture our patients. Our goal is to offer a Mindful/Wellness Meal that tastes good, uses fresh ingredients, and is nutritious. We coordinate meal times around your therapy schedule. We also have a registered dietitian available to provide special diet instructions and education during your hospital stay. You will be asked to make meal/snack selections based on your prescribed diet.

A Nutrition Services representative will visit you in your room to obtain your meal order. You may also order meals each day between 7 a.m. – 7 p.m., by dialing extension #6767. Meals will be delivered during the unit meal time in coordination with your therapy schedule.

Families and visitors may access food or drinks in the vending area on each patient floor and in the Jewish Hospital Chestnut Café. The Jewish Hospital Chestnut Café serves multiple Mindful/Wellness menu selections daily. Please call extension #6767 for extended hours of operation at our Chestnut Café.

## **LAUNDRY**

There are laundry facilities located on both the 8th floor and the 10th floor in the vending areas adjacent to the restrooms for patient use. You must furnish your own laundry supplies

## **MAIL SERVICE**

Mail is delivered daily to patient rooms. You may also leave outgoing mail at the nurses station. Friends and family may send cards and letters to patients with the patient's name and room # clearly displayed on the envelope in care of:

Frazier Rehab Institute  
220 Abraham Flexner Way  
Louisville, KY 40202

## **NOTARY SERVICE**

If you require a notary service, your case manager can instruct you on such services available in our facility.

## **ATM**

There is an ATM machine located on the first floor of Frazier Rehab Institute.

## **HAIR STYLIST**

At Frazier Rehab, a hair stylist is available each week to cut and/or style your hair. Notify your nurse if you want to access this service. You will need to pay the stylist at the time that services are provided.

# Kosair Charities Pediatric Pavilion

## THERAPY GYM

- Located on the 8th floor behind the Central Nursing Station.
- For use ONLY during treatment sessions with therapist's direct supervision.
- Equipment in gym is for patient use only and must remain in the gym. If a therapist approves patient use of equipment outside of therapy time, he/she will loan the items to patients on an individual basis and maintain a log of loaned items.

## CLASSROOM

- Located in the 8th floor therapy gym.
- For use ONLY by patients during therapy or hospital-based instruction.

## SENSORY INTEGRATION GYM

- Located in the 8th floor therapy gym.
- For use ONLY during therapy sessions.
- Equipment designed to provide a variety of sensory experiences depending on patient need.
- Can be used as a private treatment area as needed.
- Please remove shoes before entering room to promote a clean environment for our patients.

## LAROSA LOUNGE

- Located on 8th floor next to the therapy gym.
- A place for patients and their families/visitors to relax, play, and have fun.
- Activities and toys are provided for use in the room.
- Room is open from 6 a.m. – 8 p.m.
- Movies and portable DVD players may be borrowed by making a request through the Central Nurses Station or Recreational Therapist. If you would like to reserve the Larosa Lounge for a special event, please contact the Unit Secretary on the 8th floor.

### Rules:

1. All patients and visitors under the age of 17 must be accompanied and supervised by an adult at all times when in the Larosa Lounge.
2. Please do not sit on the counter or game tables.
3. Please do not write on game tables, walls, or games.
4. Please return toy items that are used to the Dirty Toy Bin that is located in the lounge so we can properly disinfect and store the item.
5. Please take care of items you have borrowed and return them.
6. Air hockey table handles and pucks can be checked out at the Central Nurses Station. Please return them to the Central Nurses Station when done.

## RONALD MCDONALD FAMILY ROOM

- Located on the north end of the 8th floor unit.
- A place for patients, families, and visitors to relax.
- Contains a microwave, refrigerator, and ice machine.
- Limited supply of snacks and dry good items are provided by the Ronald McDonald House Charities.
- Patients' families may store food in the refrigerator, but all items must be labeled with initials, room number, and date. Items that are not labeled correctly or older than 3 days will be discarded.
- The Ronald McDonald Family Room is locked from 8 p.m. – 6 a.m. but is accessible via a key pad entry. Your nursing team can provide you with the keycode to enter after hours. Please do not share this keycode.

## **OUTDOOR PLAYGROUND**

- Located outside on the east side of the building between Frazier and Norton Children's Hospital.
- Remains locked at all times to maintain security.
- Available 8 a.m. – 8 p.m. daily.
- Family members may receive training and approval from the treating therapist to use playground with their inpatient or outpatient children.

### **Rules for Family Use of Playground:**

1. Therapist will provide family teaching on the playground and check the parent/guardian off on safe use of the equipment.
2. The parent/guardian will be asked to sign a copy of playground rules and must keep this signed copy of the rules with him/her while using the playground to verify appropriate access to the playground.
3. Before leaving unit to go to playground, parent/guardian must sign patient off unit at the nurses' station. Upon returning, sign patient in at the nurses' station. You may not leave the unit for more than 30 minutes.
4. Patient must be accompanied by parent/guardian at all times.
5. No food, drink, or smoking is allowed on playground.
6. The gate must remain locked during play activities while in playground. Do not give other individuals access to the playground and do not give the gate code to anyone else.
7. If there is an emergency or problem on the playground, call security at 502-587-4484. There is a facility phone located on the playground.

# Your Child's Room

## YOUR CHILD'S BED

In your child's room at Frazier, there is a crib or special bed with push button and electric controls to raise and lower the bed and side rails for your child's safety.

## YOUR CHILD'S CALL BUTTON

To call your child's nurse or nursing assistant, press the red button on the remote control.

## YOUR CHILD'S TELEVISION

Each patient is provided his/her own television. You can control the television with the "nurse-call/pillow speaker". To watch television:

- 1) Press TV ON/OFF button
- 2) Press Channel UP or DOWN button to select the TV station of choice
- 3) Press CC for closed caption

**PLEASE NOTE: Amazon Fire Sticks are not allowed to be used by patients or visitors at Frazier Rehab as they interfere with the clinical monitoring systems!**

### CHANNEL LISTINGS

7 – NBC (WAVE)	32 – SPIKE TV
8 – FOX (WDRB)	33 – TBN
9 – WB (WBKI)	34 – TBS
10 – CBS (WLKY)	35 – TNT
11 – ABC (WHAS)	36 – USA
12 – DISNEY EAST	37 – WEATHER CHANNEL
13 – DISNEY WEST	38 – UNIVISION
14 – A & E	39 – NBC SPORTS NETWORK
15 – FREEFORM	40 – ENCORE EAST MOVIE CHANNEL
16 – AMERICAN MOVIE NETWORK	41 – ENCORE WEST MOVIE CHANNEL
17 – ANIMAL PLANET	42 – ENCORE BLACK
18 – BET	43 – ENCORE FAMILY
19 – BLOOMBERG	44 – ENCORE WESTERN MOVIES
20 – COUNTRY MUSIC TELEVISION	45 – ENCORE ACTION
21 – NICKELODEON	46 – ENCORE CLASSICS
22 – CNN	47 – ENCORE SUSPENSE
23 – TRU TV	48 – GALAVISION
24 – DISCOVERY CHANNEL	49 – UNA MAS
25 – ESPN	50 – GOLF CHANNEL
26 – ESPN 2	51 – MLB NETWORK
27 – ESPN U	52 – NICK JR.
28 – NFL NETWORK	53 – INVESTIGATION DISCOVERY
29 – FOX NEWS	54 – DISNEY JR.
30 – HISTORY CHANNEL	55 – SIRIUS XM
31 – NICKTOONS	56 – RADIO EYE

## WIRELESS INTERNET

To access the guest wireless network at Frazier Rehab Institute from your personal computer, follow these steps:

1. Ensure your device's wireless capabilities are turned on.
2. Search for available wireless networks and select "GUEST."
3. Once the wireless connection has been established, open up a new web page in your device's default browser. Note: if the previously visited page displays when you open the browser, you will need to refresh the page or open a new page.
4. A message with important information about the guest access will appear on the webpage. If you agree with the terms of access, select "ACCEPT"
5. If you are not connected to your normal homepage within 20 seconds, close the browser and re-launch and the browser should be connected. You should now have connectivity to access the web and externally available applications.

### Tips and Hints:

1. If you are initially unable to connect to the guest network or obtain an error message when connecting, try rebooting the device, turning the wireless network off and back on, and following the instructions above.
2. Guest network connectivity is disabled after approximately 10 minutes of inactivity. If this occurs, you will want to follow the above instructions again.
3. During times of peak wireless activity, you may lose your connection, be unable to connect, or experience a slow connection. When this occurs you may attempt connecting in a lobby or other area of the facility or wait until peak activity subsides. Note: The guest wireless network may not be available in all areas at all times. Clinical devices will get first priority in connecting to the wireless access points.

## YOUR CHILD'S TELEPHONE

You will have a private telephone so that your family and friends can call you between the hours of 7 a.m. – 9:30 p.m. Calls at other times will be answered by our operator so that you can sleep.

<b>To make a local call:</b>	Dial 9, then the number.
<b>To make a long distance call:</b>	Dial 0, then ask for a long-distance operator. (Long-distance calls require a credit card)

If you have a phone at home that is specific to your needs, ask your doctor, nurse or therapist if it can be used in your room at Frazier Rehab Institute.

## USE OF PERSONAL CELL PHONE

When you are in your child's room, you may use your personal cell phone at Frazier Rehab Institute. While in therapy or treatment, we would request that your cell phone be placed in the silent mode and that you don't accept or make calls.

If you have a roommate, we ask that you be respectful by not talking too loudly or receiving/making calls throughout the night during normal sleeping time.

Frazier Rehab Institute does not assume responsibility for any personal cell phone brought into the hospital if it is lost or stolen.

## PHOTOGRAPHS

We respectfully request that you, your family or other visitors not use a cell phone or camera to take pictures or video recordings while in Frazier Rehab Institute. We must protect the privacy of staff, other patients and their families or guests just as we would want to protect you in the same manner.

# Your Child's Care and Treatment

## YOUR CHILD'S TREATMENT TEAM

While at Frazier Rehab Institute, a group of professionals work together with you and your family to coordinate your child's care, set goals, and keep track of your child's progress. This is called an interdisciplinary approach to patient care. At Frazier Rehab Institute, the **case manager** will be the primary individual that you and your family will communicate with regarding progress toward discharge.

