

Welcome to CHI Health

On behalf of the nurses, doctors and other members of our healthcare team, thank you for choosing CHI Health. As your healthcare partners, we will work with you and your family to provide a healing environment and attend to your needs.

Please review this Patient Handbook for information that will be helpful during your stay, and share it with your family. If you have questions, we will be happy to answer them for you. Please let a member of your healthcare team know what we can do to make you and your family more comfortable during your stay. Thank you.

Mission

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the church, supported by education and research. Fidelity to the gospel urges us to emphasize human dignity and social justice as we create healthier communities.

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While You Are With Us

Providing for Your Comfort, Security and Safety

Supporting Your Spiritual Needs

We recognize the healing benefits that religious and spiritual practices may play in your life. There are chaplains who are uniquely qualified to support you, and who are available at your request. Should you wish to speak with a chaplain, please contact your nurse or the Pastoral Care department. Contact information is listed in the Directory & Notes section of this Patient Handbook.

Helping You With Difficult Decisions

Today's healthcare environment can present challenging questions for patients and their loved ones. Knowing which decision to make, which direction to turn, or which course of action to take can seem overwhelming.

Members of the Ethics Consultation Team are available to meet with patients and families to help explore and understand these challenges. To arrange for an ethics consultation please talk to your healthcare provider, or contact the Ethics Center directly. Contact information can be found in the Directory & Notes section of this Patient Handbook.

Meeting Your Communication Needs

Patients with communication assistance needs will find support through our Language Access Department. They are here to provide communication and language assistance through written document translation, in-person interpretation, telephonic interpretation, and video remote interpreting for limited and non-English speaking patients. Language assistance services and assistive devices are also available for people with vision, hearing or speech assistance needs. All Language Access services will be provided at no cost to patients.

If you would like information about or assistance from our Language Access Department, contact your healthcare provider, or call the Language Access Department directly. Contact information can be found in the Directory & Notes section of this Patient Handbook.

Providing Services for the Physically Challenged

Accommodations for wheelchair access and other physical challenges, and assistance for those with vision, hearing or speech assistance needs are offered at no cost to patients. Your healthcare provider can help you get assistive devices and can provide you with additional information about services to accommodate your specific needs.

Reviewing Your Medical Records

If you would like to review your medical record, talk with your healthcare provider, who will make sure you find the information that you need.

Patient Education For Use Of Personal Medications

For ALL patients within an CHI Health facility

- Medication safety is very important at CHI Health.
- We have many safety systems in place to ensure the safe use of medications within our hospitals. These include:
 - Bar Code Medication Administration (BCMA)
 - Smart Infusion Pump Technology
 - Electronic medical records that check for drug interactions with other medications, lab values, and disease states.
- Personal medications which are brought in from home do not go through these important safety checks.
- For these reasons at CHI Health, we require that patients use hospital-provided medications whenever possible.*
- Additionally, in our facilities, we do not allow use of alternative (or herbal) medications that are not regulated by the FDA. These medications will be stopped while you are in the hospital.

For patients In outpatient or observation status within an CHI Health facility

If you have Medicare

- There is limited coverage for an observation/outpatient hospital stay.
- You will receive a bill for services/medications not covered under Medicare, including any co payments/deductibles not met.
- Medicare may not cover a self-administered medication. These include any medication you could give yourself at home. These medications may be ones you are currently on or new medications you receive while in the hospital. Examples are oral medications, eyedrops, ointments, and certain injections such as insulin."
- Because patient safety is our top priority and concern, our policy does not allow you to take your own personal medications while you are under our care in the hospital. The reasons for this are outlined above.

Please note: To assure your safety during your hospital stay, the use of personal medications is generally not allowed. However, there are some exceptions (for example, eye drops and medications that are not available in the hospital pharmacy). Please review your personal medication list with your nurse and care team members for more information.

Ensuring Your Safety and the Safety of Those Around You

Overhead Announcements

At times you will hear overhead announcements requiring our staff to respond to pages, emergencies and severe weather announcements. When an overhead announcement requires patient action, our staff will assist you.

Securing Your Personal Property

While CHI Health recognizes your right to have your personal property with you if there is no risk to your safety or care, we remind you that you are responsible for all items you bring to our facilities. CHI Health is not liable if any of these items are lost or damaged. For this reason, we recommend that you leave personal items such as jewelry, cellular phones, laptop computers or other electronics, large amounts of cash or other high-value items at home or give them to a friend or relative during your visit.

In addition, let us know if you find anything that may belong to someone else in your room or care area. And before you leave for home, please take a moment to check your room or care area to be sure you have not forgotten any of your personal items and picked up anything that is not yours. Please check with your healthcare provider before taking any medical equipment or supplies home with you.

If you have any special needs regarding your personal property or if you would like to find out if there is a safe place for you to store your personal items during your visit, please contact your healthcare provider.

Assuring Your Personal Safety

For the safety of you, your family, your friends, other patients, visitors and CHI Health staff, weapons and contraband of any kind (eg: illegal substances, intoxicating beverages, unlabeled medications and any other items which present a danger to the life, health, and/or safety of the patient or others) are prohibited in all CHI Health facilities.

Ensuring a safe and Healthy Environment

To provide a safe and healthy environment, CHI Health is tobacco-free. We encourage healthy lifestyles that reduce the health risks for our patients, visitors and employees and ask that you not use tobacco products in the facility or on our property. Tobacco treatment information can be found in the Patient Care and Safety section of this Patient Handbook, and contact information for tobacco treatment programs at CHI Health and in the community can be found in the Directory and Notes section of this Patient Handbook.

The Use of Cameras, Cellular Phones, Laptop Computers and Personal Electronic Devices

Please be considerate of those around you when you use cameras, cellular phones, laptop computers or other personal electronic devices.

Any photos or video images taken within CHI Health facilities is limited to close-up pictures of the patient and the patient’s family members or friends. This includes images taken by standard or digital cameras, cell phone cameras, and computer webcam.

In general, taking photos or video images of the inside of the facility, other patients, staff, volunteers or others is prohibited. Certain exceptions might apply. For more information, please contact your healthcare provider.

On some occasions and in some areas, you may be asked to turn off or not use cameras, cellular phones, laptop computers and other personal electronic devices. If you have questions, or if you would like to be directed to an area where you may use these, please contact your healthcare provider.

In some areas of our facilities, there may be access to wireless Internet connections. If you need more information about this service, please contact your healthcare provider.

Hospitalist Service

The hospitalist service at CHI Health provides you and your family with increased attention from and access to a doctor or nurse practitioner during a hospital stay. The hospitalist team closely monitors the care of hospital patients from admission to discharge and is available throughout the day to answer the patient’s questions and guide the patient’s treatment. The CHI Health Hospitalist service is not available in all locations. For more information on the CHI Health Hospitalist service, please contact your healthcare provider.

Teaching and Research

CHI Health is involved in teaching healthcare professionals and conducting medical research. At some of our facilities, medical, nursing and other students in the healthcare professions will be present, and may be involved with your treatment. Medical residents and fellows may also work with your care team to provide your care. Research that involves looking at your medical records and other medical information will be done in such a way that your identity is protected unless you give us your written consent to do otherwise. No treatments, procedures or studies solely for research purposes will be done without your written consent. For more information about the teaching and research role of CHI Health, talk with your healthcare team.

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Your Rights and Responsibilities

Caring for the Body, Mind and Spirit of Every Person We Serve

At CHI Health we will honor your rights and help you with your responsibilities as much as we can. We ask that you take an active role in your care. We also ask that you respect rights of other patients, visitors and those who care for you. We will let you know if we cannot honor your rights because of concerns for your treatment or safety, or for the treatment or safety of others, because of special needs related to your medical care, or because of any other legal or ethical reasons. More information about your rights and responsibilities is found here. Please talk with your healthcare provider if you have questions about your rights and responsibilities.

Your Rights as a CHI Health Patient

Know Your Rights & Responsibilities – You have the right:

- To be informed of your rights and responsibilities upon admission.

Dignity and Respect – You have the right:

- To be treated in a way that respects your dignity as a person and respects your values, beliefs and preferences for your healthcare.
- To receive healthcare that respects cultural, spiritual and religious needs.
- To be treated without discrimination no matter what.
- To prompt response to reasonable requests for services.
- To have your personal items with you, if you would like, and if there is no risk to your safety or care.
- To have any family member, friend or other individual you choose present for support and to limit visits from support persons and other individuals as you so choose.
 - Patients have the right to consent to receive, and to receive, visits from any person they designate as a visitor. This includes, but is not limited to, a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend. Patients also have the right to withdraw consent for specific visitors. Consent and the withdrawal of consent can be done orally or in writing.
 - Visits to patients may be limited or restricted by the care team when there are concerns for the health, treatment, safety or privacy of the patient or others, when there are special needs related to patient care and treatment, or for other legal or organizational reasons. Patients and/or their surrogates will be notified if such limitations or restrictions are needed.
 - Ask your healthcare team for more information about our visitation policy.

