



THE  
**POWER** TO

HELP TAKE BACK  
**YOUR LIFE**

INPATIENT  
REHABILITATION  
HANDBOOK

**ST. JOHN'S**  
Rehabilitation

## **Thank you for choosing St. John's as your Rehabilitation\* provider.**

St. John's mission is to provide high quality compassionate care in a personalized Christian environment.

ST. JOHN'S FIVE CORE VALUES THAT GUIDE OUR PRACTICE ARE:

**Dignity** – accepting all persons as created in the image of God.

**Justice** – honoring each person's rights and responsibilities in light of the common good.

**Service** – responding with compassion to the needs of others.

**Excellence** – striving to attain high standards of performance and proficiency.

**Stewardship** – using our talents and resources wisely.

- You are responsible to actively take part in your care.
- You will be involved in making decisions about your care and plan of treatment.
- You will receive appropriate treatment for pain and discomfort.
- You will be asked for personal and family health information that is necessary for your care. This information is confidential and is shared only with people involved in your care.
- We will protect your privacy and respect your wishes.
- We will listen to you and respond in a timely fashion.

**If you have concerns or questions, please ask any team member for assistance.**

\*Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission on Accreditation of Hospitals (JCAHO).

## Visitors

Visitors are very important and we welcome them. However, to regain the abilities you lost, your rehabilitation program requires great effort. Your program will often keep you busy 6 to 8 hours per day, plus you must have time for rest. Your spouse or significant other can stay with you in your room from 9 a.m. to 9 p.m. This is subject to change if your participation is poor or your medical condition requires visiting times to change. To provide optimum therapy, only patients are allowed in the therapy sessions. When appropriate, family/caregiver therapy education will be scheduled by your Team Coordinator.

### ■ VISITING HOURS FOR OTHER FAMILY MEMBERS AND FRIENDS ARE:

**Monday – Saturday: 3:30 – 9:00 p.m.**

**Sunday: 9:00 a.m. – 9:00 p.m.**

Your children are not allowed in the therapy areas unless invited by staff to take part in the therapy program. With adult supervision, young children are allowed to visit in your room or the waiting room.

## Personal Items You Will Need To Bring

You will need an ample supply of daytime clothes with comfortable, non-skid shoes. We recommend three changes of clothing that are comfortable and washable. Also, bring pajamas, undergarments, cosmetics, personal items including hearing aids, and any special equipment you now have such as a wheelchair, braces, crutches, splints, or artificial limbs. Don't forget any medications you currently take that have been prescribed by your physician. You may need a sweater, jacket, or coat for recreational activities and outside trips. Please place your name on all your personal items, especially clothing. Please do not bring any dry clean or shrinkable items.

## The Rehabilitation Program

Your attending physician directs your medical care. The Team Coordinator works closely with the physician and other members of the health team to coordinate your rehabilitation program. Brief daily meetings and weekly formal team conferences are held to evaluate your status and monitor your progress.

Each team member helps set both short-term and long-term treatment goals with you. We will discuss these goals with you after your

first week on the Unit and periodically during your stay. You may request a copy of your goals from your Team Coordinator or any staff member. You may ask any team member questions about your program or goals.

Successfully reaching your treatment goals helps determine your length of stay in the Rehabilitation Unit. Completion of treatment goals prepares you for discharge. However, you may also be discharged to another level of care if significant progress is not seen within a reasonable time. Team members will discuss your program with you on an ongoing basis. We will work together to evaluate your program, modify it as necessary, and make discharge plans.

You and your family member(s) are a valuable part of the team. If you or your family member(s) have any concerns or issues that staff have not been able to address or resolve please discuss these with either the nursing director, assistant nursing director, your team coordinator, or your physician. Most concerns can be resolved through talking with these individuals; however if your concern or issue is not resolved there is a formal grievance process. This information can be obtained from the Nursing Director or the Assistant Nursing Director.

## ■ YOUR REHABILITATION TEAM

Rehabilitation links you and a team of medical professionals all working together to help restore your abilities. Your physician leads this team. Nurses, therapists, team coordinators and clinical psychologists complete the core of this team. Other health professionals join your team as needed. Other team members may include a dentist, prosthetist, orthotist, vocational rehabilitation counselor and an audiologist. The most important member of your health care team is YOU! Your active participation is vital to successful treatment.

