



HEALTHSENSE
H O M E C A R E

**Client Handbook
Patient Information**

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Patient Rights

The Law provides certain rights as a home health patient. These include the right:

1. To exercise your rights as a patient of this Agency;
2. To have a family member or guardian exercise your rights if you are or are not judged incompetent;
3. To refuse care and services and have assistance in understanding and exercising his/her rights;
4. To have your property treated with respect;
5. To voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the Agency and must not be subjected to discrimination or reprisal for doing so;
6. To be informed in advance about the care to be furnished and of any changes in the care to be furnished;
7. To participate in the planning of the care and planning changes in the care or treatment;
8. To confidentiality of all clinical records maintained by this Agency. Information from your clinical records will not be released without consent, unless required by law:
 - To be informed that OASIS information will be collected and the purpose of the collection;
 - To have the information kept confidential;
 - To be informed that OASIS information will not be disclosed except for legitimate purposes allowed by Federal Privacy Acts;
 - To refuse to answer questions;
 - To see, review, and request changes on the consent.
9. To be informed before care is initiated both orally and in writing of:
 - The extent to which payment may be expected from Medicare, Medicaid, or any other federally funded program or private insurance known to this Agency;
 - The charges for services that will not be covered by Medicare or private insurance;
 - Any specific charges for services to be paid by client.
10. To be informed orally and in writing of any known change in these charges as soon as possible but no later than 30 working days from the date this Agency becomes aware of the change;
11. To lodge a complaint against this Agency or receive information regarding any Texas home health agency by calling the toll-free Texas Home Health Hotline at 1-800-458-9858. The Agency must investigate complaints made by the patient/patient's family/guardian regarding the treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the Agency and must document the existence of the complaint and the resolution of the complaint. The Hotline may also be utilized to lodge complaints

regarding implementation of the advanced directive requirement. The Home Health Hotline is answered 24 hours a day, 365 days a year;

12. To appropriate assessment and management of pain;
13. To be informed of services/products and equipment available directly or by contract;
14. To be informed of organization ownership and control;
15. To be informed of disciplines that will provide care and the proposed frequency of visits service;
16. To be informed of the Agency's policy on client advanced directives including a description of an individual's rights under State law (whether statutory or as recognized by the courts of the State) and how such rights are implemented by the Agency;
17. To receive service without regard to race, creed, gender, age, handicap, sexual orientation, veteran status, or lifestyle;
18. To receive service without regard to whether or not any advance directive has been executed;
19. To make informed decisions about care and treatment plans and to receive information in a way that is understandable to the client;
20. To be notified in advance of treatment options, transfers, when and why care will be discontinued;
21. To receive and access services consistently and in a timely manner in accordance with organization's stated operational policy;
22. To education, instructions, and requirements for continuing care when the services of the agency are discontinued;
23. To participate in the selection of options for alternative levels of care or referral to other organizations, as indicated by the client's need for continuing care;
24. To receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization;
25. To be referred to another provider organization if the organization is unable to meet the client's needs or if the client is not satisfied with the care they are receiving;
26. To be advised of the availability, purpose, and appropriate use of State, Medicare, and CHAP hotline numbers;
27. To not receive any experimental treatment without the client's specific agreement and full understanding of information explained;
28. To be free from any mental or physical abuse, or neglect or exploitation of any kind by the agency staff;
29. To confidentiality of the client's records and the organization's policy for accessing and disclosing of clinical records.

Advance Directives

How can I be sure that my desires and needs for medical treatment are followed if I become unconscious or incompetent?

Advance Directives are documents that provide instruction on health care for the patient when the patient is unable to speak for themselves. Texas Law allows Texans to sue different advance directives:

- Living Will/Directive to the Physician
- Out of Hospital DNR
- Medical Power of Attorney
- Declaration of Mental Health Statement

Living Will/Directive to the Physician

What is it?