You and your child are considered the most important member(s) of the team. We are here to serve your child, and at all times try to ensure that we are addressing goals/issues that are important in your child's quest to achieve an optimal level of functional independence.

The basic team will include an attending rehab doctor, nurse, case manager, physical therapist, and occupational therapist. Depending on your child's particular needs, the team could include others as described below:

- **Pediatric Rehabilitation Physician** – Your lead caregiver, the attending doctor is a physiatrist, a specialist in physical medicine and rehabilitation and pediatrics. This doctor will direct your care, identify problems, prescribe medication, and determine your specific therapy needs.
- **Case Manager** – The individual who coordinates your child's services to make sure the rehabilitation program meets all your child's needs within the limits of available resources. He or she informs your insurance company of your child's progress, helps you plan where your child will go after discharge from Frazier Rehab Institute, talks to you about your child, about your personal and/or family concerns, provides information regarding community resources, and serves as your family's main source of information.
- **Pediatric Nurse Coordinator** – The pediatric nurse coordinator will work with your child's doctor, nurses, therapist, and you or other caregivers from admission through discharge to ensure you are prepared to care for your child at home.
- **Rehabilitation Nurse** – A nurse will be assigned to your child to provide daily nursing care. Your child's nurse will also teach you and your child about physical limitations, changes needed in life style, medications, and specialized care your child may need after discharge.
- **Nursing Assistant** – A nursing assistant will help your child's nurse provide daily care. The nursing assistant may wake your child in the morning, help with breakfast, help with dressing, bathing/showering and getting your child to scheduled therapy sessions.
- **Unit Secretary** – When your child presses the call light button, the unit secretary will answer the call. Tell him or her what is needed. He or she can ask your child's nurse or nursing assistant to help.
- **Dietitian** – Your child's food and nutrition needs may change after a serious medical event. Our staff will evaluate your child's changing nutritional needs and talk to you about foods that will keep your child healthy, energetic and strong.
- **Occupational Therapist (OT)** – An occupational therapist will help improve the skills needed to perform self-care, participate in leisure activities and return to your child's routine. Your child's occupational therapist will also work with him/her to increase strength, balance, sensation and coordination. The OT will also help improve your child's cognition (thinking) skills and perceptual abilities. Your child may be encouraged to use some adaptive equipment or adaptive techniques to increase your child's independence.
- **Physical Therapist (PT)** – A physical therapist will work with your child to improve movement, strength, coordination, balance, sensation and flexibility. The goal is to help your child achieve the highest level of mobility both in and outside of the home. The PT may also recommend the appropriate use of assistive devices such as a walker, cane, braces or wheelchair.
- **Speech/Language Pathologist (SLP)** – A speech/language pathologist addresses communication skills such as speaking, listening, reading, writing and thinking. Speech/language pathologists also treat swallowing problems.
- **Clinical Psychologist** – A psychologist will be available to assist you and your child in understanding and coping with the medical condition/treatment. Individual, group and family counseling may be helpful in assisting your child and family to adjust to the illness/injury and deal with thoughts, feelings, and behaviors that might be difficult to manage.

- **Clinical Pharmacist** – A clinical pharmacist works closely with your child’s physician and health care team. The clinical pharmacist personally reviews all of your child’s medications to make sure they are safe and effective. A clinical pharmacist is available at any time during your child’s rehab stay to answer your questions related to your child’s medications.
- **Therapeutic Recreation Specialist** – Recreation and leisure activities are an important part of your child’s treatment plan and life. Your therapeutic recreation specialist will help your child identify new leisure activities, adapt previous activities as needed, and assist your child in navigating and problem-solving in the community through outings and group activities. The recreation specialist will also facilitate regular pediatric groups and activities for socialization on the unit.
- **Pulmonary Rehab Therapist** – The pulmonary rehab therapist will work with your child to help improve his/her breathing. The goal will be to give your child tools to use while in rehab and also after discharge. Your child’s therapist will teach breathing retraining exercises and proper use of other equipment such as supplemental oxygen, breathing treatment, a ventilator or sleep equipment. If your child has a tracheotomy tube, the therapist will help teach you how to care for this at home.
- **Respiratory Therapist (RT)** – The respiratory therapist will come to bedside and help with breathing treatments. They will also help you and your child understand the correct way to use pulmonary medications.

## LANGUAGE SERVICES

Our goal is to provide equitable access and effective communication for patients, families, and surrogate decision makers as well as blind/visually impaired patients through appropriate language/communication services. When the need exists, language services will be utilized when discussing all important medical information, at no additional cost to the patient. Closed captioning is also available upon request for Deaf/Hard of Hearing patients.

## SPIRITUAL CARE

Chaplaincy services are available through Jewish Hospital’s Chaplain’s Office. Patients may request service by contacting their nurse or case manager, who will make this referral through the Chaplain’s Office.

## YOUR CHILD’S TREATMENT PLAN

On your first full day at Frazier Rehab Institute, the evaluation process will begin. This process will involve:

- Reviewing medical records and history.
- Discussing your child’s goals.
- Evaluating your child’s current level of functioning/skills.
- Determining a treatment plan - with your input!

Ways you can assist with this process:

- Providing accurate history.
- Informing team about your child’s preferences, patterns, and needs.
- Seeking guidance from treating therapists on exercises your child may do between therapy sessions.
- Maintain a positive attitude toward the therapy process and encourage your child to participate.

What to expect:

- Most patients receive three hours of therapy, five out of seven days per week.
- Limited therapy services are provided on Saturday and Sunday.
- A therapy schedule is provided to each patient in the morning, reflecting the day’s schedule.
- Your child’s therapy schedule will be adjusted to meet his/her medical needs.
- Please discuss scheduling concerns and preferences with your child’s therapists.

## TEAM ROUNDS MEETING

Throughout your child’s stay, your child’s rehab physician, nurse, physical therapist, occupational therapist and other treatment team members will meet with you for a weekly Team Rounds meeting. The purpose of this meeting is to review your child’s medical needs, progress toward your child’s goals and discharge plans. These meetings may be held in your child’s room, and as the most important members of the team, you and your child will be expected to participate. There are many factors which contribute to determining the length of stay for each patient. The weekly Team Rounds meeting will help to ensure that our team is addressing any barriers to discharge and that we are working closely with you and your child as you prepare for discharge.

## WHAT TO BRING

What to Bring	What NOT to Bring
<ul style="list-style-type: none"><li>• Insurance cards</li><li>• A list of all current medications</li><li>• A copy of your Advance Directive (if you have one)</li><li>• Clothes for therapy including:<ul style="list-style-type: none"><li>- Jogging suits, sweatsuits, warm-ups or other loose fitting clothes</li></ul></li><li>• Long pants or knee-length shorts</li><li>• T-shirts</li><li>• Sweater</li><li>• Underwear</li><li>• Tennis shoes or other well-fitting shoes with laces or velcro straps</li><li>• Socks</li><li>• Pajamas</li><li>• Personal items such as pictures, a blanket, toys, or books</li><li>• Toothpaste &amp; toothbrush</li><li>• Make-up</li><li>• Hair brush</li><li>• Deodorant</li><li>• Sippy cups your child prefers</li><li>• Glasses, hearing aids or any special medical equipment (e.g., braces, walker)</li><li>• Legal guardianship/custody/visitation paperwork (if applicable)</li></ul>	<ul style="list-style-type: none"><li>• Valuables such as jewelry or money</li><li>• Heaters, fans or heating pads</li><li>• Inappropriate clothing for therapy such as short shorts, spaghetti strap tops, Croc shoes, flip flops, sandals and house shoes/slippers.</li><li>• Equipment for food or storage</li><li>• Firearms and other weapons</li><li>• Pets</li><li>• Home medications (unless approved with nursing)</li><li>• Live flowers/plants</li><li>• Tobacco/nicotine products including e-cigarettes</li><li>• Candles</li></ul>

**It is suggested that you write your child's name or initials on all clothing or personal items.**

### FAMILY / CAREGIVER PARTICIPATION

Parents and guardians are an important part of the treatment team. Often, this involves participation in the therapy sessions. Family teaching is an important piece of your child's discharge plan. Family teaching days/times may be specifically scheduled to ensure that you have an opportunity to learn what you are able to do and how to safely give your child the best care. The amount of family teaching needed may vary from patient to patient. While in therapy or treatment, we would request that all cell phones be placed in the silent mode and that phone calls are not made or received. To protect the privacy of patients and staff, we ask that still pictures or videos not be taken at Frazier Rehab Institute.

We rely on you to communicate your child's likes and dislikes to us. This includes schedule/routine, meal preferences, activity preferences, personality style, communication style, etc. We hope you will help us make Frazier Rehab as comfortable as possible for you and your child.

## VISITOR POLICY

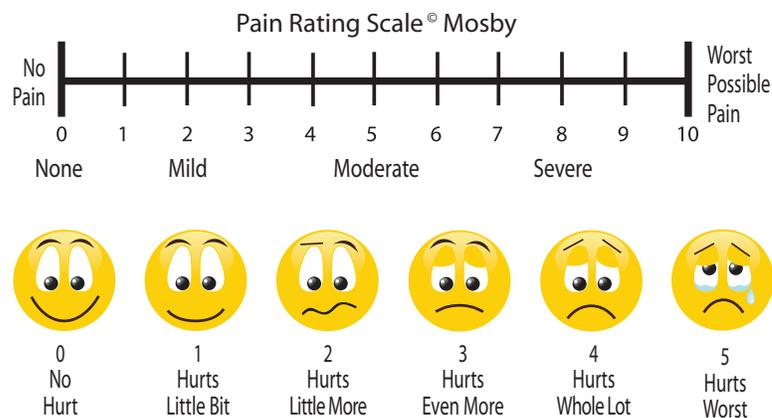
- Visiting hours are 6 a.m. to 9 p.m.
- Children under 16 may visit when accompanied by a responsible adult.
- Length of visit and number of visitors may be limited due to the patient's condition.
- All visitors should be free of fever and without contagious infections.
- Visitors will not bring personal items to patient room that may block egress/provision of patient care (example: chairs, air mattress, appliances, etc.).
- For infection control concerns, proper protective equipment must be worn if applicable by all visitors.
- No alcohol, drugs or weapons are permitted.
- Visitors should call staff for assistance with transfer/walking patients.
- Visitors are encouraged to visit after 4:30 p.m. when therapy has ended for the day.
- Visitors are not allowed in patient gym, caregiver is encouraged to attend therapy sessions with patient.
- Visitors who fail to follow the guidelines will be required to leave the building.