## Admissions Coordinator

Prior to your admission to the rehabilitation unit, the admissions team coordinator will meet with you and/or your family to discuss rehabilitation admission criteria, insurance coverage and your current plan for discharge from the hospital. Information about the Rehabilitation Unit will be provided and you will be given the opportunity to ask any questions you may have about a rehabilitation stay. You and/or your family will be actively involved in determining if inpatient rehabilitation is the best option for your ongoing recovery.

## **Rehabilitation Physician**

The Rehabilitation physician directs your rehabilitation program and medical treatment. This physician works closely with all of your team members and takes part in your team conferences.

## **Team Coordinator**

The Team Coordinator will explain the Unit's services, coordinate your treatment plan, and handle any special problems or questions you may have. If you have questions or concerns, feel free to ask any team member for assistance.

The Team Coordinator assists you and your family with discharge planning and with identifying community resources and options regarding financial concerns specifically related to your rehabilitation needs. The Team Coordinator also coordinates communication among the team members. The Team Coordinator assists with coordinating your ongoing rehabilitation stay and discharge needs with your insurance company. If you are unable to return home, the Team Coordinator can help you and your family identify options for alternative living arrangements. Your Team Coordinator will assist you and your family if you should encounter any problems during your rehabilitation stay.

The Team Coordinator is available Monday through Friday, 7:30 a.m. to 4:00 p.m. Tell your nurse if you wish to talk with your Team Coordinator. If you have not received his/her business card, they are available at the Rehabilitation nurse's desk.

## **Nursing Personnel**

On admission to the Rehabilitation Unit, a member of the nursing staff will introduce you to the rehabilitation routine. Your nurses and nurse assistants will work with you on reinforcing the activities you have learned in therapy. The nursing staff will also assist you with retraining your bowel and bladder. The Rehab nursing staff is responsible for meeting your medical needs and medication management.

## **Physical Therapist**

Physical Therapy helps to improve the strength and mobility required for you to function to increase your level of independence. The therapist will emphasize exercises to increase strength, endurance,

and coordination. You will work on functional skill training for safe, daily living activities like walking or wheelchair activities.

## **Occupational Therapist**

The Occupational Therapist will evaluate your ability to perform daily living and self-care skills. These may include: feeding yourself, grooming, bathing, dressing, toileting, meal preparation and homemaking. Treatment may focus on skills necessary to complete self-care, teaching use of adaptive devices, all with the goal of increasing your independence with daily living skills.

## **Recreation Therapist**

A Recreation Therapist helps you to continue your leisure-time activities after discussing your interests and capabilities. Recreational activities ease emotional stress, promote physical and mental function, and stimulate interest and socialization. The Recreation Therapist may also take you into the community during your rehabilitation stay for functional evaluations.

## **Speech Therapist**

Speech Therapists help with difficulties in speech, language, voice, cognition, memory and/or swallowing. After examining your needs, the therapist will plan an individual treatment program using verbal and non-verbal communication, reading, writing, hearing, swallowing and mental function as indicated. The therapist will provide you and your family with education, strategies and/or exercises pertaining to the difficulties you are experiencing.

## **Clinical Psychologist**

A Clinical Psychologist helps you and your family understand and accept your health challenges. Services include individual, group, family, and couple counseling, diagnostic testing, and if necessary, follow-up referral at St. John's or within your home community.

## **Dietitian**

A Dietitian provides nutrition education and counseling to you and your family members. The dietitian evaluates your nutrition needs and makes recommendations.

## ■ TREATMENT SCHEDULE

You are scheduled for daily treatment, Monday through Saturday. Members of your team will set your treatment schedule. Please note that we must occasionally alter scheduled appointments. Therapeutic recreation programs may be provided on Sundays, holidays, and in the evening.

### **Shower/Baths**

Bathing is scheduled in the early evening every other day. If you prefer morning bathing or desire daily showers, please let your nurse know. During your stay you may do bathing and dressing activity with an Occupational Therapist. This is usually a part of your daily therapy sessions.