Living Wills and Directives to the Physician are a type of advanced directive in which an individual puts in writing their wishes about medical treatment should they be unable to communicate at the end of life. The Texas directive permits the withholding or withdrawing of life-sustaining medical treatment in the event of an irreversible condition that would result in death without life-support. A Directive to the Physician cannot be used by anyone known to be pregnant.

What do I do?

- Decide for yourself what treatment you will and will not accept.
- Talk with family, clergy and/or friends.
- Complete the form.

Points to remember:

- You can change your **Living Will** at *any* time for *any* reason.
- Anyone 18 years or older can fill out a **Living Will**. Don't wait until you're sick.
- A **Living Will** goes into effect only when you have a terminal or irreversible illness.

The Agency recognizes an adult patient's/legal guardian's right under federal and state law to make decisions regarding medical care, including the right to formulate advance directives. The Agency will not withhold care based on whether or not the individual has an advance directive. However, if the Agency staff is unable to honor an advance directed elected by the patient, the patient will be notified and will be transferred to another appropriate agency/organization. Agency will not participate in the withdrawal of life sustaining care.

Out of Hospital Do Not Resuscitate (DNR) Order

What is it?

An Out of Hospital DNR Order is a medical order by a doctor that allows patients to refuse specific life-sustaining treatments outside the hospital.

Why do I need one?

An Out of Hospital DNR form or ID will tell health care providers *not* to use CPR and other life-sustaining techniques. If you do not have an Out of Hospital DNR Order, health care providers may do everything medically possible to revive you.

What do I do?

- Ask your healthcare provider for the Out of Hospital DNR Order.
- Complete the form. *Keep your original form.*
- Talk with family, clergy and/or friends.
- You can also notify health care providers of your decision by wearing an approved ID necklace or bracelet.

Points to remember:

- Anyone can use an Out of Hospital DNR Order.
- To show that you have an Out of Hospital DNR Order, you must have your original form or a copy of the completed form with you or wear an approved ID necklace or bracelet.
- The Out of Hospital DNR Order pertains to health care decisions, not to financial matters.

Medical Power of Attorney

What is it?

A form that allows you to appoint someone to make health care decisions for you if you are no longer able to make them for yourself.

Why do I need one?

So that someone you choose can speak for you when you cannot. If you have not named someone, a guardian may be appointed for you by a court.

What do I do?

- Choose your Medical Power of Attorney. Discuss your health care requests with this person.
- Complete the form.

Points to remember:

- You can change your Medical Power of Attorney at any time for any reason.
- Anyone 18 years or older can choose a Medical Power of Attorney. Don't wait until you're sick.
- The person you choose makes decisions for you only if you cannot make decisions for yourself.

Declaration of Mental Health Statement

What is it?

Under Texas law, a competent adult may declare their preference for mental health treatment should they become incapacitated in the future. The mental health treatment to be covered by the directive includes psychoactive medications, electroconvulsive or other convulsive treatment, emergency care and other preferences. The declaration only becomes effective should the person be declared to be incapacitated at a time later by a court of law. The form must be signed by two witnesses who will not benefit from the person's will and who are not related to or caring for the person completing the form. The witnesses must affirm that the person signing the declaration appeared to be of sound mind. The declaration remains in effect for 3 years unless the person becomes incapacitated, then the declaration stays in effect until the person is no longer incapacitated.

If you have not executed Advanced Directives and would like to, please ask your health care provider or your physician for the appropriate forms.

Scope of Services

- Skilled Nursing
- Infusion Therapy
- Pediatric Services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Worker

Patient Responsibilities

1. To provide medical and personal information necessary to plan and carry out care, including information on advanced directives.
2. To follow instructions agreed upon by you and the Agency and to inform when instructions are not followed.
3. To have and maintain contact with your physician to allow the physician to order and supervise your care.
4. To provide information and releases when required for billing purposes.
5. To allow the Agency to act on your behalf in filing appeals of denied payments of service and to the fullest extent possible in such appeals.
6. To be available to the staff for home visits at reasonable times.
7. To notify the Agency if you are going to be unavailable for a visits.
8. To provide a safe working environment for the home health staff.
9. To notify the Agency of any changes in treatment made.
10. To inform the Agency of any dissatisfaction with service or care.
11. To participate with the Agency staff in developing a patient/family Emergency Preparedness and Response Plan.