Safety and Comfort – You have the right:

- To receive treatment for your pain.
- To receive healthcare provided by competent staff in a safe and secure environment.
- To be free from any kind of restraint or seclusion that is not medically necessary.
- To receive your healthcare in an environment free from abuse, harassment, neglect or exploitation.
- To receive information about patient advocacy services, such as domestic violence resources, adult or child protective services programs, and guardianship and conservatorship resources.

Privacy and Confidentiality – You have the right:

- To have your privacy protected during your care. More information can be found in the “Notice of Privacy Practices” information at the end of this section.
- To make private telephone calls and to have private conversations with your healthcare team members and with your visitors, unless there are therapeutic, safety or security reasons that indicate otherwise.
- To have your medical records and personal healthcare information kept confidential.
- To decide who should or should not receive information and be involved in discussions about your healthcare.
- To know that there may be monitoring and/or recording equipment throughout the facility for your care and safety.

Information and Communication - You have the right:

- To participate in the planning of your care.
 - To ask questions and receive information about your healthcare and treatment options.
 - To receive instructions and education about your care *before it is provided* and as changes are made in your plan of care.
- To receive information about healthcare and treatment options, including those options for care at the end of life.
- To look at the information in your medical record with the help of your healthcare team.
- To receive healthcare information in a way that you can understand.
- To have medically-trained interpreters available to help you with your language assistance needs if needed, and at no cost to you.
- To know the names and professional status of your healthcare team members.
- To ask for information about your bill, including an itemized explanation of charges.
- To be notified of the cost of your care in a timely manner if a third party payer (such as an insurance company or Medicare) ends your coverage eligibility.
- To have your doctor and your representative notified if you are admitted to the hospital.
- To receive information about doctor ownership in the hospital.
- To be notified when the hospital does not have doctor coverage 24 hours a day, 7 days a week.
- To exercise your right to vote in elections while you are an admitted patient in an CHI Health facility.

Making Decisions About Your Healthcare – You have the right:

- To make informed decisions about your healthcare and treatment, and to participate in the development of your plan of care.
- To be given information about your healthcare including:
 - your diagnosis, prognosis and healthcare options;
 - risks and benefits of treatments;
 - expected and unexpected outcomes of treatments; and
 - discharge and transfer plans.
- To decide which healthcare treatment options you do or do not want to accept (to the extent permitted by law.)
- To seek the opinion of additional healthcare providers. (You may need to pay for these costs.)
- To transfer your care to another healthcare provider.
- To choose whether or not to participate in medical research (sometimes called “clinical trials”) to test new medications or treatments.
- To name someone to make decisions on your behalf when you are physically or mentally unable to make them yourself or if you are not of legal age according to state law.
- To leave the facility against your doctor’s medical advice, to the extent permitted by law, with the understanding that you (not your doctor, other healthcare team member or the healthcare facility) will be responsible for any harm to you or others as a result.

Advance Directives and Organ, Tissue, and Eye Donation – You have the right:

- To ask for written information about completing Advance Directives documents.
 - *Ask your chaplain or healthcare provider for more information about Advance Directives.*
- To complete or update Advance Directives documents.
- To have your Advance Directives documents placed in your medical record.
- To have your Advance Directives documents honored, or to be notified about why your healthcare providers cannot honor preferences.
- To have your preferences about organ, tissue, and eye donation honored.

Voicing Your Concerns – You have the right:

- To share your concerns openly and confidentially with your healthcare providers and CHI Health management.
- To report a formal grievance with CHI Health or with an outside agency without discrimination or fear of reprisal; and to have your concerns and grievances addressed..
- Formal grievances can be reported by
 - Talking with your healthcare providers or with CHI Health management
 - Calling an CHI Health Patient Action Line (Patient Action Lines phone numbers can be found in the Directory & Notes section of the Patient Handbook.)
 - Contacting an outside agency. (Contact information can be found in the Directory & Notes section of the Patient Handbook).

Your Responsibilities as a CHI Health Patient

As an CHI Health patient, it is your responsibility:

- To treat other patients and visitors, your healthcare team, and CHI Health staff and volunteers with dignity and respect.
- To respect the rights of other patients and their caregivers.
- To follow CHI Health rules and guidelines while in our care.
- To give correct and complete information about yourself, and your current and past health.
- To ask questions when you do not understand any information about your healthcare.
- To be involved in setting goals for your care and making decisions about your treatment.
- To work with your healthcare providers to meet your goals and carry out your decisions.
- To follow the treatment plan recommended by your healthcare providers while in our facilities.
- To report changes in your condition or your treatment plan to your healthcare providers during and after your visit.
- To maintain treatment recommended by your doctor when you leave the facility, or to notify your doctor of any changes in your treatment plan.
- To take responsibility for the outcomes of refusing treatment or not following the instructions of your healthcare providers.
- To provide us with a copy of your current Advance Directives documents.
- To bring your current insurance card, Medicare card, Medicaid card or other identification card to your visits.
- To check with your insurance before your visit to complete any pre-certification needs.
- To take care of financial obligations for your care as soon as possible.
- To ask about our financial counselors and the Financial Assistance program if you would like help with your financial obligations.
- To tell us about any concerns you have about your safety and comfort.
- To tell us if you are not satisfied with your care.

According to Nebraska law, assaulting a healthcare professional who is engaged in the performance of his or official duties is a felony.

Notice *of* Privacy Practices



Effective Date: 4/2003; Revised 5/2014

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

If you have any questions about this notice, please contact the CHI Health Privacy Office at 402-717-1730 or 1-877-933-2877.

Definitions

Notice of Privacy Practices (The Notice) – a written notice in compliance with the requirements of Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009, made available from CHI Health to an individual or the individual’s personal representative at the first delivery of service, or at the individual’s next visit following a revision to the Notice, that describes the uses and disclosures of protected health information that may be made by CHI Health and the individual’s rights and CHI Health’s legal duties with respect to protected health information.

Protected Health Information (PHI) – individually identifiable health information that is transmitted or maintained in any form or medium, including electronic media. Protected health information does not include employment records held by CHI Health in its role as an employer.

CHI Health, an affiliate member of Catholic Health Initiatives (CHI), and other affiliated members of CHI participate in an Organized Health Care Arrangement (OHCA) in order to share health information to manage joint operational activities. A complete list of CHI affiliated members is available at www.catholichealthinitiatives.org by clicking on “Locations”. A paper copy is available upon request. The CHI OHCA may use and disclose your health information to provide treatment, payment, or health care operations for the affiliated members such as integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities.

CHI Health (see www.alegentcreighton.com for locations), Saint Elizabeth Regional Medical Center, The Physician Network, Saint Francis Medical Center, Good Samaritan Hospital, Good Samaritan Outreach Services, St. Mary’s Community Hospital and Nebraska Heart Hospital, including medical staff members and allied health professionals with clinical privileges, participate in an OHCA to manage their joint operating activities similar to the CHI OHCA, known as the CHI NE OHCA. The CHI NE OHCA may use and disclose your health information to provide treatment, payment, or health care operations for the affiliated members such as integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment. We will use your health information to provide you with health care treatment and to coordinate or manage services with other health care providers, including third parties. We may disclose all or any portion of your health information to your attending physician, consulting physician(s), nurses, technicians, health profession students, or other facility or health care personnel who have a legitimate need for such information in order to take care of you. Different departments of the facility will share your health information in order to coordinate the health care services you need, such as prescriptions, lab work and X-rays. We may disclose your health information to family members or friends, guardians or personal representatives who are involved with your health care. We may also use and disclose your health information to contact you for appointment reminders and to provide you with information about possible treatment options or alternatives and other health-related benefits and services. We also may disclose your health information to people outside the facility who may be involved in your health care after you leave the facility, such as other physicians involved in your care, specialty hospitals, skilled nursing care facilities, and other healthcare-related services. We may use and disclose your health information to prescription networks to obtain your prescription benefits from payers, to obtain your medication history from different health care providers in the community such as pharmacies, and to send your prescriptions electronically to your pharmacy.

For Payment. We will use and disclose your health information for activities that are necessary to receive payment for our services, such as determining insurance coverage, billing, payment and collection, claims management, and medical data processing. For example, we may tell your health plan about a treatment you are planning in order to receive approval or to determine whether your plan will pay for the proposed treatment. We may disclose your health information to other health care providers so they can receive payment for health care services that they provided to you, such as your personal physician, and other physicians involved in your health care such as an anesthesiologist, pathologist, radiologist, or emergency physician, and ambulance services. We may also give information to other third parties or individuals who are responsible for payment for your health care, such as the named insured under the health policy who will receive an explanation of benefits (EOB) for all beneficiaries who are covered under the insured's plan.