### **Photographs**

Your physician may request photographs of you during your rehab stay. These photographs may be of wounds or of you while participating in therapies. They are used to document your progress and may be used for marketing and education. If you do not want photographs to be taken during your rehab stay, please let your nurse know.

### **Therapeutic Leave of Absence (TLOA)**

You and your rehabilitation team evaluate your needs and skills on an ongoing basis. After you have reached certain goals, your rehabilitation team will determine if you need a TLOA. The TLOA is arranged to allow you to go into the community or to your home with your family for a few hours to practice new skills you have learned in therapy. TLOA's include goals for you to achieve during this time away from the hospital. TLOA's also require insurance approval before they can be arranged. The treatment team makes a decision about possible TLOA's during team conferences. Family members or caregivers will be required to attend therapy sessions for training prior to going on the TLOA. This is for your safety and your family's safety.

### **Equipment for Home Visit**

Wheelchairs, cushions, lapboards, canes, etc. are available to you when you go out on a TLOA. You will be responsible for any damages to this equipment.

### **The Family's Role**

The family is an important part of the rehabilitation program. Sometimes friends fill this role for patients who have no family

members available. Active involvement of family and friends can give you continuous support throughout the rehabilitation process. Family and friends are involved with setting treatment goals and identifying concerns you may encounter in your home or community after discharge.

Family conferences are held weekly to help everyone understand your treatment program and progress. The rehabilitation team members teach family and friends to assist with tasks that you may be unable to perform alone after discharge. Family members and friends are encouraged to occasionally observe your therapy, and the therapists, nurses or team coordinators can help arrange suitable times for these visits. In selected cases, you and your spouse or other caregiver may stay with you in our independent living apartment on the Rehabilitation Unit. The purpose of this apartment is to simulate your return to your home environment and to assess your level of independence in that environment prior to your return home.

Family members and friends may also experience emotional, physical and financial stresses as a result of the reason for your rehabilitation stay. During your rehabilitation stay, the clinical psychologist and team coordinators are available to assist your family and friends with any adjustment issues or with community resource referrals they may need.

## **Communication Services**

It is important that you be given appropriate information about your care and services that you will receive. If you do not speak English or are hearing impaired, we will first ask family members and/or friends to assist with interpreting. If they cannot assist or are unable to assist, we will arrange for an interpreter. There is no charge for this service. If you need any assistance, please inform your nurse or team coordinator.

## **Education**

Rehabilitation is an ongoing educational process to teach you new skills so you can function as independently as possible. Education occurs by all team members during treatment sessions. Also, you could attend group education classes. The class schedules are posted on the bulletin board across from the nursing desk. You will receive (from the patient educator) your own education notebook that will contain education for you from all disciplines. This notebook is for you to keep and take with you when you are discharged.

## **Pastoral Services**

Committed to total care, St. John's provides for the spiritual and emotional needs of patients, families, and staff. A member of Pastoral Services' staff is available at all times – 24 hours per day. The Pastoral Services office hours are 8:00 a.m. to 4:30 p.m. and the office telephone number is 22735. At any other time, simply dial the operator (o) to be put in contact with a member of the Pastoral Services staff. The religious beliefs of each patient are recognized and respected.

## **St. John's Chapel**

Our chapel is located in the center wing of the sixth floor. It is always open for prayer and worship.

SCHEDULED SERVICES ARE:

### **Sunday:**

Mass – 8:00 a.m.

Interfaith Service – 10:00 a.m.

### **Monday through Friday:**

Mass – 7:00 a.m.

Holy Days -- Call Pastoral Services at 820-2735

Holy Communion can be received in patient's room by request.

## **Hospitality House**

The Hospitality House may be available to outpatients and to patient's family members who live out of town and need a place to stay. The facility is located on the St. John's campus, and there is a nominal rental charge for the room. For additional information about the Hospitality House, call 820-2102.

## **Meals**

Dietary Service plans meals in accordance with special diets prescribed by your physician. Mealtimes are at 7:30 a.m., 11:30 a.m. and 5:00 p.m. Meals are served in your room or in the dining area. If you have swallowing problems or are unable to feed yourself – you are required to go to group dining as part of your therapy. Nurses, the rapists or both supervise the dining room.