Agency Responsibilities

1. To be available to respond to the physician in a timely manner.
2. To submit written documentation and medical information to the physician in a timely manner, to include:
 - Plan of Care
 - Clinical Update Summaries
 - Discharge Summary
3. To follow the Plan of Care as ordered by the physician.
4. To notify the physician of changes in the patient's status.

Non-Discrimination

Agency does not discriminate:

- In admissions or treatment on the basis of race, color or national origin.
- In admissions, access to, or treatment on the basis of disability.
- On the basis of age in the provision of services (except where age is a factor necessary to normal operation or achievement of statutory objectives).

Rights of the Elderly

Section 102.001 Definitions

1. "Convalescent and nursing home" means an institution licensed by the Department of Aging and Disability Services under Chapter 242, Health and Safety Code.
2. "Home health services" means the provision of health service for pay or other consideration in a patient's residence regulated under Chapter 142, Health and Safety Code.
3. "Alternate care" means services provided within an elderly individual's own home, neighborhood, or community, including:
 - a. Day care,
 - b. Foster care,
 - c. Alternative living plans, including personal care services, and
 - d. Supportive living services, including attendant care, residential repair, or emergency response services.
4. "Person providing services" means an individual, corporation, association, partnership, or other private or public entity providing convalescent and nursing home services, home health services, or alternate care services.
5. "Elderly individual" means an individual 60 years of age or older.

Section 102.002 Prohibition

1. A person providing services to the elderly may not deny an elderly individual a right guaranteed by this chapter.
2. Each agency that licenses, registers, or certifies a person providing services shall require the person to implement and enforce this chapter. A violation of this chapter is grounds for suspension or revocation of the license, registration, or certification of a person providing services.

Section 102.003 Rights of the Elderly

1. An elderly individual has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The elderly individual has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.
2. An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age disability, marital status, or source of payment. This means that the elderly individual:
 - a. Has the right to make the individual's own choices regarding the individual's personal affairs, care, benefits, and services;
 - b. Has the right to be free from abuse, neglect, and exploitation, and

- c. If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individual's affairs.
3. An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the elderly individual or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel.
4. A mentally retarded elderly individual with a court-appointed guardian of the person may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian.
5. An elderly individual may not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care, or services.
6. An elderly individual may complain about the individual's care or treatment. The complaint may be made anonymously or communicated by a person designated by the elderly individual. The person providing the service shall promptly respond to resolve the complaint. The person providing services may not discriminate or take other punitive action against an elderly individual who makes a complaint.
7. An elderly individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals unless providing privacy would infringe on the rights of other individuals. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. An elderly person may send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an elderly individual is married and the spouse is receiving similar services, the couple may share a room.
8. An elderly individual may participate in activities of social, religious, or community groups unless the participation interferes with the rights of other persons.
9. An elderly individual may manage the individual's personal financial affairs. The elderly individual may authorize in writing another person to manage the individual's money. The elderly individual may choose the manner in which the individual's money is managed, including a money management program, a representative payee program, a financial power of attorney, a trust, or similar method, and the individual may choose the least restrictive of these methods. A person designated to manage an elderly individual's money shall do so in accordance with each applicable program policy, law, or rule. On request of the elderly individual or the individual's

representative, the person designated to manage the elderly individual's money shall make available the related financial records and provide an accounting of the money. An elderly individual's designation of another person to manage the individual's money does not affect the individual's ability to exercise another right described by this chapter. If an elderly individual is unable to designate another person to manage the individual's affairs and a guardian is designated by a court, the guardian shall manage the individual's money in accordance with the Probate Code and other applicable laws.