For Health Care Operations. We may use and disclose your health information for routine facility operations, such as business planning and development, quality review of services provided, internal auditing, accreditation, certification, licensing or credentialing activities (including the licensing or credentialing activities of health care professionals), medical research and education for staff and students, assessing your satisfaction with our services, and to other healthcare entities that have a relationship with you and need the information for operational purposes. We may use and disclose your health information to the external agencies responsible for oversight of health care activities such as the The Joint Commission, external quality assurance and peer review organizations, and credentialing organizations. We may also disclose health information to business associates we have contracted with to perform services for or on our behalf such as patient satisfaction survey organizations. We may also disclose your health information to medical device manufacturers or pharmaceutical companies in order for those companies to carry out their legal obligations to state and federal agencies.

CHI Health Information Exchange. CHI Health, as a member of the CHI OHCA, participates in the CHI Health Information Exchange (HIE). Your health information is maintained electronically and healthcare providers, employed, under contract, or otherwise associated with CHI Health, and the CHI OHCA members may access, use, and disclose your health information for treatment, payment, and healthcare operations.

Nebraska Health Information Initiative. CHI Health participates in the Nebraska Health Information Initiative ("NeHII"), a statewide internet-based health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may 'opt-out' and prevent searching of your health information available through NeHII, by calling 1-866-978-1799, or completing and submitting an 'Opt-Out' form to NeHII, by mail, fax or through their website at www.nehii.org.

Shared Electronic Health Record. CHI Health uses a shared electronic health record that allows our workforce and the workforce at other health care facilities and health care providers to store, update, access, and use your health information. We do this so it is easier for your health care providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. For example, if your personal doctor takes part in the shared electronic health record, then he/she can see when you have visited other facilities and providers that also participate in the shared electronic health record and the treatment you received.

If you receive care from more than one provider who enters information into the shared electronic health record, your health information will be combined into one record. Once information is combined, it cannot be separated in the future.

CHI Health participates in an OHCA with other health care providers who use the shared electronic health record. The participants in the shared electronic health record OHCA have agreed, as permitted by law, to share and update your health information among themselves for purposes of treatment, payment or health care operations. This arrangement enables us to better address your health care needs. The organizations participating in the shared electronic health record OHCA are not in any way providing health care services mutually or on each other's behalf. They are separate health care providers and each is individually responsible for its own activities, including compliance with privacy laws, and all health care services it provides. For a list of the health care providers that participates in the shared electronic health record OHCA, please contact the manager of business development for Community Connect at (402) 717-2660.

Facility Directory. The facility directory is available so that your family, friends, and clergy can visit you and generally know how you are doing. We may include your name, location in the facility, your general condition (for example, fair or stable, and your religious affiliation in the facility directory. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your name and religious affiliation may be given to a member of the clergy such as a priest or rabbi, even if they don't ask for you by name. You must notify the personnel registering you. You may also tell your CHI Health caregiver verbally or in writing if you do not want us to release information about you in the facility directory. If you do not want information released in the facility directory, we cannot tell members of the public such as flower or other delivery services or friends and family that you are here or about your general condition.

Future Communications. We may provide communications to you with newsletters or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our facility is participating.

Fundraising Activities. We may use your health information, or disclose your health information to a foundation related to us for CHI Health's fundraising efforts. These funds would be used to expand and improve services and programs we provide to the community. We would only release information such as your name, address, other contact information, age, gender, dates of birth, health insurance status, the dates you received treatment or services from us, the department of service and the outcome of those services. You have a right to opt out of receiving such communications. To opt out of these communications, contact CHI Health Foundation at 12809 West Dodge Road, Omaha, NE 68154 or call 402-343-4438.

Research. We may use and disclose your health information to researchers either when you authorize the use and disclosure of your health information, or the CHI Health Institutional Review Board of Record and/or Privacy Board approves an authorization waiver for the use and disclosure of your health information for a research study.

Organ and Tissue Donation. If you are an organ donor, we may release your health information to organizations that handle organ procurement and transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW

Subject to requirements of federal, state and local laws, we are either required or permitted to report your health information for various purposes. Some of these reporting requirements and permissions include:

Public Health Activities. We may disclose your health information to public health officials for activities such as for the prevention or control of communicable disease, bioterrorism, injury, or disability; to report births and deaths; to report suspected child, elder, or spouse abuse or neglect; to report reactions to medications or problems with medical products; to report information to the federal Centers for Disease Control or to authorized national or state cancer registries for their data aggregation.

Disaster Relief Efforts. We may disclose your health information to an entity assisting in a disaster relief effort, such as the American Red Cross, so that your family can be notified about your condition and location.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law. Such agencies include federal Centers for Medicare and Medicaid Services, and state medical or nursing boards. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor activities such as health care treatment and spending, government programs, and compliance with civil rights laws.

Judicial or Administrative Proceeding. We may disclose your health information in response to a legal court or administrative order, a subpoena, discovery request, civil or criminal proceedings, or other lawful process.

Law Enforcement. We may release your health information if asked to do so by a law enforcement official or if we have a legal obligation to notify the appropriate law enforcement or other agencies:

- In response to a court order, subpoena, warrant, summons or similar legal process;
- Regarding a victim or death of a victim of a crime in limited circumstances;
- In emergency circumstances to report a crime, the location or victims of a crime, or the identity, description or location of a person who is alleged to have committed a crime, including crimes that may occur at our facility, such as theft, drug diversion, or attempts to obtain drugs illegally.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or a medical examiner. This may be necessary to identify a person who died or to determine the cause of death. We may release health information to help a funeral director to carry out his/her duties.

Workers' Compensation. We may release your health information for workers' compensation benefits or similar programs that provide benefits for work-related injuries or illnesses if you tell us that workers' compensation is the payer for your visit(s). Your employer or their workers' compensation carrier may request the entire medical record pertinent to your workers' compensation claim. This medical record may include details regarding your health history, current medications you are taking, and treatments.

To Avert a Serious Threat to Health or Safety. We may disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

National Security. We may disclose your health information to federal official(s) for national security activities and for the protection of the President and other Heads of State.

Military and Veterans. If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your health information to the institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Other uses and disclosures of your health information not covered by this notice or the laws that apply to CHI Health will be made only with your written authorization. If you provide us with authorization to use or disclose your health information, you may revoke that authorization in writing at any time. When we receive your written revocation we will no longer use or disclose your health information for the purpose of that authorization. However, we are unable to retrieve any disclosures already made based on your prior authorization.

CHI Health will obtain your authorization to use and disclose your health information for these specific purposes:

Marketing

CHI Health may ask you to authorize us to use and disclose your health information for marketing purposes. Marketing is a communication about a product or service that you may be interested in purchasing. If CHI Health receives payment of any kind from a third party in order for CHI Health to promote the product or service to you, then CHI Health is required to obtain your written authorization before we can use or disclose your health information. CHI Health is not required to obtain your authorization to discuss with you about CHI Health health-related products or services that are available for your health care treatment, case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care, providing face to face discussions and offering samples or promotional gifts of nominal value.

You have the right to revoke your marketing authorization and CHI Health will honor the revocation. To opt out of these communications, please contact <http://www.alegentcreighton.com/ContactUs> or call 1-800-Alegent.

Psychotherapy Notes

Psychotherapy notes are notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session or a group, joint, or family counseling session. If psychotherapy notes are maintained separate from the rest of your health information they may not be used or disclosed without your written authorization, except as may be required by law.

Sale of PHI

CHI Health will obtain your authorization for any disclosure of your information which CHI Health directly or indirectly receives remuneration in exchange for the information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

Right to Inspect and Copy. You have the right to inspect your health information and receive a copy of medical, billing, or other records that may be used to make decisions about your care. The right to inspect and receive a copy may not apply to psychotherapy notes that are maintained separately from your health information.

Your request to inspect and receive a copy of your health information must be submitted in writing. We may charge a fee for document requests to cover the costs of copying, mailing, or other supplies. You have the right to request your health information in electronic format. CHI Health will provide your health information in the form and format you request, if available or in a mutually agreeable form and format.

In limited circumstances we may deny your request to inspect or receive a copy of your health information. If you are denied access to your health information, you may request that the denial be reviewed. A licensed health care professional chosen by CHI Health will review your request and the denial. The person who conducts the review will not be the same person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have the right to request an amendment to your health information that you believe is incorrect or incomplete.

Submit your request in writing, including your reason for the amendment, using our “Request for Amendment to PHI” form and send to the medical record custodian of the facility at which you received care.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- Was not created by CHI Health unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for CHI Health;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. We are required to maintain a list of certain disclosures of your health information. However, we are not required to maintain a list of disclosures that we made by acting upon your written authorizations. You have the right to request an accounting of disclosures that are not subject to your written authorization.