## OVERNIGHT VISITORS

- Parent/guardian are welcome to stay with their child at all times. We do ask that only one parent stay each night due to space/accommodations.
- If a parent/guardian has asked another individual to stay overnight with their child, this plan must be communicated to your child's nurse.
- Overnight visitors must be at least 18 years of age (unless the parent/guardian of the patient).
- Overnight visitors should store belongings properly to ensure adequate space for patient care activities.
- We may, in consultation with your physician, restrict an overnight visitor as deemed advisable for your well being.

## PAIN MANAGEMENT

Frazier Rehab takes pain management seriously. It is our responsibility to assess your child's pain and recommend pain control therapies to enhance your child's comfort and participation in therapy. Your child's team will assess your child's pain routinely and may use a scale such as the one pictured below:



Pain control options may include medication or other treatments (e.g., relaxation, diaphragmatic breathing, heat/cold therapy, positioning). Your child's physician will decide what, if any, medications or other interventions are needed to manage your child's pain. Your nurse will let you know what your child's physician has prescribed for your child.

It is important that you communicate with your child's nurse and doctor about your child's pain level especially when the pain starts. It is much more difficult to achieve pain relief if the pain is already at an unbearable point. Your child's pain may not go away completely but our goal is to maintain pain at the lowest level possible. If your child continues to experience pain even after treatment, please discuss this with your child's doctor or nurse.

To keep your child safe, it is important that your child does not take any medications from home. Your child's doctor and nurse should know about any and all medications your child is taking while at Frazier Rehab and any side effects that your child experiences.

# Your Child's Safety

At Frazier Rehab Institute, your child's safety is our priority. We encourage you to speak up and ask questions about your child's care. Feel free to ask questions about the medications you are being given, ask staff if they have cleaned their hands before providing your care and listen to make sure staff ask for your child's name and date of birth when providing treatment. All of these things help to ensure that we are providing safe care to your child!

## STAFF IDENTIFICATION

All staff are required to wear a picture identification badge. If someone is not wearing a badge, you should ask his/her name and their role on your child's treatment team. If you have concerns about anyone providing care to your child, please notify the nursing staff immediately.

## BED / CRIB SAFETY

When you are in your child's room, please keep all crib side rails up or two side rails on the hospital bed up at all times. If you need to leave your child in his/her room, please notify nursing staff so that additional supervision/care can be provided to your child. If at any time you are unaware of your child's whereabouts, please notify nursing staff immediately.

## LEAVING THE UNIT

Pediatric patients may not leave the nursing unit/floor alone unless they have been evaluated by therapy and nursing and have been given permission to travel throughout the building/campus with an approved caregiver.

Patients may leave the nursing unit with an adult but must follow these:

- Off-Unit Guidelines: Check with your child's nurse before leaving the unit to ensure no treatment/medications are scheduled.
- Be accompanied by an adult who is 18 years of age or older.
- The adult accompanying each child must read and sign the guidelines (at the central nursing station) before taking the patient off the unit.
- The patient must be signed out and signed in at the central nursing station.
- The patient and caregiver must remain on the Jewish Hospital/Frazier Rehab campus (this does not include Norton Children's Hospital).
- Time off the nursing unit/floor should not exceed 30 minutes.
- The patient should not take or use any drugs or alcohol.
- The patient should not be late for or miss any therapy sessions.
- While off the unit, patients should not attempt physical activities if they are not independent in that skill, even if the skill has been practiced in therapy (for example, do not attempt to walk even if that is something you are practicing in therapy).
- If there are any changes in patient condition (e.g., shortness of breath, pain, pale skin, dizziness), immediately bring the patient back to the 8th floor and notify his/her nurse.
- If patient is on oxygen, ensure that oxygen tank is full before leaving unit.

These patients may **NOT** leave the nursing unit:

- Patients in droplet/airborne/special contact infection precautions
- Patients admitted under an alias name for security reasons
- Patients who have a gray band unless approved by Manager / Pediatric Coordinator
- Patients with an IV site or Central Line

## SMOKE-FREE ENVIRONMENT

Because we are concerned for your health, safety and comfort, smoking is not permitted within the building or outside of the building on the hospital campus. This smoke-free policy applies to patients, families, hospital staff and volunteers. If you would like information to help you quit smoking, please ask any clinical staff member.

## **PATIENT IDENTIFICATION**

Upon admission, all patients will have their picture taken for their electronic medical record and will be given a white identification wristband. The band contains important information that will be verified with the child and/or family prior to administration of medications and/or medical procedures.

Your child's wristband allows us to use barcode technology to ensure the highest level of safety standards for medication administration. Before administering medication, your child's nurse will scan the barcode on his/her wristband. This process helps us keep your child safe! Please keep this wrist band on at all times.

In addition to the identification wristband, additional bands of different colors may be placed on your child's wrist to assist our staff in keeping your child safe. Each band color represents a different level of assistance/care that may be needed to keep your child safe. The treatment team will help you understand what each band means.

## **HELP STOP THE SPREAD OF GERMS!**

It is important for all visitors entering the hospital to be free of fever and without contagious infections!

Handwashing is the single most effective way to minimize the spread of germs and infection:

- Alcohol-based foam hand sanitizer is located at the entry to each patient room and throughout our building.
- Handwashing stations with soap and water are also located on each unit. Wash your hands with soap and warm water for at least 20 seconds.
- Patients and visitors are asked to use them frequently.
- You are encouraged to ask our staff if they have washed their hands before providing care to you!

Covering your cough is also an important step in reducing the spread of germs. Follow these steps:

- Cover your mouth and nose with a tissue or cough or sneeze into your upper sleeve, not your hands!
- Put your used tissue in the waste basket.
- You may be asked to put on a surgical mask to protect others.

## **LIVE PLANTS AND FLOWERS**

We do not allow live plants or flowers in the Frazier Rehab facility beyond the first floor. Some of our patients have decreased immunity due to their medical conditions. Live plants can introduce disease or bacteria into the environment putting persons with decreased immunity at risk.

## **CALL, DON'T FALL!**

The majority of in-hospital injuries occur as a result of a fall. Your child is at a high risk of injury from a fall if proper safety precautions are not followed. You may think your child will not fall, but it can and does happen! Your child will be assessed on admission and routinely for falls risks.

Some common things that increase falls risk are medications, weakness and immobility, being in a new, unfamiliar place, changes in blood pressure when you stand, disregard for safety procedures, etc.

Help us keep your child safe!

- Do not attempt to get your child out of bed, wheelchair, or chair on your own without proper training.
- Always use the call light to ask for assistance.
- Do not allow your child to sit up on side of the bed for any reason.
- Keep crib rails raised while your child is in the crib at all times.
- Do not co-sleep with your child.
- Discourage your child from reaching for items that have dropped on the floor.
- For the safety of our patients and staff, at times it may be necessary to utilize a lift device when transferring/moving a patient.

## **USE OF THERAPY GYM**

Patients and their family/visitors should not be in the therapy gym in the evenings or on weekends without approval and direct supervision by a therapist. The gym is for use only during scheduled therapy sessions and pre-approved, staff-supervised activities.

## **PERSONAL PETS**

Patients are not allowed to bring personal pets into Frazier Rehab. If necessary, a written order from the attending physician will be obtained for the patient's family to escort the patient outside the facility at an approved location on the campus for visitation with personal pets.

## **VALUABLES AND LOST ITEMS**

Frazier Rehab Institute cannot assume responsibility for loss or damage to valuables or other personal property including personal computers, cell phones, ipads, tablets or other electronic devices. Please send valuables home with family or friends. These items will not be replaced by Frazier Rehab.

Eyeglasses, contact lenses, hearing aids, etc. should be kept in protective containers/cases when not in use. If dental apparatus is used, a denture cup can be provided for safe storage. Dental devices are often left on meal trays, in the bed linen or wrapped in a napkin or tissues. Frazier Rehab cannot be responsible for items not properly stored.

## **SECURITY**

Security Officers are on duty 24 hours a day to protect our facility and campus. Call 502-587-4484 for any security concerns.

# **Planning For Discharge**

Planning for discharge is an important part of your child's rehabilitation process and starts upon admission. Your child's case manager will discuss length of stay, goals and discharge plans throughout your child's stay.

## **DISCHARGE CRITERIA**

Each patient's program is individually designed to meet the unique needs and goals of the patient and family. Criteria for discharge from inpatient rehabilitation may include any of the following:

- Achievement of the patient's functional inpatient rehabilitation goals
- Absence of progress toward achievement of functional inpatient rehabilitation goals
- Inability or unwillingness to actively participate in an intense rehabilitation program an average of 3 hours a day at least 5 days a week
- Disruptive or non-compliant behavior that interferes with the program or creates an unsafe environment for the patient or others
- Apparent economic hardship for the patient/family

## **NON-VOLUNTARY DISCHARGE**

In the event that a child is unable to participate appropriately in the rehabilitation program, or if the patient is found by the treatment team to be disruptive to the program, a non-voluntary discharge can occur. The patient's attending physician must be included in the decision for a non-voluntary discharge. In the event of such non-compliance, the patient and/or parents/guardians will be made aware that in the future the patient may not be accepted back into Frazier Rehab Institute for care, due to the disruption or non-compliance issues.

## **DISCHARGE AGAINST MEDICAL ADVICE (AMA)**

A legal guardian/caregiver with decisional capacity has the right to make decisions regarding their child's medical care, including the decision to leave the hospital prior to the completion of their rehabilitation treatment. The child's physician will inform the legal guardian/caregiver of the risks of leaving the hospital and the legal guardian/caregiver will be asked to sign a document indicating they have been advised of and are willing to accept the risk associated with leaving against medical advice. In the event of an AMA discharge, the legal guardian/caregiver will be made aware that in the future the child may not be accepted back into Frazier Rehab Institute for care.