10. An elderly individual is entitled access to the individual's personal and clinical records. These records are confidential and may not be released without the elderly individual's consent, except the records may be released:
 - a. To another person providing services at the time the elderly individual is transferred; or
 - b. If the release is required by another law.
11. A person providing services shall fully inform an elderly individual, in language that the individual can understand, of the individual's total medical condition and shall notify the individual whenever there is a significant change in the person's medical condition.
12. An elderly individual may choose and retain a personnel physician and is entitled to be fully informed in advance about treatment or care that may affect the individual's well-being.
13. An elderly individual may participate in an individual plan of care that describes the individual's medical, nursing and psychosocial needs and how the needs will be met.
14. An elderly individual may refuse medical treatment after the elderly individual:
 - a. Is advised by the person providing the services of the possible consequences of refusing treatment; and
 - b. Acknowledges that the individual clearly understands the consequences of refusing treatment.
15. An elderly individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals.
16. An elderly individual may refuse to perform services for the person providing services.
17. Not later than the 30th day after the date the elderly individual is admitted for service, a person providing services shall inform the individual:
 - a. Whether the individual is entitled to benefits under Medicare or Medicaid; and
 - b. Which items and services are covered by these benefits, including items or services for which the elderly individual may not be charged.
18. A person providing services may not transfer or discharge an elderly individual unless:
 - a. The transfer is for the elderly individual's welfare, and the individual's needs cannot be met by the person providing services;

- b. The elderly individual's health is improved sufficiently so that services are no longer needed;
 - c. The elderly individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made;
 - d. The person providing services ceases to operate or to participate in the program that reimburses the person providing services for the elderly individual's treatment or care; or
 - e. The elderly individual fails, after reasonable and appropriate notices, to pay for services.
19. Except in an emergency, a person providing services may not transfer or discharge an elderly individual from a residential facility until the 30th day after the date the person providing services provides written notice to the elderly individual, the individual's legal representative, or a member of the individual's family stating:
- a. That the person providing services intends to transfer or discharge the individual;
 - b. The reason for the transfer or discharge listed in Subsection(R);
 - c. The effective date of the transfer or discharge;
 - d. If the individual is to be transferred, the location to which the individual will be transferred; and
 - e. The individual's right to appeal the action and the person to whom the appeal should be directed.
20. An elderly individual may:
- a. Make a living will or be executing a directive under the Natural Death Act (Chapter 672, Health and Safety Code);
 - b. Execute a durable power of attorney for health care under Chapter 135, Civil Practice and Remedies Code; or
 - c. Designate a guardian in advance of need to make decisions regarding the individual's health care should the individual become incapacitated.

Section 102.004 List of Rights

1. A person providing services shall provide each elderly individual with a written list of the individual's rights and responsibilities, including each provision of Section 102.003, before providing services or as soon after providing services as possible, and shall post the list in a conspicuous location.
2. A person providing services must inform an elderly individual of changes or revisions in the list.

Section 102.005 Rights Cumulative

The rights described in this chapter are cumulative of other rights or remedies to which an elderly individual may be entitled under law.

Abuse, Neglect and Exploitation Policy (ANE)

Definitions (Human Resources Code Chapter 48.401 and 48.402)

1. "Agency" means an entity licensed under Chapter 142, Health and Safety Code.
2. "Employee" means an individual who:
 - a. Is directly employed by the Agency, a contractor, or a volunteer;
 - b. Provides personal care services, active treatment, or any other personal services to an individual receiving agency services; and
 - c. Is not licensed by the state to perform the services the person performs for the agency.
3. "Employee misconduct registry" means the employee misconduct registry established under Chapter 253, Health and Safety Code.
4. "Executive director" means the executive director of the Department of Family and Protective Services.
5. "Reportable conduct" includes:
 - a. Abuse or neglect that causes or may cause death or harm to an individual receiving agency services;
 - b. Sexual abuse of an individual receiving agency services;
 - c. Financial exploitation of an individual receiving agency services in an amount of \$25 or more; and
 - d. Emotional, verbal, or psychological abuse that causes harm to an individual receiving agency services.
6. "Adult abuse" includes:
 - a. The negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly or disabled person by the person's caretaker, family member, or other individual who has an ongoing relationship with the person; or
 - b. Sexual abuse of an elderly or disabled person, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Section 21.08, Penal Code (indecent exposure) or Chapter 22, Penal Code (assaultive offenses), committed by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.
7. "Adult exploitation" means the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person.
8. "Adult neglect" means the failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.