Submit your request in writing using our “Request for Accounting of Disclosures of PHI” form and send to the medical record custodian of the facility at which you received care. Your request must state a time period, not longer than six years from the date of request. CHI Health will attempt to accommodate the format requested (e.g. paper or electronic file). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on how much of your health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a restriction on the disclosure of your health information to someone who is involved in your care or payment for your care, such as a family member or friend.

We are not required to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

You have the right to request to restrict the disclosure of your information to a health plan regarding a specific health care item or service that you, or someone on your behalf (other than a health plan), has paid for in full. We are required to comply with your request for this specific type of restriction. For example, if you sought counseling services and paid in full for the services rather than submitting the expenses to a health plan, you may request that your health information related to the counseling services not be disclosed to your health plan.

Submit your request in writing or request and submit a “Request for Restrictions to Use or Disclose Protected Health Information” form and send to the administrator of the facility at which you are receiving care or CHI Health Privacy Office. You must include: a description of the information that you want to restrict, whether you want to restrict our use or disclosure or both; and to whom you want the restriction to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at an alternative location from your home address, such as work, or only contact you by mail instead of by phone. Your request must specify how or where you wish to be contacted. We do not require a reason for the request. We will accommodate all reasonable requests.

Right to Receive Notice of a Privacy Breach. You have the right to receive written notification if CHI Health discovers a breach of unsecured protected health information involving your health information. Breach means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. If you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To obtain a paper copy of this notice, contact CHI Health Privacy Office. Or, you may obtain a copy of this notice at our Web site, www.alegentcreighton.com.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you and for any information we may receive in the future. We will post a copy of the current notice in the facility and on our web site (if applicable) at www.alegentcreighton.com. The notice will contain the effective date. Upon your initial registration or admittance to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the notice currently in effect. Whenever the notice is revised, it will be available to you upon request.

COMPLAINTS

You may file a complaint with us or with the Secretary of the Department of Health and Human Services if you believe that we have not complied with our privacy practices.

You may file a complaint with us by contacting Administration at each facility via the Patient Action Line, 24 hours a day:

<u>Facility</u>	<u>Patient Action Line</u>
Bergan Mercy Medical Center, Omaha, NE.....	(402) 398-5799
Community Memorial Hospital, Missouri Valley, IA.....	(712) 642-2784
Creighton University Medical Center, Omaha, NE.....	(402) 449-4013
Immanuel Medical Center, Omaha, NE.....	(402) 572-2898
Lakeside Hospital, Omaha, NE.....	(402) 717-8717
Lasting Hope Recovery Center, Omaha, NE.....	(402) 717-5320
Mercy Hospital, Corning, IA.....	(641) 322-6279
Memorial Hospital, Schuyler, NE.....	(402) 352-4072
Mercy Hospital, Council Bluffs, IA.....	(712) 328-5950
Midlands Hospital, Papillion, NE.....	(402) 593-3172
Plainview Hospital, Plainview, NE.....	(402) 582-4245
All other locations.....	(402) 717-1730

You may file a complaint with CHI Health Privacy Office at 12809 West Dodge Road, Omaha, NE 68154.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Billing Information

Coverage Identification Information

Be sure to bring your current insurance, Medicare or Medicaid identification card with you. This identification card is required in order to verify your insurance plan information and other information. Co-payments may be requested at the time of service.

Doctor Billing

Charges that appear on your bill are for hospital services only. You may receive separate bills from the doctors involved in your treatment.

Financial Assistance

We understand that unexpected medical expenses can be a financial burden. If you need assistance please contact one of our financial counselors. Contact information is listed in the Directory and Notes section of this Patient Handbook.

Itemized Billing Statements Or Other Billing Questions

To request an itemized billing statement or if you have questions or concerns about your hospital bill, please call our Business Office. Contact information for each campus can be found in the Directory and Notes section of this Patient Handbook.

Patient Statements and Online Bill Pay

For your convenience you can visit our website at CHIhealth.com to view your statement and pay your bill online.

Notes

Iowa Voter Registration

Link to Iowa Voter Registration Application

<http://www.sos.state.ia.us/pdfs/elections/voteapp.pdf>

Eligibility

In the state of Iowa, you must be a registered voter before you can vote.

To be qualified to register to vote in Iowa you must:

- Be a United States Citizen
- Be at least 17 1/2 years old to register. You must be 18 years old by Election Day to vote.
- Live in the State of Iowa
- Qualified registrants in Iowa:
 - Have not been convicted of a felony, or if you have been convicted of a felony, have had your voting rights restored by the president or governor.
- Have not been currently judged incompetent to vote by a court
- Not be claiming the right to vote in any other place

If you do not meet all these qualifications, you cannot register to vote.

Voter pre-registration deadlines:

- 10 days before General and Primary Elections
- 11 days before all other elections

If you are not able to pre-register to vote, you may register to vote on Election Day at the polling place for the precinct where you currently live.

For more information on voter registration and elections in Iowa, please visit the Iowa Secretary of State's website at www.iowaVotes.gov.

Nebraska Voter Registration

Link to Nebraska Voter Registration Application

<http://www.sos.ne.gov/forms/pdf/vr.pdf>

Eligibility

To register to vote in Nebraska you must:

- Be a United States Citizen
- Be at least 18 years of age or will be 18 years of age on or before the first Tuesday after the first Monday of November
- Live in the State of Nebraska
- Have not been convicted of a felony or, if convicted, civil rights have been restored
- Have not been officially found to be mentally incompetent

1. If you are eligible to vote but you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

Yes No

2. If you do not check either box, you will be considered to have decided not to register to vote at this time.

3. Applying to register or declining to register to vote will not affect the amount of assistance or services that you will be provided by this agency.

4. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

5. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to chose your own political party or other political preference, you may file a complaint with the:

Nebraska Secretary of State
State Capitol Building
Lincoln, NE 68509-4608
Phone: 402-471-2554

If you decline to register to vote or decide to register to vote, please note that the information and offices to which application was made will remain confidential and be used only for voter registration purposes.

Printed name of applicant or decline

Signature

Date

(Agency use only)

Voter Registration Form Completed: Yes No

Voter Registration Form given to applicant for later mailing (at applicant's request) _____

Agency of Consumer Staff Signature (Individual who assessed patient)

Date

Nebraska Voter Registration

You can use this form to:

- Register to vote in Nebraska
- Change your name and/or address, if there is a change since you last voted
- Change your party affiliation

To register to vote in Nebraska you must:

- Be a United States Citizen
- Be at least 18 years of age or will be 18 years of age on or before the first Tuesday after the first Monday of November
- Live in the State of Nebraska
- Have not been convicted of a felony or, if convicted, civil rights have been restored
- Have not been officially found to be mentally incompetent

Deadline information:

The registration form if mailed must be postmarked on or before the fourth Tuesday before the election. Upon receipt of the registration form the election commissioner or county clerk will send you a notice of registration if the registration is proper.

Political Party Affiliation:

If you wish to vote in both partisan and nonpartisan primary elections you must indicate a political party affiliation on the registration form. If you register without a political party affiliation (independent) you will receive only the nonpartisan ballots at primary elections

Special instructions for registering by mail:

If you are submitting the registration form by mail and you are registering in this county for the first time, you must provide a copy of:

- Your current and valid photo identification; or
- A copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and the residence address at which you are registering to vote.

Questions?

Call your County Clerk or Election Commissioner.
TDD call Nebraska Relay at 1-800-833-7352.

Patient Care & Safety

- **SpeakUP™** Help Prevent Errors in Your Care 21
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- **SpeakUP™** Five Things You Can Do to Prevent Infection..... 24
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SpeakUP™

Help Prevent Errors In Your Care

To Prevent Healthcare Errors, Patients Are Urged To...SPEAK UP

Everyone has a role in making healthcare safe. That includes doctors, healthcare executives, nurses and other healthcare providers. As a patient, you can make your care safer by being an active, involved and informed member of your healthcare team.

The “Speak UP™” program, sponsored by The Joint Commission, provides simple advice on how you can help make healthcare a good experience.

Research shows that patients who take part in decisions about their healthcare are more likely to get better faster. To help prevent healthcare mistakes, patients are urged to “Speak UP™.”

Speak UP™

Speak up if you have questions or concerns. If you still don’t understand, ask again. It’s your body and you have a right to know.

Pay attention to the care you get. Always make sure you’re getting the right treatments and medicines by the right healthcare providers. Don’t assume anything.

Educate yourself about your illness. Learn about the medical tests you get and your treatment plan.

Ask a trusted family member or friend to be your advocate (advisor or supporter).

Know what medications you take and why you take them. Medication errors are the most common healthcare mistakes.

Use a hospital, clinic, surgery center or other type of healthcare organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission’s quality standards.

Participate in all decisions about your treatment. You are the center of your healthcare team.

Help Avoid Mistakes With Your Medications

Medication mistakes can happen every day—at the doctor’s office or hospital, even at home. Here are questions and answers to help prevent mistakes with your medications.