## **DISCHARGE DAY: WHAT TO EXPECT**

Your child will not have scheduled therapy sessions on the day of his/her discharge. Discharge is usually initiated early on the day of discharge, with many patients leaving before lunch. Parents/guardians are requested to arrange for transportation following discharge. Once a patient has been discharged, those providing transportation can be instructed to utilize the driveway on the east side of the building to pull into the patient pick up area.

## **OUTPATIENT FOLLOW-UP**

When your child is discharged from the inpatient setting, you will receive discharge instructions that indicate the physicians with whom your child needs to follow-up, medications that your child will need to take, and referral information related to additional services for which your child may have been referred.

Often patients will continue to receive additional therapy in the outpatient setting. While the recommended plan or facility may be chosen due to a specific rehab need or location, Frazier Rehab owns and operates numerous state-of-the-art outpatient facilities throughout Kentuckiana that provide a full continuum of rehab care.

## **RETURN TO SCHOOL**

During your child's stay at Frazier Rehab, return to school will be discussed if appropriate. You will be asked to sign a release of information form to allow us to communicate with staff at your child's school district, local school, and teachers. The school will be notified of your child's admission to Frazier Rehab. A copy of testing and grades will be requested from the school (if applicable) to assist you and the treatment team in determining the best treatment plan for your child. Sometimes, we may suggest that a child continue schoolwork while at Frazier. In this case, arrangements will be made for a tutor to come to the hospital to work with your child. In other cases, a child may be encouraged to resume schoolwork after discharge. In this case, a plan for school re-entry will be discussed on a case by case basis. This plan could include returning to school upon discharge, home-bound instruction, or disenrolling in school until your child is ready for the school setting. A representative from Case Management will be available to guide you through this process and answer your questions.

## **MEDICAL EQUIPMENT**

Throughout your child's stay at Frazier Rehab Institute, your child's therapists will be assessing possible adaptive home equipment that may assist your child's independence. Examples of home equipment include wheelchairs, walkers, positioning devices, shower chairs/baths, etc. It is important to know that not all home equipment will be covered by insurance. Our team will recommend equipment, offer information on home equipment vendors, and discuss your child's insurance benefits with you.

## **CPR TRAINING**

If family members need or desire training in CPR prior to discharge, classes are available at Norton Children's Hospital. If you are interested, please ask the Pediatric Nurse Coordinator to contact Norton Children's at 502-629-7348.

## **CAR SEAT SAFETY**

We request that parents/guardians bring an appropriate car seat for transporting your child home upon discharge. Additionally, we encourage all patients to participate in a car seat fitting to ensure that the seat is appropriate to the age and developmental needs of the child. This fitting can be provided on site during therapy. Additionally, parents/guardians can make an appointment for a safety check by calling the Office of Child Advocacy at Norton Children's Hospital at 502-629-7358.

## **COMMUNITY RESOURCES**

Your child's case manager will work with your family to ensure that you are aware of appropriate community resources. A comprehensive Community Resource Guide is available on the Frazier website for your reference.

## **DRIVING AFTER DISCHARGE**

Being able to drive is a goal of some of our adolescent and young adult patients as it allows an individual to return to an independent lifestyle. However, a physical and/or cognitive/perceptual impairment may affect your child's ability to safely operate a motor vehicle. You should discuss driving after discharge with your child, the rehab physician and therapists before your child is discharged and before your child begins to drive again.

# The Local Area

## LODGING

If additional lodging accommodations are needed while you are at Frazier Rehab, there are many different options from which you can choose:

### **Aloft Hotel**

102 W. Main Street  
Louisville, KY 40202  
502-583-1888

### **Fairfield Inn & Suites by Marriott**

100 E. Jefferson Street  
Louisville, KY 40202  
502-569-3553

### **Residence Inn by Marriott**

333 East Market Street  
Louisville, KY 40202  
502-589-8998

### **Springhill Suites by Marriott**

132 E. Jefferson Street  
Louisville, KY 40202  
502-569-7373

### **Hilton Garden Inn Louisville Downtown**

350 W. Chestnut Street  
Louisville, KY 40202  
502-584-5175

### **Embassy Suites**

501 S. 4th Street  
Louisville, KY 40202  
502-813-3800

### **Ronald McDonald House**

550 South 1st Street  
Louisville, KY 40202  
502-581-1416

### **Holiday Inn Express**

800 W. Market Street  
Louisville, KY 40202  
502-583-2552

### **Hampton Inn**

101 E. Jefferson Street  
Louisville, KY 40202  
502-585-2200

### **Hyatt Regency**

320 West Jefferson Street  
Louisville, KY 40202  
502-581-1234

### **Galt House Hotel**

140 North 4th Street  
Louisville, KY 40202  
502-589-5200

### **Omni Louisville**

350 W. Chestnut Street  
Louisville, KY 40202  
502-313-6664

### **Louisville Marriott Downtown**

280 W. Jefferson Street  
Louisville, KY 40202  
502-627-5045

## TRANSPORTATION

Public transportation may be accessed by contacting the following:

- Transit Authority of River City (TARC)  
502-585-1234  
[www.ridetarc.org](http://www.ridetarc.org)  
Bus service throughout the Louisville metropolitan area
- Yellow Cab  
502-636-5511  
[www.yellowcablouisville.com](http://www.yellowcablouisville.com)
- Green & Orange Cab of Louisville  
502-635-6400
- [www.uber.com](http://www.uber.com)
- [www.lyft.com](http://www.lyft.com)

# Frazier Rehab Institute Locations

## KENTUCKY

### **Frazier Rehab Institute**

220 Abraham Flexner Way, Louisville, KY 40202 | 502-560-8389

### **Frazier Rehab Institute – Spinal Cord Medicine Program**

220 Abraham Flexner Way, Louisville, KY 40202 | 502-582-7415

### **Frazier Rehab Institute – Bullitt County**

1905 W. Hebron Lane, Suite 106, Shepherdsville, KY 40165 | 502-955-7705

### **Frazier Rehab Institute – Jeffersontown**

9553 Taylorsville Road, Louisville, KY 40299 | 502-966-4466

### **Frazier Rehab Institute – Mary & Elizabeth Hospital**

4402 Churchman Avenue, Suite 106, Louisville, KY 40215 | 502-363-7800

### **Frazier Rehab Institute – Medical Center East**

3920 Dutchmans Lane, Louisville, KY 40207 | 502-259-6608

### **Frazier Rehab Institute – NeuroRehab Program**

4912 U. S. 42, Suite 104, Louisville, KY 40222 | 502-429-8640

### **Frazier Rehab Institute – Newburg**

3430 Newburg Road, Suite 111A, Louisville, KY 40218 | 502-451-6886

### **Frazier Rehab Institute – Northeast**

2401 Terra Crossing Blvd., Suite 204, Louisville, KY 40245 | 502-210-4500

### **Frazier Rehab Institute – Owsley Brown Frazier Sports Medicine**

215 Central Avenue, Suite 200, Louisville, KY 40208 | 502-637-9313

### **Frazier Rehab Institute – Shelbyville Hospital**

727 Hospital Drive, Shelbyville, KY 40065 | 502-647-4285

### **Frazier Rehab Institute – Southwest**

6801 Dixie Highway, Suite 129, Louisville, KY 40258 | 502-937-2288

### **Frazier Rehab Institute – Sports Medicine**

201 Abraham Flexner Way, Suite 102, Louisville, KY 40202 | 502-560-8300

### **Frazier Rehab Institute – Springhurst**

4801 Olympia Park Plaza, Suite 1600, Louisville, KY 40241 | 502-426-3353

### **Frazier Rehab Institute – Stonestreet**

9700 Stonestreet Road, Louisville, KY 40272 | 502-995-2415

### **UofL Hospital – Chestnut Street Outpatient Rehab Center**

401 East Chestnut Street, Suite 270, Louisville, KY 40202 | 502-562-3457

## SOUTHERN INDIANA

### **Frazier Rehab Institute – So. Indiana YMCA**

4812 Hamburg Pike, Jeffersonville, IN 47131 | 812-282-4257

### **Scott Memorial Health**

1451 N. Gardner Street, Scottsburg, IN 47170 | 812-752-8502

## PARTNER LOCATIONS WITH CHI SAINT JOSEPH HEALTH

### **Flaget Memorial Hospital**

4371 New Shepherdsville Road  
SCN Building B, Suite 110  
Bardstown, KY 40004  
502-350-5367

### **Saint Joseph Mount Sterling Flemingsburg**

101 JB Shannon Drive  
Flemingsburg, KY 44041  
606-209-0016

### **Saint Joseph Mount Sterling**

227 Falcon Drive, Suite 102  
Mount Sterling, KY 40353  
859-497-5331

### **Saint Joseph Mount Sterling Outpatient Rehab**

624 N. Maysville Road  
Mount Sterling, KY 40353  
859-499-4351

# An Important Message From Medicare About Your Rights

Place patient label here

Frazier Rehabilitation Institute

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

## YOUR RIGHTS AS A HOSPITAL INPATIENT:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at:
  - KEPRO Toll-free phone number: 1-888-317-0751
  - TTY 1-855-843-4776
- The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

## YOUR RIGHT TO APPEAL YOUR HOSPITAL DISCHARGE

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

## HOW TO ASK FOR AN APPEAL OF YOUR HOSPITAL DISCHARGE

- You must make your request to the QIO listed above.
- Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital.
- The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.
- Call the QIO listed above to appeal, or if you have questions.

## IF YOU MISS THE DEADLINE TO REQUEST AN APPEAL, YOU MAY HAVE OTHER APPEAL RIGHTS

- If you have Original Medicare: Call the QIO listed above.
- If you belong to a Medicare health plan: Call your plan directly.

**For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov)**

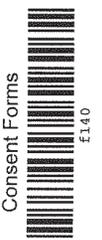
## ADDITIONAL INFORMATION (OPTIONAL):

### PLEASE SIGN BELOW TO INDICATE YOU RECEIVED AND UNDERSTOOD THIS NOTICE.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of Patient or Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-1019. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Written Disclosure Statement

Frazier Rehab Institute provides comprehensive inpatient rehabilitative services to patients with functional limitations due to, but not limited to, stroke, amputation, fractures, multiple trauma, neurological and other orthopedic conditions. Frazier Rehab Institute provides 24-hour a day rehab nursing, medical services, physical therapy, occupational therapy and case management support to all inpatient acute admissions (IRF) for the duration of your length of stay. Other services that are available depending upon patient needs include: Speech therapy, lab, radiology, medical specialists, spiritual care, pharmacy, psychology, dietician and therapeutic recreation.