9. "Child abuse" includes the following acts or omissions by a person:
 - a. Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;
 - b. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
 - c. Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;
 - d. Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child;
 - e. Sexual conduct harmful to the child's mental, emotional, or physical welfare;
 - f. Failure to make a reasonable effort to prevent sexual conduct harmful to a child;
 - g. Compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code;
 - h. Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by Chapter 481, Health and Safety Code, or pornographic;
 - i. The current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child; or
 - j. Causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code.
10. "Child neglect" includes:
 - a. The leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child; the following acts or omissions by a person:
 - b. Placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;
 - c. Failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of

death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;

- d. The failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused; or
- e. Placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or
- f. The failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.

11. "Cause to believe" means that an individual knows or suspects.

Policy

Agency employees/contractors will be aware of the signs and symptoms indicating possible abuse, neglect and/or exploitation and will sign (upon hire) an acknowledgement affirming compliance with agency policy. They are legally obligated to report suspected abuse, neglect and/or exploitation, as defined in the definition section as reportable conduct, to the Texas Department of Family and Protective Services [DFPS] (1-800-252-5400) and the Department of Aging and Disability Services [DADS] (1-800-458-9858) and Agency management.

If there is cause to believe abuse, neglect or exploitation of the client has occurred by an Agency employee, representative, volunteer or contractor, the incident(s) will be reported to DFPS and DADS immediately upon witnessing the act or upon receipt of the allegation.

Agency or staff members will not implement retaliatory action against any individual who reports suspected adult patient abuse, neglect and/or exploitation.

Client will be informed of this policy, verbally and in writing, during the admission process.

Procedure

1. Agency staff/contractor/representative will:
 - 1.1 Immediately report assessment of patient's condition which might indicate abuse/neglect to Agency supervisor, symptoms that may indicate a need for further investigation may include the following:

- Injuries to the trunk of the body that indicate intentional rather than accidental;
 - Injury with a patterned appearance to it, i.e., marks from a belt or a ring;
 - Bruised skin from a grasp;
 - Patient that reports an abusive incident;
 - When appropriate, acquire input from other disciplines providing patient care regarding concerns.
2. The Agency Management will:
 - 2.1 Initiate an investigation of known or alleged acts of abuse, neglect or exploitation immediately upon witnessing the act or upon receipt of the allegation.
 - 2.2 Agency employees, representatives or contractors suspected of abuse, neglect or exploitation will be suspended immediately and an investigation will be conducted by the Agency.
 - 2.3 If there is cause to believe abuse, neglect or exploitation of the client has occurred by a staff member, representative, volunteer, or contractor, the incident(s) will be reported to DFPS and DADS immediately. The Agency will continue its investigation.
 - 2.4 Report findings and intentions to report the suspected abuse to the patient's attending physician. Medical Social Services may be ordered by the physician, as appropriate.
 3. Agency will send a written report, using the Provider Investigation form, of the investigation to DADS state office no later than the **tenth day** after reporting the act to DADS and DFPS of suspected abuse, neglect or exploitation. Documentation will be kept confidential by the Agency to the extent required by state law.

Copies of reports filed with the state or local law enforcement will be tracked and kept by the Agency.