Who is responsible for your medications?

A lot of people—including you!

- Doctors check all of your medications to make sure they are OK to take together. They will also check your vitamins, herbs, diet supplements or natural remedies.
- Pharmacists will check your new medications to see if there are other medications, foods or drinks you should not take with your new medications. This helps to avoid a bad reaction.
- Nurses and other healthcare providers may prepare medications or give them to you.
- You need to give your healthcare providers a list of your medications. This list should have your:
 - Prescription medications
 - Over-the-counter medications (for example, aspirin)
 - Vitamins
 - Herbs
 - Diet supplements
 - Natural remedies
 - Amount of alcohol you drink each day or week
 - Recreational drugs

What should you know about your medications?

- Make sure you can read the handwriting on the prescription. If you cannot read it, the pharmacist may not be able to read it either. You can ask to have the prescription printed.
- Read the label. Make sure it has your name on it and the right medication name.
- Make sure that you understand all of the instructions for your medications.
- If you have doubts about a medication, ask your healthcare provider about it.

What if you forget the instructions for taking a medication or are not sure about taking it?

- Call your doctor or pharmacist. Don’t be afraid to ask questions about any of your medications.

What can you do at the hospital or clinic to help avoid mistakes with your medications?

- Make sure your healthcare providers check your wristband and ask your name and date of birth before giving you medications.
- Don't be afraid to tell a healthcare provider if you think you are about to get the wrong medications.
- Know what time you should get a medication. If you don't get it then, speak up.
- Tell your healthcare provider if you don't feel well after taking a medication. Ask for help immediately if you think you are having a side effect or reaction.
- You may be given IV (intravenous) fluids. Read the bag to find out what is in it. Ask the nurse how long it should take for the liquid to run out. Tell the nurse if it seems to be dripping too fast or too slow.
- Ask for a list of your medications—including your new ones. Read the list carefully. Make sure it lists everything you are taking. If you are not well enough to do this, ask a friend or relative to help.

Questions to ask your doctor or pharmacist

- How will this new medication help you?
- Are there other names for this medication?
- Is there any written information about the medication?
- Can you take this medication with your allergy? (Remind your doctor about your allergies and reactions you have had to medications.)
- Is it safe to take this medication with your other medications? Is it safe to take it with your vitamins, herbs and supplements?
- Are there any side effects of the medication? Who can you call if you have side effects or a bad reaction? Can they be reached 24 hours a day, seven days a week?
- Are there specific instructions for your medications? For example, are there any foods or drinks you should avoid while taking it?
- Can you stop taking the medications as soon as you feel better? Or do you need to take it until it's gone?
- Do you need to swallow or chew the medication? Can you cut or crush it if you need to?
- Is it safe to drink alcohol with the medication?

Five Things You Can Do To Prevent Infection

1. Clean your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers and the backs of your hands.
- Or, if your hands do not look dirty, clean them with an alcohol-based hand sanitizer. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

2. Make sure healthcare providers clean their hands or wear gloves.

- Healthcare providers come into contact with bacteria and viruses. Before they treat you, ask them if they've cleaned their hands.
- Healthcare providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids and examining your mouth or private parts. Don't be afraid to ask them if they should wear gloves.

3. Cover your mouth and nose.

- Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel three feet or more! Cover your mouth and nose to prevent the spread of infection to others.
- Use a tissue! Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.

4. If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there is anything you can do to avoid infecting people in the waiting room.

5. Get shots to avoid disease and fight the spread of infection.

- Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:
 - Chicken pox
 - Mumps
 - Measles

- Diphtheria
- Tetanus
- Hepatitis
- Shingles
- Meningitis
- Flu (also known as Influenza)
- Whooping cough (also known as Pertussis)
- German measles (also known as Rubella)
- Pneumonia (also known as Streptococcus pneumoniae)
- Human papillomavirus (also known as HPV)

Reduce Your Risk of Falling

Each year, millions of people are injured by falls. People at risk of falling include hospital patients, nursing home residents and those who are recovering from an illness or injury at home.

The CHI Health Fall Prevention Program may include the use of bed alarms, education on the use of side rails and risk for injury from falls.

In addition, listed below are ways you can reduce your risk of falling, whether at home or in a healthcare facility.

Reduce your risk of falling in the healthcare facility:

- Call... don't fall. If you feel unsteady, call for help from your care team:
 - Before you get out of bed or a chair.
 - Before going to the bathroom.
 - Before you move around the room and hallways.
 - After any change in your medications.
 - After any new procedure or treatment.
- Talk with your healthcare provider if your medicine makes you sleepy, light-headed, sluggish, or confused.
 - Ask how to reduce these side effects or if you can take another medication.
- Wear non-slip socks or footwear. These may be provided by your healthcare team.
- Get up slowly after sitting or lying down.
- Move your ankles up and down to get your blood pumping.
 - If you use a cane or walker, keep it within easy reach.

Make small changes at home to reduce your risk of falling:

- Keep rooms well-lit. Do not walk in the dark.
- Remove clutter from the floors and stairs.
- Repair loose carpet and remove rugs that can slip.
- Put items in easy-to-reach places that do not require using a step stool.
- Make sure it is easy to get in and out of your bed.
- Apply non-slip treads on stairs and use the staircase handrails.
- Apply non-slip decals or use a non-slip mat in the bathtub or shower, and install grab bars near the toilet and bathtub or shower.
- Wear non-slip socks or footwear and supportive shoes that have firm, non-slip soles.
- Sit in chairs that do not move and have arm rests to help when you sit down and stand up.
- Replace the rubber tips on canes and walkers when they become worn.

A home care provider, personal care and support agency or community program may be able to help make changes to your home if you live alone or need help.

Take care of your health to reduce your risk of falling:

- Exercise regularly.
- Drink 6-8 glasses of water a day to maintain good balance.
- Wear glasses and hearing aids. Have your vision checked each year.
- Get 7-8 hours of sleep to avoid becoming tired and unsteady.

For more information about reducing your risk for falls, please talk with your Healthcare Provider.

Notes

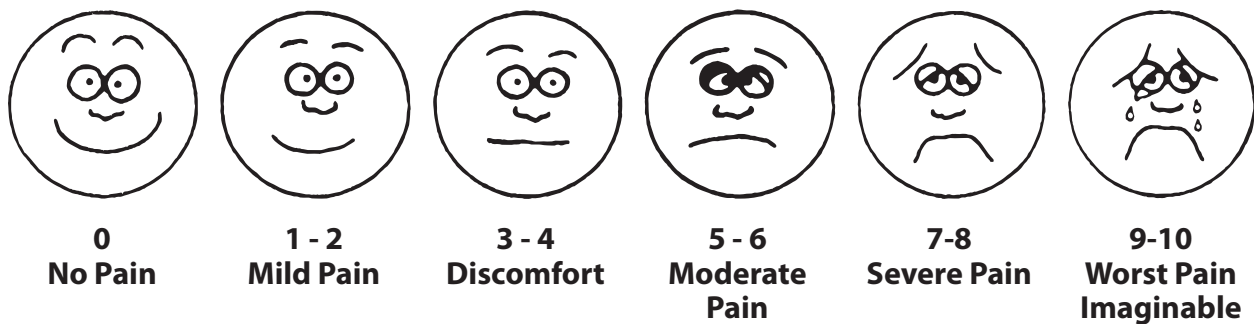
Understanding Your Pain

Using a pain intensity scale

Everyone has the right to have their pain assessed and treated, and your healthcare provider will work with you to help manage your pain.

The Pain Intensity Scale

The pain intensity scale is a helpful tool you can use to describe how much pain you are feeling and to measure how well treatments are relieving your pain.



Each face on this scale shows a different amount of pain. Look at each face. The first face at the far left on the scale is smiling because it feels no pain. The last face at the far right is crying because it feels pain, but you don't have to be crying to rate your pain a 10.

You can tell your healthcare provider about your pain by pointing to the face that shows how you are feeling. If you have questions on how to use this scale, ask your healthcare provider for help.

Different pain scales may be used for other patients in different areas. Your healthcare provider will talk with you more about the pain scale that will work best for you.

Patient Rights and the Use of Restraints or Seclusion

Our Philosophy

We are committed to providing care that is patient and family centered, and that keeps our patients, visitors, staff and others as safe as possible. We believe that the dignity and respect of everyone we serve is important, and that compassionate care should be our priority. Sometimes there is a need to use restraints and seclusion as a way to keep our patients and visitors safe; however, our goal is to provide an environment that is as free from restraints and seclusion as possible.

What are restraints and seclusion?

“Restraints” are methods used to physically restrict a person’s freedom of movement or physical activity (for example, a soft wrist restraint).

“Seclusion” refers to the involuntary confinement of a person who is placed in a defined area. This may include placing a patient in a special seclusion room alone, or in an area from which the patient is physically prevented from leaving. Seclusion will only be used for the management of violent or self-destructive behavior.