## Initial Services recommended (upon admission) to Frazier Rehab are:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Psychology Services
- Rehab Nursing
- Case Management

Initial Length of Stay will be dependent upon your initial evaluation and the plan of care that is developed with you and your treatment team. At the time of admission, your estimated length of stay is approximately \_\_\_\_\_ days. *Please be advised that this is only an estimate at this time based on the pre-admission assessment.*

Therapy services are available 7 days a week, with a minimum of 3 hours per day, at least 5 days per week. Your treatment team will individualize the intensity of the services you need during your initial evaluation.

## Insurance Information Provided by:

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Coverage: \_\_\_\_\_

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Coverage: \_\_\_\_\_

*The information provided is true to the best of our knowledge. We encourage you to re-verify this information, as we cannot be responsible for information provided by the insurer.*

## Insurance Coverage for Acute Inpatient Rehabilitation:

Your insurance plan has made the following initial determination:

- Initial Coverage for \_\_\_\_\_ days.
- Concurrent Review due after the initial covered days (done by the case manager).
- No Pre or Re-Certification required.
- Other: \_\_\_\_\_
- Services not covered (possible out-of-pocket expenses): \_\_\_\_\_

Coverage is based on the premise that you are able to fully participate in the rehabilitation program and show significant progress. If the rehabilitation program is unable to meet your needs, the case manager will work with you in accessing alternative resources to address your ongoing needs.

Your case manager will be happy to answer any questions you have regarding scope of services, intensity of services, insurance reimbursement of funding sources, and make appropriate referrals as needed. Case Management services are available Monday-Friday 8 a.m. – 5 p.m. There is no charge for Case Management services. We encourage you to ask questions and we will attempt to address your needs. A financial advocate is also on site and able to assist with questions about your insurance.

## I have reviewed the above information and understand its content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient:  Self  Other \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent For Treatment

Place patient label here

**Frazier Rehabilitation Institute**, hereinafter will be referred to as “the Hospital.” Any and all Physicians/Healthcare workers providing care and treatment, including consultation, during the course of my admission to the Hospital are hereinafter referred to as “the Physicians.” By signing this consent form, I consent to each of the following:

## TREATMENT

I have a condition requiring examination, diagnosis and treatment. I consent to and authorize such care including but not limited to: X-ray, laboratory, routine diagnostic tests and therapeutic procedures (“Services”) performed by my admitting and treating Physician(s), **which may or may not be employed by the Hospital and may include their assistants or designees.**

I acknowledge that NOT ALL Health Care Providers including, but not limited to, Physicians, Nurse Anesthetists, Nurse Practitioners, Physical, Occupational and Speech Therapists, Residents & Students, are employees or agents of the Hospital. Such individuals are INDEPENDENT CONTRACTORS who bill separately for their Services. I understand that the Hospital is not responsible for nor does it assume any liability for the acts or omissions of any independent contractor(s).

I acknowledge there may be supervised participation of health care students (medical students, nursing students, interns, residents and non-Physician clinical students).

I understand that my treatment may involve risks and that there are no guarantees concerning the outcome or results of this treatment and/or examination. I further understand that I have the right to make decisions concerning my health care, including the right to refuse medical and surgical procedures/treatment.

## TESTING FOR INFECTIOUS DISEASES

I understand that as part of my medical treatment, procedures or testing, I may be tested for Human Immunodeficiency Virus (“HIV”), Hepatitis, or any other blood borne infectious disease if a doctor or advanced practice registered nurse orders the test for diagnostic purposes.

I also understand that, in the case of exposure of a health care provider or first responder (such as an emergency worker, fire fighter or police officer) to my bodily fluids, although I will be informed of the right to consent to testing for HIV or other infectious diseases transmitted by bodily fluids, in most cases, tests may be performed on previously gathered bodily fluid samples or a court order may be obtained to compel such testing. Information concerning the fact that a test was ordered and the results of such test will remain confidential and be disclosed by the Hospital only as permitted by law.

## FINANCIAL RESPONSIBILITY

I agree, whether I sign as the Patient, Legal Representative, or Guarantor for the Patient, that I obligate myself and/or the Patient to pay the account(s) of Hospital in accordance with the established rates and payment policy of the Hospital. I also understand that patient/guarantor payments can be applied to any account where payment is due to include any credit balance resulting from benefit payments or other sources.

I understand that if my Insurer denies all or any part of Hospital’s charges for any reason, or if I have no insurance, I will be personally and fully responsible for payment of Hospital’s charges. I am aware that I must notify the Business Office and submit the completed application form if I believe I may qualify for financial assistance.

I/My Designated Health Care Representative authorizes billing by and direct payment to the Hospital or to the Physicians providing Services at the Hospital. I understand they will bill my insurance directly for their Services, at a rate not to exceed the Hospital’s or Physician’s regular charges.

## AUTHORIZATION OF REPRESENTATIVE TO APPEAL, ERISA

Insurance includes, but is not limited to, my medical health insurance policy/policies, including my employee health benefit plan, accident, worker’s compensation benefits, motor vehicle insurance, casualty insurance, and uninsured or underinsured insurance. It is understood by the undersigned that he/she is financially responsible for all charges.

I understand that Medicare and other payers do not pay the difference in the cost between a private and semi-private room when use of a private room is not necessary for medical reasons. I hereby agree that the difference in the cost between a semi-private and private room will be my responsibility to pay if I request one at any point during my stay.

With respect to healthcare expenses incurred as a result of the services I received for this Hospitalization, I hereby authorize and convey to Hospital the full extent permissible under Federal and State law and under any applicable insurance policy and/or employee health care benefit plan: (1) the right and ability to act as my Authorized Representative in connection with any claim, right, matter, or cause of action that I may have under such insurance policy and/or benefit plan; and (2) the right and ability to act as my Authorized Representative to pursue such claim, right, matter, or cause of action in connection with said insurance policy and/or benefit plan, including the right and ability to act as my Authorized Representative with respect to a benefit plan governed by the provisions of the Employee Retirement Income Security Act (“ERISA”).



I also authorize Hospital to act on my behalf to (1) obtain copies of my insurance policy or benefit plan documents from my insurer(s) or other Plan Administrator; (2) pursue appeals of adverse benefits decisions, claims for breaches of fiduciary duty under ERISA, external appeal review under Federal or State statute, administrative hearings, or legal actions to obtain payment from any payor; (3) disclose my protected health information to my insurer(s), its affiliates, any plan fiduciary, or independent review organization that may be involved in the resolution of claims, in connection with filing or appealing any claim for benefits due; and (4) receive any notices in connection with my benefit claims or appeals concerning same.

If my admission to the Hospital is a result of a work-related injury, I hereby waive any privilege I may have with the Hospital, or other healthcare provider, and I hereby authorize these providers to provide the worker's compensation administrator any information, including, but not limited to, the right to inspect and copy all of my medical records related to my injury or to my past relevant medical history. In the event there is a dispute about the compensability of my claim or worker's compensation benefits, and if my employer is not specifically determined by a Court of the Department of Labor to be responsible for worker's compensation medical expenses for the condition or injury that is the basis of my admission, I agree to be personally responsible for all such expenses. I further agree that, if my worker's compensation claim is settled with my employer on a disputed basis without a specific finding that such is compensable as a worker's compensation injury, I (or my attorney, if I am represented) will withhold sufficient funds from any settlement to pay all amounts owed to the Hospital for treatment of the condition which is the basis for this admission, and I hereby grant an assignment to the Hospital for payment of all such expenses under such circumstances.

### PERSONAL EQUIPMENT AND VALUABLES

I understand that the Hospital does not accept responsibility and will not reimburse me for the loss of money, jewelry, eyewear, hearing aids, dentures, clothing or other personal property or valuables I bring to the Hospital. I take full responsibility for such items and agree to release the Hospital from any and all liability from damage, loss or theft of such items unless, as applicable, the items are deposited in the Hospital safe for safekeeping. I also understand that I must inform a nurse if I bring any electrical equipment to the Hospital (e.g., home insulin pumps; BiPAP machine, CPAP machine) and adhere to Hospital policies regarding its use. I assume full responsibility for such electrical equipment and for any injury caused by the use of the electrical equipment brought from home.

### COMMUNICATIONS

By providing my cell, landline, or any other phone number(s), I expressly consent to receiving communications from Hospital, its staff, its contractors, collection agents, and others, at any numbers I provide or that are later acquired for me. These parties may use this information to contact me by live agent, voice mail, text message, using an auto dialer or other computer assisted technology, pre-recorded message(s), or by any other form of electronic communication for any purpose including, but not limited to, appointment and follow-up health care reminders, scheduling, my account(s), assignment of benefits, and/or financial responsibility. I understand that depending on my phone plan I could be charged for these calls or text messages. I agree to provide new number(s) if my number(s) change(s). Providing these numbers is not a condition of receiving healthcare services.

### PHARMACY HEALTH INFORMATION EXCHANGE

I understand UofL Health utilizes SureScripts or other electronic prescribing technology. SureScripts operates the Pharmacy Health Information Exchange, which facilitates the electronic transmission of prescription information between providers and pharmacists. The Pharmacy Health Information Exchange, also provides prescription data on any medication that has been prescribed to you.

### SIGNATURE

I received a copy of the Patient Rights Packet, which includes all of the following:

- Patient Rights & Responsibilities
- Advance directive Information
- Patient information regarding typical non-covered Services
- Information from Medicare/Insurer
- Patient Grievance Process
- Notice of Privacy Practices

My signature below indicates that I have read fully and understand this document or have had it read to me, and that I (as the Patient or the Patient's Legal Representative, or Guarantor) hereby accept and agree to the terms of these Conditions on Admission. I have had the opportunity for my questions to be answered.