Visitors will be asked to wait in your room or in the visitors' lounge. Guest trays for family members are available at a nominal cost. Please arrange for these guest trays with the nursing staff.

Family members and visitors must check with the nursing staff or your physician before bringing food for you from home. If food is brought from home, please mark it with the date, your name, and room number.

If you would like to discuss your diet, ask your nurse to contact the dietitian.

Families and visitors may dine in the cafeteria on the first floor of the west wing across from the gift shop.

## **Barber/Beauty Shop**

A barber/beauty shop is located on the first floor, west wing, across from the gift shop.

HOURS ARE:

### **Barber Shop:**

Tuesday – Friday 8:00 a.m. – 5:30 p.m.

Saturday 8:00 a.m. – 4:00 p.m.

### **Beauty Shop:**

Tuesday – Saturday 8:30 a.m. – 4:00 p.m.

Appointments are available after approval from your physician and are scheduled around your therapy schedule.

Please check with the nursing staff for additional assistance.

## **Gift Shop**

The gift shop is located on the first floor, west of the main entrance lobby and features gift items, clothing, house wares, jewelry, cards, magazines, and personal items.

GIFT SHOP HOURS ARE:

Monday – Saturday 9:00 a.m. – 8:00 p.m.

Sunday 11:00 a.m. – 5:00 p.m.

## **Medical Records**

Your medical record preserves and documents all information related to your treatment at St. John's. This record is the property of the hospital and will be maintained indefinitely. Pertinent information from your medical record may be forwarded to your referring physician and to your insurance company if you or your representative authorizes release of the medical record. If you wish information sent

to other individuals, you must sign an Authorization to Release Information form. Any questions you have concerning the release of information from your medical records can be answered by your Team Coordinator or the Medical Record department.

## **Planning for Discharge**

The rehabilitation team actually starts planning for discharge when you are admitted to the Rehabilitation Unit. Various options exist for care after discharge from the hospital depending on your progress in therapies and availability of resources.

If you are able to return to a home setting, your family or caregiver may be asked to spend some time on the Rehabilitation Unit learning how to help you with meals, dressing, toileting, grooming, and other activities. The person who participates in therapy instruction should be the one who will assist with your care after discharge. Therapy training will be arranged through your Team Coordinator.

Depending on your progress in therapies, your discharge plan may include one or more of the following options:

- Outpatient therapies
- Home care services
- Skilled nursing facilities
- Assisted living or residential care facilities
- Transitional living or independent living centers
- Other appropriate therapy options or living situations

Other resources may be available for evaluation and modification of your home environment, equipment, adaptive devices, transportation and attendant care. Resources for re-entry into a vocational or academic setting may also be available. Your team coordinator and other members of the rehabilitation team will help you and your family identify appropriate options and decide on the details of your discharge plan as you make progress in therapies.

## **Program Evaluation/Follow-up**

Approximately ninety days after discharge you will be contacted by a follow-up phone survey. We appreciate your participation in the survey. Your input assists with maintaining quality care and is of great value to us! These surveys help the staff assess your level of function. If areas of concern are detected during the phone survey, an

appropriate team member is contacted to follow-up with you.

## Financial Resources

Medical insurance and other sources of income must be thoroughly evaluated for available assistance with expenses. As you carefully examine the following options, feel free to ask the team coordinator for assistance.

If you were a full-time employee at the time of the injury or illness, contact the employer immediately to verify all benefits that are available. Ask about pay due for vacation time, sick leave, long-term disability income, pension eligibility, and the possibility of applying for an extended absence if you might return to work within one year. Keep records of your correspondence and telephone conversations with the employer. Note the date the information was exchanged and with whom. Don't forget, some insurance policies provide for some type of income following illness or injury. Check your policy and ask your agent/insurance representative.

Income from public assistance agencies is limited, but there are three principal sources:

- Supplemental Security Income (SSI) – apply at the local Social Security office;
- Aid to Families with Dependent Children (AFDC) – apply at the county Department of Social Services. This aid is for families with minor children at home in which one parent is disabled. The family must meet certain financial eligibility requirements.
- Social Security Disability Income (SSDI) – apply at the local Social Security office.