Why might restraints or seclusion be used?

The use of restraints may be helpful when patients are confused or disoriented in order to prevent removal of catheters and tubes. Restraints or seclusion may also be used when a person threatens harm to self or others.

When and how long will restraints or seclusion be used?

Respecting our patients’ rights is important to us, including the right to move around as they would like. Because of this, restraints or seclusion will be used only when urgently necessary under the following circumstances:

- The patient’s movements or behaviors are endangering medical recovery (such as pulling on lines or tubes used for treatment)
- The patient’s behaviors are placing the patient or others at risk of serious harm.
- All other less-restrictive interventions have not been able to manage violent, threatening or harmful movements or behaviors.

The use of restraints or seclusion will be discontinued at the earliest possible time based on the care team’s assessment of the patient’s safety and the safety of others.

Is there anything other than restraints or seclusion that can be used to keep patients and others safe?

Care teams will use the least restrictive approach to keep patients and others safe before using restraints or seclusion. This may include:

- Moving or camouflaging lines or tubes
- Decreasing stimulation in the area
- Diversionary activities, such as music, exercise, puzzles, stress relievers, etc.
- Verbal redirection and safety suggestions
- Medication interventions a doctor and treatment team determine appropriate

Methods and approaches that may be found within the behavioral health setting in particular include:

- Safe self-soothers and other comfort measures
- Strengths identification
- Early identification of distress
- Education about expected patient responsibilities
- Education about anger management and stress management techniques
- Rewards for positive behavior
- Building therapeutic relationships
- Interdisciplinary team involvement
- Psychotherapy

How will the need for restraints or seclusion be assessed?

Doctors and other members of the care team will evaluate each situation to see what is necessary to keep patients and others safe from harm.

What is the assessment process when a person is admitted to a Behavioral Health unit?

Upon admission to a behavioral health unit, an initial assessment occurs to identify each person's strengths. Information regarding risk factors for harm to oneself or others is identified and techniques that can help during care and treatment are explored. Pre-existing medical conditions, physical disabilities or limitations that may place someone at risk during seclusion are assessed including any history of physical, emotional or sexual abuse that may place someone at greater psychological risk.

When restraints or seclusion are used on a behavioral health unit, the patient is observed by direct visual, audio and/or camera monitoring to ensure safety.

Restraints or seclusion are utilized only to prevent serious harm to self or others when less restrictive interventions have been ineffective. The staff will explain the use of restraints and seclusion, and will explain the criteria for discontinuation.

What is the role of family and other support persons?

We welcome and encourage family participation in care. One way families participate is by providing information about causes, patterns, and stressors related to harmful behavior, as well as any history of trauma or other risk factors. Information about the strengths of the person and any approaches that have helped in the past may also be useful. If it is necessary to use restraints or seclusion, the person’s family member or representative will be notified as appropriate. Open communication with the care team is encouraged, and contributes to healing and a successful recovery. Be sure to ask the care team any questions about restraints or seclusions.

Notes

You Can Quit Tobacco Use

FIVE KEYS FOR QUITTING

1 Get Ready

- Set a quit date.
- Get rid of all tobacco products and ashtrays in home, car, and place of work.
- Review your past attempts to quit.
- Track your triggers that cue you to smoke for a day to help you develop coping strategies.
- Once you quit, remember “N.O.P.E.”—NOT ONE PUFF EVER.

2 Get Support and Encouragement

- Tell your family, friends and coworkers you are quitting.
- Talk to your doctor or other healthcare provider.
- Get group, individual or telephone counseling.

3 Learn New Skills And Behaviors

- When you first try to quit, change your routine.
- Distract yourself from urges to use tobacco products.
- Plan something enjoyable to do every day.
- Drink a lot of water and other fluids.

4 Get Medication And Use It Correctly

- Talk with your healthcare provider about which medication will work best for you:
- Bupropion SR—available by prescription
- Varenicline—available by prescription
- Nicotine patch—available over-the-counter
- Nicotine gum—available over-the-counter
- Nicotine lozenges—available over-the-counter
- Nicotine inhaler—available by prescription
- Nicotine nasal spray—available by prescription

5 Be Prepared For Relapse Or Difficult Situations

- Avoid alcohol.
- Be careful around other smokers.
- Eat a healthy diet and stay active.

The CHI tobacco treatment programs educate, encourage and support tobacco users wanting to quit. Our programs incorporate proven strategies to ensure participants are physically and mentally prepared for long-term success.

For more information on CHI’s Tobacco Treatment Programs call 1-800-253-4368 or visit CHIhealth.com.

Directory & Notes

- CHI Health Numbers You May Find Helpful 33
- Resources Available to Voice Your Concerns 34
- Helpful Community Resources..... 38
- Word Search 42
- Crossword Puzzle 43
- Sudoku 44

Numbers You May Find Helpful

CHI Health General Information 1-800-253-4368

General Campus Numbers

CHI Health Bergan Mercy – Omaha, NE..... 402-398-6060
CHI Health Creighton University Medical Center – Omaha, NE 402-449-4000
CHI Health Immanuel – Omaha, NE 402-572-2121
CHI Health Lakeside – Omaha, NE..... 402-717-8000
CHI Health Mercy Council Bluffs – Council Bluffs, IA..... 712-328-5000
CHI Health Midlands – Papillion, NE..... 402-593-3000
CHI Health Schuyler – Schuyler, NE 402-352-2441
CHI Health Missouri Valley – Missouri Valley, IA 712-642-2784
CHI Health Mercy Corning – Corning, IA..... 641-322-3121
CHI Health Plainview – Plainview, NE..... 402-582-4245
Lasting Hope Recovery Center – Omaha, NE402-717-5320 or 402-717-5300

CHI Health Ethics Center

To request a confidential ethics consultation

CHI Health Ethics Center 402-343-4476
EthicsCenter@alegent.org

Pastoral Care Departments

For Religious and Spiritual Support Services

CHI Health Bergan Mercy – Omaha, NE..... 402-398-6030
CHI Health Creighton University Medical Center – Omaha, NE 402-449-4240
CHI Health Immanuel – Omaha, NE 402-572-2164
CHI Health Lakeside – Omaha, NE..... 402-717-8180
CHI Health Mercy Council Bluffs – Council Bluffs, IA..... 712-328-5050
CHI Health Midlands – Papillion, NE..... 402-593-3107
Lasting Hope Recovery Center – Omaha, NE 402-398-6030
Regional Facilities.....contact your healthcare provider

Financial Counselors and Billing Information

For Financial Assistance Regarding Your Care

CHI Health Business Office – Omaha, NE	402-717-7878
CHI Health Bergan Mercy – Omaha, NE.....	402-398-6496
CHI Health Creighton University Medical Center – Omaha, NE	866-904-6871
CHI Health Immanuel – Omaha, NE	402-572-2068
CHI Health Lakeside – Omaha, NE.....	402-717-8155
CHI Health Mercy Council Bluffs – Council Bluffs, IA.....	712-328-5960
CHI Health Midlands – Papillion, NE.....	402-593-3230
CHI Health Schuyler – Schuyler, NE	402-352-2441
CHI Health Missouri Valley – Missouri Valley, IA	712-642-2784
CHI Health Mercy Corning – Corning, IA.....	641-322-6226
CHI Health Plainview – Plainview, NE.....	402-582-4245
Lasting Hope Recovery Center – Omaha, NE	402-717-6513

Or visit CHIhealth.com and search “Financial Assistance” for more information.

Language Access Services

For more information on language assistance and communication devices

All Metro Campuses.....	402-398-5622
CHI Health Schuyler, Schuyler, NE.....	402-352-2441
Regional Facilities.....	contact your healthcare provider

For additional information about CHI Health services, programs and locations not listed here, please call 1-800-253-4658 or visit our website at CHIhealth.com.

Notes

Resources Available to Voice Your Concerns

CHI Health healthcare providers, staff and volunteers are committed to providing an excellent care experience to each person we serve. We welcome your comments and want to be sure we are meeting your needs and expectations.

To help us measure how well we are doing in providing an excellent care experience, CHI Health has partnered with HealthStream Research to conduct random patient satisfaction surveys. After a visit, you may be contacted by phone to participate in a survey. We encourage your participation and feedback to help us improve.

We do understand, however, that there may be times when you feel your visit did not meet your needs or expectations. When this happens, we recognize your right to voice your concern.

We invite you to voice any concerns with us directly by calling our CHI Health Patient Action Lines. You can be sure that your future care will not be affected in a negative way.