_____	_____	_____
Date	Time	Signature of Patient, Legal Representative or Legal Guarantor
_____	_____	_____
If other than Patient, Relationship of Signatory to Patient		Print Name of Signatory above
_____	_____	_____
Reason, if other than Patient (Incompetent, Minor, etc.)		Witness Signature
		_____
		Interpreter Name/Number (if applicable)

**NOTICE OF PRIVACY PRACTICES:** I declined the Hospital's Notice of Privacy Practices and have indicated so by signing here

_____	_____	_____
Date	Time	Signature of Patient, Legal Representative or Legal Guarantor



## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

#### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the Privacy Officer at 502-588-2300.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- UofL Health is committed to patient satisfaction and good customer relations. If you have a complaint or grievance that is not privacy related, you may contact our Customer Service Representative in patient relations associated with the facility where you were a patient.
- We will not retaliate against you for filing a complaint.

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. Contact the Privacy Officer to make this request.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

#### Run our organization

- We can use and share your health information to run our facility operations, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services. We share information with the Joint Commission for accreditation purposes.

## Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

---

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

---

## Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
  - Participation in health information exchanges, disease and immunization registries

---

## Do research

- We can use or share your information for health research.

---

## Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We will share information about you to military command authorities and for the protection of national security activities.
- We will share information about you to protect the President and other heads of state.

---

## Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

---

## Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

---

## Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

---

## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

---

## Law Enforcement

- We can use or share health information about you:
  - To identify or locate a suspect, fugitive or missing person
  - To provide information about a suspected death or victim of crime
  - To provide information about a crime that may have occurred at our facility
  - We will share information about you to a correctional facility when necessary to protect your health and safety, the safety of others and for the security of the correctional facility.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information contact the Privacy Officer or go to:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**

**To report a complaint or grievance regarding the care you received, you may contact the Customer Service Representative at the facility where you were a patient. The Customer Service Representative will document your concerns and an investigation will take place.**

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Effective Date:** November 1, 2019

**This Notice of Privacy Practices applies to the following organizations:**

*All UofL Health facilities*



530 South Jackson Street  
Louisville, KY 40202

**Privacy Officer contact: 502-588-2300**

# Advance Directives / Living Wills / Health Care Surrogates

We strive to provide an atmosphere of respect and caring, to ensure that each patient's ability and right to participate in decision making is maximized and not compromised. Our organization will comply with the Patient Self-Determination Act (PSDA) in such a manner to expand patient, personnel and community knowledge base regarding directives and the process by which patient participation in medical decision-making is carried out at this facility.

There are three common types of Advance Directives: a Living Will Directive, a Health Care Surrogate Designation, and a Durable Power of Attorney. These directives become effective when or if an individual loses the capacity to make their own health care decisions.

1. In a Living Will Directive, an individual can choose the medical treatment he/she wishes to receive when his/her condition is terminal. A terminal condition is one that is incurable and irreversible and will result in death within a relatively short time and where treatment would serve only to artificially prolong the dying process. The existence of a terminal condition can be determined solely by the patient's attending physician and one other physician.
2. Any competent person who is 18 years of age or older may designate one or more adults as his/her surrogate. A Health Care Surrogate is someone who can act on behalf of an individual to make health care decisions. When designated, the surrogate can make these types of decisions in accordance with accepted medical practice and following the wishes of the patient.
3. A Durable Power of Attorney is another way to designate a person to act as Health Care Surrogate. It also offers an individual a way of naming someone to make financial decisions. A Durable Power of Attorney should be drafted by an attorney.

The Kentucky Living Will Directive Act (KRS Chapter 311) became law during the 1994 legislative session and reads in part:

1. Living Will Directive made in Kentucky will be in written format.
2. An advance directive may be made by any competent person 18 years of age or older, with the following exception:
  - Life-prolonging treatment may not be withheld or withdrawn from a pregnant patient. If a woman is known to be pregnant, any advance directive is not in force for the duration of the pregnancy. Any female of child-bearing age shall be tested to determine whether she is pregnant (unless pregnancy is already confirmed) before the advance directive can be honored.
3. An advance directive must be signed by the patient and by two (2) witnesses or signed and witnessed by a Notary Public. While a hospital employee is forbidden to serve as a witness, the statute does not prohibit a hospital employee who is a Notary Public from serving as the Notary.
4. The following persons may not serve as witnesses:
  - a. Any blood relative of the patient;
  - b. Any person who is a beneficiary of the patient under descent and distribution statutes of the Commonwealth;
  - c. An employee of a health care facility in which the declarant is a patient;
  - d. An attending physician of the patient; or
  - e. Any person directly financially responsible for the patient's health care.
5. An advance directive is presumed to be valid unless the hospital or attending physician has actual knowledge to the contrary. Concerns regarding validity of an advance directive or an out of state advance directive should be reported to an administrator.
6. All patients will be given information about Patient Rights and Advance Directives upon request. If a patient does not have an advance directive and wants to initiate one, Chaplaincy Services or the Case Management Department should be notified.
7. An advance directive can be revoked orally, in writing or by an act evidencing intent to revoke (for example, cutting, tearing, etc.)

8. Except in very limited situations, we are obliged by law to honor a valid advance directive. Some facilities provide services in a location where a physician may not be available to complete a physical assessment of the patient should a medical event occur (for example, an outpatient rehabilitation clinic). In that type of location, a patient's advance directive may not be honored because 911 is called to respond to the medical emergency and life saving measures will be initiated. You should be notified if an advance directive cannot or will not be honored in the location where you are receiving treatment or service. If based on the policy of that facility, you wish to seek treatment by a different provider, please ask to speak to the supervisor so that we may assist you in accessing service elsewhere.



### INFORMATION/EDUCATION PAGE

## Emergency Preparedness for People With Disabilities

### Guide and Checklist

Natural disasters and other public emergencies can leave people stranded for days, cause breaks in communication networks, and make streets and walkways impassable. What will you do to ensure your safety during those critical first days of an emergency in your community? Presented here are guidelines for preparing for emergency situations and a checklist for building an emergency kit.

### CREATE AND PRACTICE YOUR EMERGENCY PLAN

Create an emergency plan for each place where you ordinarily spend your time, and practice your plan. The National Organization on Disability (NOD) recommends having an emergency plan for home, work, and school.

Each plan should include the following:

- Personal network – For each location identify 2 or 3 people who will make sure you are OK and will help you during an emergency. Make sure you have their contact information (in your mobile device, laptop computer, or on paper) and that they have yours.
- Escape – For each location identify primary and secondary routes to a safe place inside your building (bathroom, basement, stairwell, etc.) and outside your

building (public shelter, grocery store parking lot, etc.). Practice your escape plans with your personal network.

- Information – Identify the devices you will use to stay informed about events related to the emergency (mobile device, laptop computer, radio, television, etc.). Make sure you know the phone numbers, websites, and radio and television stations that you will use to get information.
- Essential items – In addition to the basic needs required by everyone, plan to have items you need for your particular disability such as medicines, supplies, and assistive devices (like hearing aids and batteries, white cane, service animal, heavy-duty gloves for pushing your wheelchair through mud, debris, etc.).

### RESPONDING TO EMERGENCIES—KNOW THE SIGNS OF STRESS

Public emergencies and disasters are stressful. Homes and other property may be damaged. People may be hurt or in danger. Environmental conditions may make normal activities like eating, sleeping, breathing, and thinking more difficult. Medical

conditions you have could become worse under these conditions. Recognizing the symptoms of stress in yourself and others around you helps manage stress and its negative effects. The list below gives examples of each type of stress you may feel. These are natural responses to emergency situations.

#### ADDITIONAL RESOURCES

American Red Cross “Disaster Preparedness for People with Disabilities”

<http://www.redcross.org/prepare/location/home-family/disabilities>

American Red Cross “Be Red Cross Ready” - multiple languages

<http://www.redcross.org/prepare/disaster-safety-library>

National Organization on Disabilities, “Disaster Readiness Tips for People with Disabilities”

[http://nod.org/research\\_publications/emergency\\_preparedness\\_materials/for\\_people\\_with\\_disabilities/](http://nod.org/research_publications/emergency_preparedness_materials/for_people_with_disabilities/)

[www.nod.org/assets/downloads/Readiness-Tips-Disabilities.pdf](http://www.nod.org/assets/downloads/Readiness-Tips-Disabilities.pdf)

#### SIGNS OF STRESS

##### Psychological or emotional

- Anxiety, irritability, anger, regret, guilt
- Depression, moodiness, crying
- Jumpiness, flashbacks to bad memories
- Uneasy sleeping or excessive sleeping

##### Thinking

- Difficulty concentrating or remembering
- Mental confusion, inability to set priorities
- Inability to express yourself clearly
- Inability to make decisions

##### Physical

- Headaches, weakness, tiredness
- Upset stomach and digestive problems
- Muscle soreness or numbness
- Difficulty catching your breath

## EMERGENCY KIT CHECKLIST

The National Organization on Disability recommends preparing 2 emergency kits:

- **Ready kit** – supplies needed for a minimum of 3 days
- **Go bag** – your most essential items to take with you if you must leave immediately

Items on this list can be included in both the ready kit and go bag. You should decide which items should be in one or both of these kits.	Ready Kit	Go Bag
3-day supply of nonperishable food and manual can opener. Make sure the food meets your dietary requirements		
3-day supply of water (1 gallon per person per day, but you may need more)		
Medical equipment and supplies, and assistive devices – glasses, hearing aids, catheters, augmentative communication devices, cane, walker. Label each with your name and contact information. Be sure to have chargers and extra batteries		
Personal medical information – including blood type, hospital affiliation, health insurance provider, policy number, and customer service phone number		
Medications – include a 7-day supply plus a list of the prescription name, dosage, frequency, doctor, and pharmacist. If medications need to be refrigerated, bring a cooler with an ice pack. Drug allergies should also be listed		
List of emergency contact information – including your primary physician, pharmacist, assistive equipment supplier, medical supplier, and support network members in and out of the region		
Copies of important documents – birth certificate, passport, driver’s license, insurance information, proof of address (electricity or water bill with your name on it)		
Extra set of keys (to give someone access to your home or car if needed)		
Flashlight and radio with extra batteries		
Money – cash, credit cards, checkbook, ATM card		
Sanitation and hygiene items – including soap, denture care, absorbent pads, etc.		
Items for infants – formula, diapers, bottles, and pacifiers		
Supplies for a service animal – food, identification tags, proof of up-to-date vaccinations, and veterinarian contact details		
Clothes, blanket, pillow		
Alerting items – white distress flag or cloth, whistle, and/or glow sticks		
Basic first aid kit – Band-Aids, roll of bandages, tape, scissors or knife, aloe (for burns and scratches), antibiotic or disinfectant ointment, pills for pain and headaches (aspirin, ibuprofen, acetaminophen, or naproxen)		
List of your needs related to your disability or health conditions. Write it down or wear medical alert tags or bracelets		
Additional items to meet to your disability needs (make your own list)		

### Authorship

Emergency Preparedness for People With Disabilities was developed by John T. Morris, PhD, and Michael L. Jones, PhD, under the auspices of the Rehabilitation Engineering Research Center (RERC) for Wireless Technologies. The Wireless RERC is sponsored by the National Institute on Disability and Rehabilitation Research (NIDRR) of the U.S. Department of Education under grant number H133E110002. Any opinions contained in this document are those of the authors and do not necessarily reflect those of the U.S. Department of Education or NIDRR.