There are four main types of insurance assisting with medical expenses: commercial, Medicare, Medicaid and Managed Care Organizations.

Commercial insurance includes private insurance policies you may have through an individual or group plan. These policies differ greatly. Check each one to find the maximum amount of available coverage. Talk with your insurance agent and go over every policy thoroughly so there is no misunderstanding about what is not provided.

Medicare is an insurance program of the Federal Government and is available to people who are 65 years of age and older. Medicare may also be available to those who have received Social Security

Disability Income for at least two years and who have worked and paid into Social Security for a minimum of 20 quarters in the last 10 years. Apply for Medicare through the Social Security office. Your team coordinator or local Social Security office can answer questions and help with your application.

Medicaid is an insurance program sponsored by the state and available through the county Department of Social Services. Eligibility is based upon financial and medical needs. There are certain restrictions on what Medicaid will cover, including types and amounts of medications and treatments. If you feel you may be eligible for Medicaid or have questions about eligibility, you may discuss this with your team coordinator who will refer you to a social worker for the Department of Social Services located in the hospital or to your local county Social Services office.

Worker's Compensation, Veterans Administration, and Railroad Retirement may be available to provide other types of medical insurance or sources of income. Each of these has specific eligibility requirements which must be discussed with the respective offices.

The state Division of Vocational Rehabilitation may be able to help with payments for hospitalization, outpatient or home care therapies, equipment and some home modifications if you meet eligibility requirements. In addition, Vocational Rehabilitation provides educational and vocational training and assistance in job placement.

Additional sources of funds for assistance and equipment purchases or rental fees may be available through the Easter Seal Society, Bureau of Special Health Care Needs (children under 12 years of age), and local civic clubs. Your team coordinator can help you identify potential resources.

### **Legal Concerns**

The family of a person with a major illness or injury may need to consider legal issues related to long-term care for the individual's daily needs, management and control of personal property, and minimizing difficulties for family members in conducting the injured person's affairs.

Many technical considerations are involved in legal matters. Some legal situations or options which may require the assistance of an attorney are:

- Guardianship



- Power of attorney
- Trusts
- Property transfers
- Duty of support
- Separation and divorce

This list does not identify all possible legal options or possible situations. If legal issues need to be addressed, contact your team coordinator to help you identify options for obtaining legal advice or contact your personal attorney. The staff will follow St. John's policies and procedures when there are legal issues or concerns.

## **Alcohol, Drug Abuse, and Smoking**

Alcohol and drugs not ordered by your doctor are not to be taken while you are a patient at St. John's Hospital. This includes the time you are out on TLOA. St. John's is a non-smoking facility and campus. Various stop-smoking alternatives are available. Please notify your nurse if you would like further information.

## **Patient Rights and Responsibilities**

When you arrived at the hospital, you should have received information concerning your rights and responsibilities, as well as information concerning advanced directives. If you have any questions or want another copy, please ask your nurse for assistance. Also included in this handbook are your patient rights and HIPPA (Health Insurance Privacy and Portability Act).

## **Insurance and Billing**

During your Rehabilitation stay, your Team Coordinator will keep your insurance company updated.

Hospital services are billed and mailed to your home.

Physician charges are billed separately.

You can charge your services to a credit card.

After your return home, St. John's Business Office will be happy to answer any questions. If you are calling from outside the Health Center, the phone number is 417-820-2700; if calling from inside the hospital, the number is 22700.

## Admission and Financial Information

Contact the Rehabilitation Pre-Admission Office for information regarding admission procedures, program content, hospital costs, and insurance coverage.

Rehabilitation  
Pre-Admission Office – One South  
St. John's Hospital  
1235 East Cherokee  
Springfield, MO 65804

**417-820-6444 (for inside referrals)**

**417-820-6441 (for outside referrals)**

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### PRIVACY ACT DISCLOSURE

This notice is a simplified plain language summary of the information contained in the attached "Privacy Act Statement-Health Care Records."

Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities

AS A HOSPITAL REHABILITATION INPATIENT, YOU HAVE THE PRIVACY RIGHTS LISTED BELOW.