Patient Action Lines

For Comments, Concerns, Complaints and Grievances

CHI Health Bergan Mercy – Omaha, NE.....	402-398-5799
CHI Health Creighton University Medical Center – Omaha, NE	402-449-4013
CHI Health Immanuel – Omaha, NE	402-572-2898
CHI Health Lakeside – Omaha, NE.....	402-717-8717
CHI Health Mercy Council Bluffs – Council Bluffs, IA.....	712-328-5950
CHI Health Midlands – Papillion, NE.....	402-593-3172
CHI Health Schuyler – Schuyler, NE	402-352-4072
CHI Health Missouri Valley – Missouri Valley, IA	712-642-2784
CHI Health Mercy Corning – Corning, IA.....	641-322-6279
CHI Health Plainview – Plainview, NE.....	402-582-4245
Lasting Hope Recovery Center – Omaha, NE	402-717-5320

While CHI Health considers every comment and concern important, some may be defined as a formal Patient Grievance. When this happens, we will follow these steps:

- An CHI Health representative will contact you as soon as possible (generally within one (1) business day following your contact to us).
- Your concern will be investigated, and ways to resolve your grievance will be explored.
- You will receive a written response to your grievance (generally within seven (7) business days).
- Any need for additional time to further address your grievance will be communicated to you.
- When the grievance process is completed, you will receive a letter that contains:
 - The name and contact information for your CHI Health representative,
 - The steps taken on your behalf to investigate the grievance,
 - The results of the grievance process, and
 - The date of completion.

While we hope you are satisfied with our response to your concern, you may have concerns that you would like to voice to someone outside of CHI Health. Contact information for those organizations can be found on the following pages.

State Facility Investigation

Nebraska Department of Health
and Human Services
Facilities Investigations
PO Box 94986
Lincoln, NE 68509
402-471-0316

Iowa Department of Inspections
and Appeals
Health Facilities Division/Complaint Unit
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

Medicare Outside Quality Improvement Organizations (Nebraska & Iowa)

KEPRO
5201 W. Kennedy Blvd., Suite 900
Tampa, FL 33609
1-855-408-8557

To submit a claim online, visit www.keproqio.com/bene/qualityofcarecomp

For Concerns Related to the Safety & Quality of Your Healthcare

The Joint Commission Office of Quality Monitoring
1-800-994-6610 (toll-free)
complaint@jointcommission.org

To Report Concerns Regarding Your Privacy

CHI Health Privacy Office
11128 John Galt Boulevard, Suite 550
Omaha, NE 68137
402-717-1730
HIPAA@Alegent.org

Office for Civil Rights
U.S. Department of Health and Human
Services
601 East 12th Street - Room 353
Kansas City, MO 64106
Phone - 816-426-7277 or 800-368-1019
Fax - 816-426-3686
TDD - 816-426-7065 or 800-537-7699

www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

To Report Concerns Regarding Language Assistance Services

CHI Health
Language Access Department
7500 Mercy Road
Omaha, NE 68124
402-398-5843
interpreter@Alegent.org

Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street - Room 353
Kansas City, MO 64106
Phone - 816-426-7277 or 800-368-1019
Fax - 816-426-3686
TDD - 816-426-7065 or 800-537-7699
www.hhs.gov/ocr

To report concerns regarding possible discrimination

Title VI of the Civil Rights Act of 1964, is a national law that protects persons from discrimination based on race, color or national origin in programs and activities that receive Federal financial assistance. Additionally, this law prohibits discrimination affecting Limited English Proficient (LEP) Persons.

Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street - Room 353
Kansas City, MO 64106
Phone - 816-426-7277 or 800-368-1019
Fax - 816-426-3686
TDD - 816-426-7065 or 800-537-7699
www.hhs.gov/ocr

Your comments are appreciated.

Helpful Community Resources

Departments of Health and Human Services

Iowa

Iowa Department of Health
and Human Services
712-328-5661
www.dhs.state.ia.us

Nebraska

Nebraska Department of Health
and Human Services
402-595-3400
www.dhhs.ne.gov

Adult Protective Services

Iowa

Child and Dependent Adult Abuse Hotline
1-800-362-2178
www.dhs.state.ia.us

Iowa Disability Rights
(Serving the Disabled and/or Mentally Ill)
1-800-779-2502
www.ipna.org

Nebraska

Nebraska Adult Protective Services
402-595-3474
www.dhhs.ne.gov
Abuse/Neglect 24 Hour Hotline
1-800-652-1999

Child Protective Services

Iowa

Child and Dependent Adult Abuse Hotline
1-800-362-2178
www.dhs.state.ia.us

Nebraska

Abuse/Neglect 24 Hour Hotline
1-800-652-1999

Domestic Violence/Sexual Assault Resources

Iowa

Iowa Domestic Violence Hotline
1-800-942-0333
www.cfiowa.org

Nebraska

Women's Center for Advancement
Omaha Main Number
402-345-6555
www.ywcaomaha.org

Women's Center for Advancement
Crisis Hotline
402-345-7273

Nebraska (continued)

Heartland Family Service
1-800-523-3666
www.heartlandfamilyservice.com

Center for Sexual Assault and Domestic
Violence Survivors
402-564-2155 (Columbus)
or 1-800-658-4482
www.centerforsurvivors.net

Bright Horizons
402-379-2026
*(serving the counties of Boyd, Holt, Knox, Pierce, Madison,
Stanton, Antelope)*
www.brighthorizonsne.org

Immunization Clinics

Douglas County Health Department
402-444-6163

Sarpy/Cass County Health Department
402-593-3222

Organ, Tissue & Eye Donation Information

Iowa

Iowa Donor Network
1-800 831-4131
www.iowadonornetwork.org

Iowa Lions Eye Bank
319-356-2871
www.iowalionseyebank.org

Nebraska

Nebraska Organ Recovery Service (NORS)
402-733-1800 or 1-877-633-1800
www.nedonation.org

Lions Eye Bank of Nebraska
1-800-225-7244

Senior Services

Iowa

Southwest 8 Senior Services
(Serving the counties of Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby)
712-328-2540 or 1-800-432-9209
www.southwest8.org

Area XIV Agency on Aging
(Serving the counties of Adair, Adams, Clarke, Decatur, Ringgold, Taylor and Union)
641-782-4040 or 1-800-262-0378
www.areaxivaaa.org

Nebraska

Eastern Nebraska Office on Aging (ENOA)
(Serving the counties of Cass, Dodge, Douglas, Sarpy and Washington)
402-444-6444
www.enoa.org

Nebraska (continued)

Aging Partners
402-441-7070 or 1-800-247-0938
www.lincoln.ne.gov | keyword: aging

Northeast Nebraska Area Agency on Aging
(Serving the counties of Antelope, Brown, Burt, Boyd, Boone, Cuming, Colfax, Dakota, Knox, Dixon, Cedar, Madison, Holt, Nance, Thurston, Stanton, Pierce, Wayne, Cherry/City of Valentine, Rock and City of Columbus)
402-370-3454 or 1-800-672-8368
www.nenaaa.com

Nebraska Medicaid and Long Term Care
(For information in other parts of Nebraska)
1-800-358-8802

Services for the Hearing and Visually Impaired

Iowa

Deaf Services Commission of Iowa
1-888-221-3724
Relay Iowa (TTY/TDD)
711 or 1-800-735-2943

Nebraska

Nebraska Commission for the Deaf and
Hard of Hearing
1-877-248-7836
www.ncdhh.ne.gov

Relay Nebraska (TTY/TTD)
711 or 1-800-833-0920

Nebraska (continued)

Nebraska Commission for the Blind and
Visually Impaired
402-595-2041
1-877-809-2419
www.ncbvi.ne.gov

General

American Council of the Blind
1-800-424-8666
www.acb.org

Suicide Hotline

(24 hours a day/7 days a week)
1-800-SUICIDE (784-2433)

TTY
1-800-799-4TTY (4889)

Tobacco Treatment And Support

Individual and Group Support

Tobacco Free U
402-960-2903
Tobaccofreeu@gmail.com

Telephone Counseling

Help within your state:
1-800-QUIT-NOW (1-800-784-8669)

American Cancer Society National Quit Line
1-877-937-7848 (24 hours a day)

American Lung Association
1-800-548-8252

National Cancer Institute Quit Line
1-877-448-7848 (M-F)

Internet Support

CHHealth.com
Americanheart.org
Cancer.gov
CDC.gov
Lungusa.org
Smokefree.gov
Quitlineiowa.org
Quitnet.com
Quitnow.ne.gov (or text IMREADY to 39649)

United Way Help Lines

for information call 211 (to connect to the services in your county)
www.uwmidlands.org