This Information/Education Page may be reproduced for noncommercial use for health care professionals to share with patients and their caregivers. Any other reproduction is subject to approval by the Publisher.

**ClinicalTrials.gov** is a Web-based resource that provides patients, their family members, health care professionals, researchers, and the public with easy access to information on publicly and privately supported clinical studies on a wide range of diseases and conditions. The Web site is maintained by the National Library of Medicine (NLM) at the National Institutes of Health (NIH). Information on ClinicalTrials.gov is provided and updated by the sponsor or principal investigator of the clinical study. Studies are generally submitted to the Web site (that is, registered) when they begin, and the information on the site is updated throughout the study. In some cases, results of the study are submitted after the study ends. This Web site and database of clinical studies is commonly referred to as a “registry and results database.”

ClinicalTrials.gov contains information about medical studies in human volunteers. Most of the records on ClinicalTrials.gov describe clinical trials (also called interventional studies). A clinical trial is a research study in which human volunteers are assigned to interventions (for example, a medical product, behavior, or procedure) based on a protocol (or plan) and are then evaluated for effects on biomedical or health outcomes. ClinicalTrials.gov also contains records describing observational studies and programs providing access to investigational drugs outside of clinical trials (expanded access). Studies listed in the database are conducted in all 50 States and in 210 countries.

ClinicalTrials.gov does not contain information about all the clinical studies conducted in the United States because not all studies are required by law to be registered (for example, observational studies and trials that do not study a drug, biologic, or device). See FDAAA 801 and the Final Rule for more information. However, the rate of study registration has increased over time as more policies and laws requiring registration have been enacted and as more sponsors and investigators have voluntarily registered their studies.

ClinicalTrials.gov was created as a result of the Food and Drug Administration Modernization Act of 1997 (FDAMA). FDAMA required the U.S. Department of Health and Human Services (HHS), through NIH, to establish a registry of clinical trials information for both federally and privately funded trials conducted under investigational new drug applications to test the effectiveness of experimental drugs for serious or life-threatening diseases or conditions. NIH and the Food and Drug Administration (FDA) worked together to develop the site, which was made available to the public in February 2000.

The ClinicalTrials.gov registration requirements were expanded after Congress passed the FDA Amendments Act of 2007 (FDAAA). Section 801 of FDAAA (FDAAA 801) requires more types of trials to be registered and additional trial registration information to be submitted. The law also requires the submission of results for certain trials. This led to the development of the ClinicalTrials.gov results database, which contains summary information on study participants and study outcomes, including adverse events. The results database was made available to the public in September 2008. FDAAA 801 also established penalties for failing to register or submit the results of trials.

# Americans with Disabilities Act (ADA) Fact Sheets



## Employment and the ADA

The Americans with Disabilities Act (ADA) covers all aspects of employment including hiring and firing, raises, promotions, job training, insurance and other benefits.

- ★ Employers are not required to hire a person with a disability nor does the ADA set hiring quotas for employers. The ADA does prevent employers from discriminating against a job applicant based on the applicant's disability.
- ★ Employers are not allowed to include questions about a disability on a job application or in a job interview. Employers are allowed to ask about the ability to perform the essential functions of the job with or without reasonable accommodation. Employers are not allowed to withdraw a job offer because an applicant needs reasonable accommodation.
- ★ Employers are required to provide appropriate accommodations when an employee declares a disability. Employees can declare a disability at anytime.
- ★ Employees who ask for reasonable accommodations must be involved in making the decision about the most appropriate solution. Employers make the final decision about reasonable accommodation.



- ★ Employers who say reasonable accommodation cannot be made because it would cause undue hardship must offer proof of the potential hardship. If an applicant or employee does not agree, a complaint may be filed.
- ★ Employers can use drug testing to ensure that individuals who illegally used drugs in the past are not currently using illegal drugs.
- ★ Employees who are currently using a drug illegally, even if the drug has legal uses, are not covered by the ADA.
- ★ Employees who have completed or currently are participating in a supervised rehabilitation program or who have been accused wrongly of using drugs illegally are covered by the ADA.
- ★ Employers who provide accommodations may receive a federal tax credit and/or a federal tax deduction.

Discrimination complaints may be filed with the Equal Employment Opportunity Commission or with the Human Rights Commission (see below). Employers also may contact these agencies for more ADA information.

U.S. Equal Employment Opportunity Commission  
600 Dr. Martin Luther King Jr. Place  
Suite 268  
Louisville, KY 40202  
Phone (502) 582-6082  
TDD: (502) 582-6285

Printed with state funds  
Equal Education and Employment Opportunities M/E/D

Kentucky Human Rights Commission  
332 West Broadway  
Louisville, Ky. 40222  
Phone: (502) 595-4801  
Toll free: 1-800-292-5566  
TDD: (502) 595-4084



## State and Local Governments and the ADA

The Americans with Disabilities Act (ADA) prohibits discrimination in all services, programs and activities provided by state and local government agencies. This includes activities carried out by anyone who has contracts with state and local governments.

- ★ Government agencies are required to make reasonable accommodations at a program, service or activity when requested by an individual with a disability unless the agency can prove that providing reasonable accommodation would change the basic nature of these events.
- ★ Individuals with disabilities are not required to accept an accommodation. Whenever possible, a program should be provided in a setting that includes persons with and without disabilities.



- ★ Government agencies must provide free auxiliary aids or services for people with disabilities at meetings and programs.
- ★ Government agencies are not responsible for providing personal devices (such as wheelchairs), individually prescribed devices (such as eyeglasses), or services of a personal nature (assistance in eating or dressing) for individuals with disabilities.
- ★ Government agencies cannot deny equal services, programs or activities to someone based on that person's relationship to or association with an individual with a disability.

- ★ Government agencies may provide a program specifically designed to accommodate individuals with disabilities, but an individual with a disability has the right to choose to participate in a program (if the individual is qualified to participate) that is open to the general public.

- ★ Public school systems' services, programs and activities, including those available to parents and the general public, must comply with the ADA. This includes but is not limited to school plays, parent/teacher conferences, graduation and sports events.



For additional information contact:

U.S. Department of Justice ♦ Civil Rights Division ♦ Disability Rights Section - NYAV ♦ 950 Pennsylvania Avenue NW ♦ Washington, D.C. 20530  
Toll-free: 1-800-514-0301 ♦ TDD: 1-800-514-0383

Printed with state funds  
Equal Education and Employment Opportunities M/F/D  
First printing March 2002



## Public Access/Accommodation and the ADA

The Americans with Disabilities Act (ADA) requires that access and/or accommodations in facilities, services, policies and programs be made for people with disabilities.

★ When there is new construction of a public facility or changes are made to an existing public facility, these facilities, referred to as public accommodations, must be made accessible (e.g. a wheelchair ramp) to people with disabilities. Public accommodations that fall under the ADA include:

- ◆ Lodging (inns, hotels, motels)
- ◆ Establishments serving food or drink (restaurants, bars)
- ◆ Places of exhibition or entertainment (theaters, motion picture houses, concert halls, stadiums)
- ◆ Places of public gathering (auditoriums, convention centers, lecture halls)
- ◆ Sales or rental businesses (bakeries, grocery stores, hardware stores, shopping centers)
- ◆ Service establishments (laundromats, dry cleaners, banks, barber shops, beauty shops, funeral parlors, gas stations, accountant, lawyer, pharmacies, insurance offices, professional offices of health care providers, hospitals)
  - ◆ Public transportation terminals, depots or stations (not including air transportation)
  - ◆ Places of public display or collection (museums, libraries, galleries)
  - ◆ Recreational facilities (zoos, nature and amusement parks, bowling alleys, golf courses)
  - ◆ Places of education (nursery schools, elementary, secondary, undergraduate, or postgraduate private schools)
  - ◆ Social service center establishments (day care centers, senior citizen centers, homeless shelters, food banks, adoption agencies)
  - ◆ Health and exercise businesses (gyms, health spas)
  - ◆ Office buildings



★ Businesses can set safety standards, but those standards cannot be based on prejudice or stereotypes.

(More information on back.)