4. Incidents of Family Violence shall be reported to a local law enforcement agency.
5. Reports of child abuse or child neglect will be filed immediately with DFPS, local law or state law enforcement agency, the state agency that operates, licenses, certifies, or registers the Agency in which alleged abuse occurs or other state agency as appropriate, but no later than the **48th** hour after the discovery or suspicion. The Child Abuse report will identify the following, if known:
 - Name and address of the child;
 - The name and address of the person responsible for the care, custody, or welfare of the child; and
 - Any other pertinent information concerning the alleged suspected abuse or neglect.
6. If any Agency employee or contractor is suspected of abuse, neglect or exploitation, the employee will be suspended immediately and an investigation will be conducted by the Agency/State agency. If the investigation validated the claim, the employee or contractor will be

terminated and the incident(s) reported to appropriate state department, state licensing board or law enforcement official.

Drug Free Workplace Policy

Purpose

To establish procedures for a "drug-free workplace."

Policy

Agency conducts "for cause" only drug testing of its employees. Our agency does not pre-screen employees for illegal substances prior to employment.

Agency will provide a copy of the policy to anyone applying for services from the agency, employees on hire and any person who requests the information.

All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on agency paid time. Violation of this policy can result in disciplinary action, up to and including termination of employment.

Employees who have direct contact with clients will be subject to "for cause" (reasonable-suspicion testing) when the Agency or its client has reason to believe that drug or alcohol problem exists or a violation of the policy has occurred, or post-accident/near-miss accident or an incident where an injury or property damage did or might occur. Agency further reserves the right to perform "for cause" drug testing on any employee upon written notice.

In order to implement both the Agency policy and to be in compliance with the Federal Law, employees are notified that:

All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on agency paid time. Violation of this policy can result in disciplinary action, up to and including termination of employment.

Rationale

The Agency and its employees must be alert, responsive and able to perform work in a safe and productive manner. Working "under the influence" of drugs

or alcohol creates a risk to the safety and well being of the individual and patient.

Procedure

1. The Agency educates all employees during orientation and patients upon admission regarding the drug testing policy.
2. Employees must sign acknowledgement of receipt of policy. A signed statement will be maintained in the employee personnel file.
3. All employees are responsible to report instances of possible abuse. Reported instances of abuse will be thoroughly and confidentially investigated. Management personnel will terminate the employee, if results of the investigation indicate alcohol/drug use or abuse.
4. The employees are notified of the following:
 - There are substantial dangers of drug and alcohol abuse in the workplace.
 - It is the Agency policy to maintain a workplace free of illegally used drugs and abuse of alcohol.
 - Management and the Human Resources Department are prepared to advise what counseling and rehabilitation programs are available.
 - The Agency may at its sole discretion, require an employee to participate in an appropriate counseling and rehabilitation program as the result of substance abuse violations. Refusal to participate in such program and to submit to "for cause" (reasonable-suspicion testing) during the course of treatment for a reasonable period of time will be grounds for termination.
 - Employees taking legally prescribed or over-the-counter drugs that might impair mental or physical functions, must notify management prior to reporting to work and/or prior to taking after the start of work. A doctor's note may be required.
 - Employees must notify management of drug convictions within five days of such conviction. Management will notify Human Resources immediately.
 - If the employee is performing services under a government contract, the Agency will notify the government contacting officer within ten days of the Agency's receipt of a notice of conviction.

5. The Agency may require an employee to submit to drug and/or alcohol screening under the following circumstances:
 - The Agency will comply with the reasonable contractual requirements of alcohol and/or drug testing of employees.
 - Employees will be subject to post-accident (“for cause”) testing if involved in an on-the-job accident, near-miss accident, or an incident where injury or property damage did occur or might have occurred.
 - Employees will be subject to reasonable-suspicion (“for cause”) testing when the problem exists or a violation of the policy has occurred.
 - Employees may be required to submit to drug testing when required by state or federal law, regulation or contractual obligation not otherwise anticipated by this policy.

6. Method and Type of drug testing:
 - Illegal substance testing done by Kroll Screen® One Step On Site Drug Cup® testing for: THC (marijuana), Cocaine, Morphine, Methamphetamines, and Amphetamines.
 - Alcohol screening done by Clinical Pathology Laboratories