- You have the right to know why we need to ask you questions.
  - We are required by federal law to collect health information to make sure:
    - 1) you get quality health care, and
    - 2) payment for Medicare patients is correct.
- You have the right to have your personal health care information kept confidential and secure.
  - You will be asked to tell us information about yourself so that we can provide the most appropriate, comprehensive services for you.
  - We keep anything we learn about you confidential and secure. This means only those who are legally permitted to use or obtain the information collected during this assessment will see it.
- You have the right to refuse to answer questions.
  - You do not have to answer any questions to get services.
- You have the right to look at your personal health information.
  - We know how important it is that the information we collect about you is correct.
  - You may ask to review the information you pro-

vided. If you think we made a mistake, you can ask us to correct it.

In addition, you may ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal identifying health information which this Federal agency maintains in its IRF-PAI System of Records. For CONTACT INFORMATION or a detailed description of your privacy rights, refer to the attached PRIVACY ACT STATEMENT – HEALTH CARE RECORDS.

**NOTE:** The rights listed above are in concert with the rights listed in the hospital conditions of participation and the rights established under the Federal Privacy Rule.

### HIPAA Patient Privacy Information

PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

THIS STATE GIVES YOU NOTICE REQUIRED BY LAW (the Privacy Act of 1974).

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

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(z), 1864, 1865, 1866, 1871, 1886(j) of the Social Security Act.

Medicare participating inpatient rehabilitation facilities must do a complete assessment that accu-

rately reflects your current clinical status and includes information that can be used to show your progress toward your rehabilitation goals. The inpatient rehabilitation facility must use the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) as part of that assessment, when evaluating your clinical status. The IRF-PAI must be used to assess every Medicare Part A fee-for-service inpatient, and it may be used to assess other types of inpatients. This information will be used by the Centers for Medicare & Medicaid Services (CMS) to be sure that the inpatient rehabilitation facility meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information to the inpatient rehabilitation facility for the assessment. Information provided to the federal government for this assessment is protected under the Federal Privacy Act of 1974 and the IRF-PAI System of Records. You have the right to see, copy, review, and request correction of inaccurate or missing personal health information in the IRF-PAI System of Records.

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

The information collected will be entered into the IRF-PAI System No. 09-70-1518. Your health care information in the IRF-PAI System of Records will be used for the following purposes:

- Support the IRF prospective payment system (PPS) for payment of the IRF Medicare Part A fee-for-services furnished by the IRF to Medicare beneficiaries;
- Help validate and refine the Medicare IRF-PPS;
- Study and help ensure the quality of care provided by IRFs;
- Enable CMS and its agents to provide IRFs with data for their quality assurance and ultimately quality improvement activities;
- Support agencies of the State government, deeming organizations or accrediting agencies to determine, evaluate and assess overall effectiveness and quality of IRF services provided in the State;
- Provide information to consumers to allow them to make better informed selections of providers;
- Support regulatory and policy functions performed within the IRF or by a contractor or consultant;
- Support constituent requests made to a Congressional representative;
- Support litigation involving the facility;
- Support research on the utilization and quality of inpatient rehabilitation services; as well as, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health for understanding and improving payment systems.

## III. ROUTINE USES

These “routine uses” specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the IRF-PAI System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of protected health information authorized by these routine uses may be made only if, and as, permitted or required by the ‘Standards for Privacy of Individually Identifiable Health Information.’ (45 CFR Parts 160 and 164). Disclosures of the information may be to:

1. To agency contractors or consultants who have been contracted by the agency to assist in the performance of a service related to this system of records and who need to have access to the records in order to perform the activity;
2. To a Peer Review Organization (PRO) in order to assist the PRO to perform Title XI and Title XVIII functions relating to assessing and improving IRF quality of care. PROs will work with IRFs to implement quality improvement programs, provide consultation to CMS, its contractors, and to State agencies;
3. To another Federal or State agency:
  - a. To contribute to the accuracy of CMS’s proper payment of Medicare benefits,
  - b. To enable such agency to administer a Federal health benefits program, or as necessary to enable such agency to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds, or
  - c. To improve the state survey process for investigation of complaints related to health and safety or quality of care and to implement a more outcome-oriented survey and certification program.
4. To an individual or organization for a research, evaluation, or epidemiological projects related to the prevention of disease or disability, the restoration or maintenance of health epidemiological or for understanding and improving payment projects.
5. To a member of Congress or to a congressional staff member in response to an inquiry of the Congressional Office made at the written request of the constituent about whom the record is maintained.
6. To the Department of Justice (DOJ), court or adjudicatory body when:
  - a. The agency or any component thereof; or
  - b. Any employee of the agency in his or her official capacity; or
  - c. Any employee of the agency in his or her individual capacity where the employee; or
  - d. The United States Government; is a party to litigation or has an interest in such litigation, and by careful

review, CMS determines that the records are both relevant and necessary to the litigation and the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which the agency collected the records.

7. To a CMS contractor (including, but not necessarily limited to fiscal intermediaries and carriers) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud or abuse in such program.
8. To another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any State or local governmental agency), that administers, or that has the authority to investigate potential fraud or abuse in whole or part by Federal funds, when disclosure is deemed reasonable necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat frauds or abuse in such programs;
9. To a national accrediting organization that has been approved for deeming authority for Medicare requirements for inpatient rehabilitation services (i.e., the Joint Commission for the Accreditation of Healthcare Organizations, the American Osteopathic Association and the Commission of Accreditation of Rehabilitation Facilities). Data will be released to these organizations only for those facilities that participate in Medicare by virtue of their accreditation status.
10. To insurance companies, third party administrators (TPA), employers, self-insurers, managed care organizations, other supplemental insurers, non-coordinating insurers, multiple employer trusts, group health plans (i.e., health maintenance organizations (HMO) or a competitive medical plan (CMP) with a Medicare contract, or a Medicare-approved health care prepayment plan (HCPP), directly or through a contractor, and other groups providing protection for their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive the information, they must agree to:
  - a. Certify that the individual about whom the information is being provided is one of its insured or employees, or is insured and/or employed by another entity for whom they serve as a third party administrator;
  - b. Utilize the information solely for the purpose of processing the individual's insurance claims; and
  - c. Safeguard the confidentiality of the data and prevent unauthorized access.

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

The inpatient rehabilitation facility needs the information contained in the IRF-PAI in order to comply with the Medicare regulations. Your inpatient rehabilitation facility will also use the IRF-PAI to assist in providing you with quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it difficult to evaluate if the facility is giving you quality services. If you choose not to provide information, there is no federal requirement for the inpatient rehabilitation facility to refuse you services.

#### CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal health information which that Federal agency maintains in its IRF-PAI System of Records: **Call 1-800-MEDICARE, toll free, for assistance in contacting the IRF-PAI System of Records Manager.**

**TTY for the hearing and speech impaired: 1-800-820-1202**

#### Who Do I Contact for Further Information?

To learn more about HIPAA, consult the Notice of Privacy Practices. For specific information or questions about your patient privacy rights or complaints, contact a Privacy Site Coordinator at any of the following locations:

- **St. John's Hospital: 417-820-2000**
- **St. John's Clinic: 417-829-4326**

#### You may also contact the Corporate Privacy Office for sites:

- **Outside Springfield: 1-888-664-4722 (1-888-MO-HIPAA)**
- **Inside Springfield: 417-820-6185**

#### Who Do I Contact for HIPAA Privacy Concerns?

Contact the St. John's website, [www.stjohns.com](http://www.stjohns.com), your local HIPAA Site Coordinator listed on page 11, or the Corporate Privacy Officer to obtain the following:

- Request for Access to PHI (to view your medical record)
- Accounting of Disclosure of PHI (to see a record of who has viewed your PHI)
- Request to Amend Medical Record (to make changes to your medical record)
- Request a Form for Filing a Privacy Complaint

EXPERIENCE

INNOVATION

TEAMWORK

VISION

COMPASSION

WISDOM

PRAYER

**For additional information:**

St. John's Rehabilitation  
Pre-admission Office – One South  
St. John's Hospital  
1235 East Cherokee  
Springfield, MO 65804

**417-885-6442**

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