For additional information contact:

U.S. Department of Justice ♦ Civil Rights Division ♦ Disability Rights Section - NYAV ♦ 950 Pennsylvania Avenue NW ♦ Washington, D.C. 20530

Toll-free: 1-800-514-0301 ♦ TDD: 1-800-514-0383

- ★ Businesses whose policies screen out or tend to screen out individuals with disabilities may be used only if it is necessary for the service to be provided. Example: A store cannot require a drivers license from a person with a disability who cannot drive as the only acceptable form of identification for cashing a check.
- ★ Businesses are not required to make changes that would alter the basic nature of a service being provided. Example: A doctor who treats only burn patients would not be discriminating against a patient who is deaf if she referred that patient to another doctor for treatment of a broken leg.
- ★ Businesses are required to provide some type of auxiliary aid or service for individuals with hearing or vision impairments when these aids or services are needed for communication. Aids and services may include qualified interpreters, assistive listening devices or brailled or large print materials.
- ★ Businesses that cannot supply the aforementioned aids or services, are required to provide an alternate form of assistance. Examples: If a restaurant does not have brailled menus, a waiter may read a menu to a person who is blind; a store clerk could communicate with a person who is deaf by writing on paper.
- ★ Businesses must remove barriers to access of existing facilities if it does not cause undue hardship or expense. Examples: A department store could accommodate people in wheelchairs by installant ramps, lowering the elevation of telephones and widening aisles.
- ★ Businesses that cannot easily remove a barrier, must take other steps to ensure that people with disabilities have access. Examples: A grocery might provide an employee who can retrieve items from tall shelves or provide home delivery without additional charge if the store is not easily made accessible.
- ★ Businesses that require tests or courses related to applications, licenses, and certifications must provide a place for people with disabilities to take the tests or courses. Businesses must also offer tests or courses to people with disabilities that accommodates their particular disability. Auxiliary aids such as taped exams, answer sheets with large print or interpreters must be provided for individuals with disabilities who request them.
- ★ Businesses can refuse service to a person with a disability if that individual poses a direct threat to the health and safety of others in such a way that the business cannot remove the threat. In this case, businesses can also prohibit the person with the disability from entering the building or remove him from the establishment.
- ★ Businesses may not refuse to serve an individual with a disability because of limits on coverage or rates in its insurance policies. Exclusion of individuals with disabilities must be based on legitimate safety concerns rather than on the terms of the insurance contract.
- ★ Businesses may provide insurance plans that limit certain kinds of coverage. However, this must be based on classification of risk and not because of a person's disability.
- ★ In matters of alleged discrimination against a person with a disability, individuals can file complaints with the U.S. Department of Justice (see front of sheet for contact information) or file a lawsuit against the owner of a business or public facility.

# ADA

Americans with Disabilities Act

## Communications and the ADA

The Americans with Disabilities Act (ADA) requires that communications for people with disabilities must be effective and that requested auxiliary aids and services must be made available to facilitate communications.

- ★ For individuals with hearing loss, auxiliary aids and services may be needed for communication. These include qualified interpreters; assistive listening systems and devices; telephones compatible with hearing aids; open and closed captions; and telecommunication devices for the deaf (TDDs).
- ★ For individuals with visual impairments, auxiliary aids and services may be needed for communication. These include qualified readers; taped texts; audio recordings; brailled materials; large print materials; and assistance in locating items.
- ★ For individuals with speech impairments, auxiliary aids and services may be needed for communication. These include TDDs; computer terminals; speech synthesizers; and communication boards.



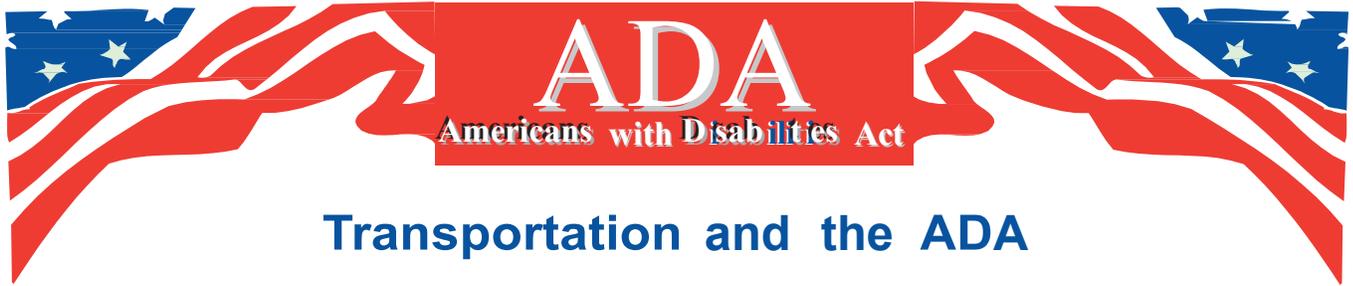
- ★ If an individual with a disability requests a specific auxiliary aid or service, the aid or service must be provided unless another method or alteration of a service would adequately meet the individual's needs.
- ★ Interpreters and other auxiliary aids must be provided free of charge.
- ★ Businesses may require a reasonable, refundable deposit for the use of portable TDDs, decoders or assistive listening devices to ensure return of equipment. A fee may not be charged for the use of the equipment.
- ★ Businesses must make their telephone services accessible to individuals with hearing loss. [In most cases, the Kentucky Relay Service will permit persons who are deaf to call businesses and public facilities. The service (1-800-648-6056 ,TDD, or 1-800-648-6057, voice) provides specially trained communication assistants who relay messages between individuals who are deaf, hard of hearing or speech impaired and persons who can hear.]

(More information on back.)

For additional information contact:

U.S. Department of Justice ♦ Civil Rights Division ♦ Disability Rights Section - NYAV ♦ 950 Pennsylvania Avenue NW ♦ Washington, D.C. 20530  
Toll-free: 1-800-514-0301 ♦ TDD: 1-800-514-0383

- ★ Businesses that use recorded messages to direct calls should offer another method for incoming calls. This may include a separate line for TDDs or relay service calls.
- ★ A relay service may be used to call customers and clients who are deaf. But businesses must provide TDDs upon request when a person who is deaf or hearing impaired needs to make a phone call. Example: Hospitals and hotels that provide telephones in their rooms must have TDDs available for guests and patients who are deaf. Hotels should also have a TDD at the front desk to take calls from guests who use TDDs in their rooms.
- ★ Police and fire departments and ambulance services are required to have TDDs.



## Transportation and the ADA

The Americans with Disabilities Act (ADA) requires that certain public and private modes of transportation must offer access to people with disabilities.

- ★ Privately owned inter-city buses ordered on or after July 26, 1996, must be accessible.



- ★ All new public buses ordered on or after August 26, 1990, must be accessible. In addition, paratransit services must be provided to persons with disabilities who are unable to ride regular buses even when they are accessible.
- ★ Charter bus services must have some accessible buses, but not all buses have to be accessible.

- ★ Taxi services cannot discriminate against a person with a disability. Example: A taxi driver cannot refuse to pick up someone who uses a wheelchair because the driver does not want to lift the wheelchair into the trunk or put it in the back seat.

- ★ Hotels or other places of lodging do not need to make all of their shuttles accessible if the hotel is addressing access for people with disabilities in another way.

- ★ All new rail vehicles ordered on or after August 26, 1990, must be accessible. Rail systems in existence before July 26, 1995, must have one accessible car per train; all rail cars in a system built after that date must be accessible.



- ★ Insurance companies cannot deny automobile insurance to a person with a disability if that disability does not pose risks while driving.
- ★ Insurance companies cannot impose requirements on a person with a disability that are not imposed on a person without a disability.

For additional information contact:

U.S. Department of Justice ♦ Civil Rights Division ♦ Disability Rights Section - NYAV ♦ 950 Pennsylvania Avenue NW ♦ Washington, D.C. 20530  
Toll-free: 1-800-514-0301 ♦ TDD: 1-800-514-0383

# Quit Smoking Resources

## GOVERNMENT RESOURCES

- **Tips From Former Smokers**  
CDC campaign website lets you view ads, learn more about the people featured and their health conditions, and access quit smoking resources.
- **1-800-QUIT-NOW (1-800-784-8669)**  
Free, phone based service with educational materials, coaches, a quit plan, and referrals to local resources to help you quit tobacco use.
- **1-855-DÉJELO-YA (1-855-335-3569)**  
Free, phone-based service to help Spanish speaking persons quit tobacco use.
- **BeTobaccoFree.hhs.gov**  
HHS website provides one-stop access to tobacco-related information, including information on quitting tobacco use, from its various agencies.
- **smokefree.gov**  
Free information and assistance to help you quit smoking and stay tobacco-free; including mobile texting to provide encouragement, advice, and tips to help young adults and smart phone apps to track progress.
  - **smokefree.gov (en Espanol)**  
Spanish-language website that provides free, accurate information and assistance to help you quit smoking and stay tobacco-free.
  - **Women.smokefree.gov**  
Free, accurate information and assistance to help women quit smoking and stay tobacco-free.
  - **Teen.smokefree.gov**  
A Web site that provides free, accurate information and assistance to help teens quit smoking and stay tobacco-free.
- **Ycq2.org**  
Department of Defense sponsored website for military personnel and their families.
- **ahrq.gov**  
Easy-to-read guide to quitting tobacco use.
- **Fda.gov**  
Identifies FDA-approved products that can help you quit smoking.
- **Cancer.gov**  
Fact sheet that summarizes the harmful effects of smoking and short- and long-term benefits of quitting.

## OTHER RESOURCES

- **American Cancer Society** offers a guide to quitting smoking
- **American Heart Association** provides information and support to help you quit smoking.
- **American Lung Association** provides resources to help smokers figure out their reasons for quitting and then take the big step of quitting for good.

## QUIT TIPS

**Are you one of the more than 70% of smokers who want to quit? Try following this advice:**

- **Don't smoke any cigarettes.** Each cigarette you smoke damages your lungs, your blood vessels, and cells throughout your body. Even occasional smoking is harmful.
- **Write down why you want to quit.** Do you want to:
  - Be around for your loved ones?
  - Have better health?
  - Set a good example for your children?
  - Protect your family from breathing other people's smoke?

- **Really wanting to quit smoking is very important to how much success you will have in quitting.** Know that it takes commitment and effort to quit smoking. Nearly all smokers have some feelings of nicotine withdrawal when they try to quit. Nicotine is addictive. Knowing this will help you deal with withdrawal symptoms that can occur, such as bad moods and really wanting to smoke.

There are many ways smokers quit, including using nicotine replacement products (gum and patches) or FDA-approved, non-nicotine cessation medications. Some people do not experience any withdrawal symptoms. For most people, symptoms only last a few days to a couple of weeks. Take quitting one day at a time, even one minute at a time---whatever you need to succeed.

- **Get help if you want it.** Smokers can receive free resources and assistance to help them quit by calling 1-800-QUIT-NOW (1-800-784-8669) or by visiting CDC's Tips from Former Smokers. Your health care providers are also a good source for help and support.

Concerned about weight gain? It's a common concern, but not everyone gains weight when they stop smoking. Learn ways to help you control your weight as you quit smoking.

- **Remember this good news! More than half of all adult smokers have quit, and you can too.** Millions of people have learned to face life without a cigarette. Quitting smoking is the single most important step you can take to protect your health and the health of your family.









# Frazier Rehabilitation Institute

---

**UofL** Health

220 Abraham Flexner Way, Louisville, KY 40202 | 502-582-7400

[UofLHealth.org](http://UofLHealth.org)