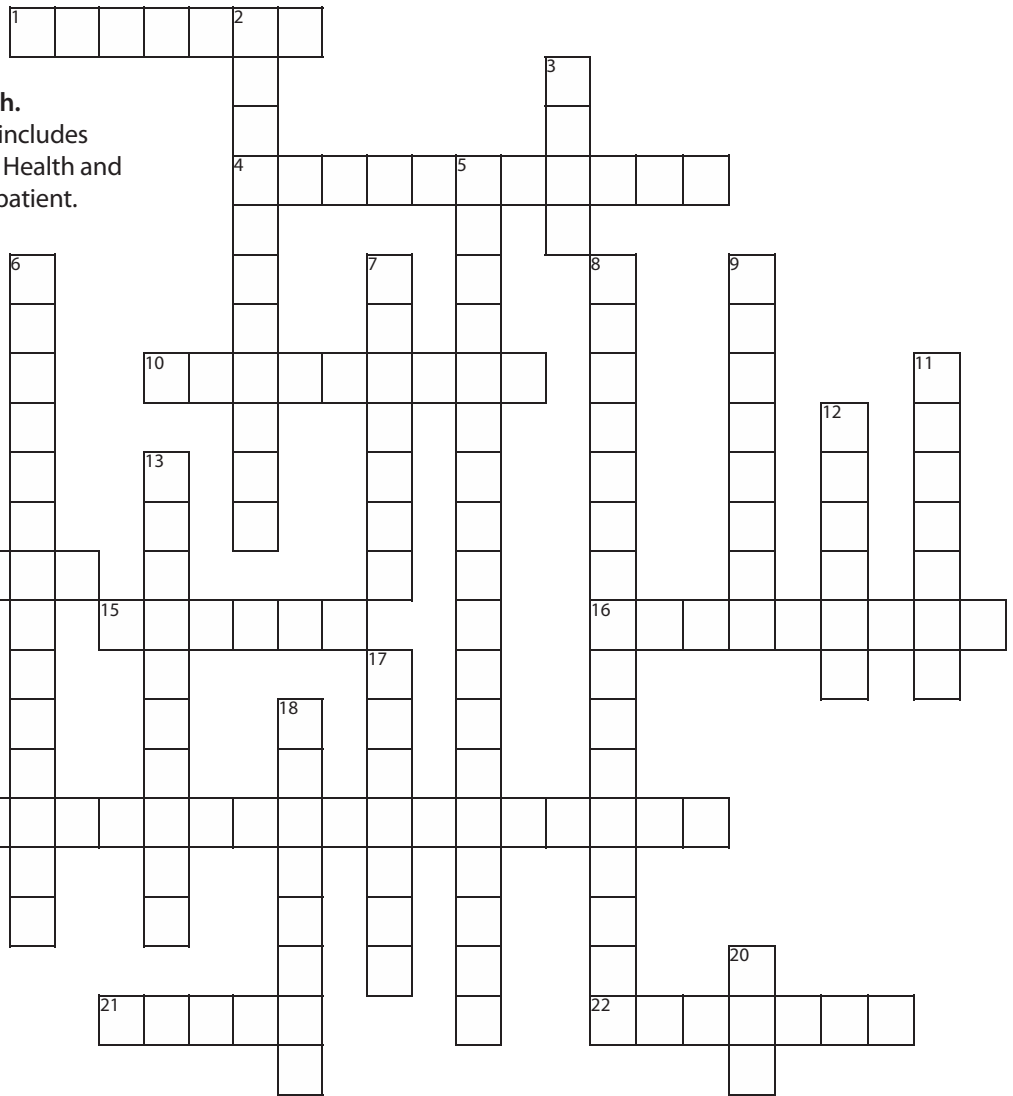
Word Search



- Reverence
- Healing
- CHI
- Education
- Respect
- Rights
- Responsibility
- Dignity
- Privacy
- AdvanceDirective
- Confidentiality
- Paincontrol
- Safety
- Mind
- Body
- Spirit
- Information
- Speakup
- Catholic
- Health
- Initiatives

Answers to this puzzle are at the back of the book

Crossword



► **Welcome to CHI Health.**
This crossword puzzle includes information about CHI Health and about your rights as a patient.

Across

- 1 You have the right to be treated with dignity and _____.
- 4 Talk with your providers about any _____ that you may be taking.
- 10 You have the right to be involved in making _____ about your care.
- 14 If you feel unsteady, call for help so that you don't _____.
- 15 Patient _____ and Responsibilities are listed in your Patient Handbook.
- 16 Good handwashing helps to prevent the spread of _____.
- 19 Keeping your Protected Health Information (PHI) private is one way we protect your _____.
- 21 You have the right to have your preferences related to _____, tissue, and eye donation respected.
- 22 This safety campaign helps prevent errors in your care.

Down

- 2 Your care team will _____ with you throughout your visit.
- 3 Your healthcare providers will use the _____ intensity scale to assess your pain control needs.
- 5 _____ documents allow you to share your healthcare preferences ahead of time.
- 6 You can ask to look at your electronic _____ (EMR) to see information about your treatment.
- 7 HIPAA describes how your care team will protect your _____.
- 8 Patient Rights and _____ are listed in your Patient Handbook.
- 9 _____ interpretation and translation services are available to you free of charge.
- 11 Our _____ statement guides the way we deliver care.
- 12 Verifying your identification is one way we help ensure your _____.
- 13 For questions about when you can have visitors, ask about our _____ policy.
- 17 _____ - and family-centered care is our focus.
- 18 You have a right to voice _____ if you are not satisfied with your care.
- 20 _____-based care is the foundation for our healing ministry.

Answers to this puzzle are at the back of the book

Sudoku

8				4		3	1	
3	9	5		2			4	
				9	6		2	
	8		4			5	6	7
	4		2		7			
5	1				9	4		
7				3	2	1		
	5		8				9	3
4	3			6				8

► PUZZLE 1

				4			6	
5		4	8	3		2	9	
1	2		7			3		
6		8	4	9		7		
	3	1	2		7		4	
				1	6	9		8
		5			8			9
	8	2			9	1		6
7				2	4	8		

► PUZZLE 2

Answers

O	V	R	Y	M	V	P	Q	P	Q	W	E	F	X	D	Z	H	N	Z	U
R	H	L	H	V	U	E	W	O	I	C	I	C	R	P	S	O	G	A	
K	M	E	E	K	F	C	Q	S	A	R	N	A	H	L	X	N	I	J	T
Y	Z	Y	A	G	R	A	I	W	D	T	E	D	I	G	N	I	T	Y	K
M	H	E	L	L	D	U	L	X	V	X	R	B	Z	O	J	S	A	V	G
K	P	M	I	J	T	Y	Z	W	A	Y	E	M	B	J	B	S	M	A	H
S	Y	P	N	F	T	H	K	P	N	U	V	V	O	Y	V	E	R	L	U
S	T	H	G	I	R	Z	C	M	C	H	E	A	E	U	Y	V	O	P	D
F	O	U	H	B	O	D	Y	C	E	Q	R	T	A	R	G	I	F	C	H
E	Y	C	A	V	I	R	P	Y	D	H	T	U	A	Z	Z	T	N	N	S
F	S	R	E	S	P	O	N	S	I	B	I	L	I	T	Y	A	I	Z	E
N	P	A	I	N	C	O	N	T	R	O	L	O	C	T	L	I	W	P	S
O	V	W	I	K	X	F	T	C	E	P	S	E	R	Y	Y	T	M	M	U
I	Q	J	X	O	R	F	N	P	C	E	S	C	M	N	N	I	E	D	P
T	V	V	C	V	H	I	V	I	T	A	X	L	J	U	C	N	N	Z	A
A	Z	V	C	F	X	W	S	C	I	I	S	Z	N	S	P	I	R	I	T
C	D	Y	S	C	L	X	H	N	V	D	C	R	S	X	M	B	T	F	D
U	T	A	M	S	J	F	B	X	E	T	C	I	L	O	H	T	A	C	O
D	Y	T	I	L	A	I	T	N	E	D	I	F	N	O	C	K	G	C	E
E	K	K	W	S	A	F	E	T	Y	J	M	J	P	B	V	M	P	R	B

▶ PUZZLE 1

8	2	6	7	4	5	3	1	9
3	9	5	1	2	8	7	4	6
1	7	4	3	9	6	8	2	5
9	8	2	4	1	3	5	6	7
6	4	3	2	5	7	9	8	1
5	1	7	6	8	9	4	3	2
7	6	8	9	3	2	1	5	4
2	5	1	8	7	4	6	9	3
4	3	9	5	6	1	2	7	8

▶ PUZZLE 2

8	7	3	9	4	2	5	6	1
5	6	4	8	3	1	2	9	7
1	2	9	7	6	5	3	8	4
6	5	8	4	9	3	7	1	2
9	3	1	2	8	7	6	4	5
2	4	7	5	1	6	9	3	8
3	1	5	6	7	8	4	2	9
4	8	2	3	5	9	1	7	6
7	9	6	1	2	4	8	5	3

1 across: r e s p e c t

2 down: o

3 down: p

4 across: m e d i c a t i o n s

5 down: m

6 down: d

7 across: e c i s i o n s

8 down: r

9 across: l

10 across: e c i s i o n s

11 down: m

12 down: s

13 down: v

14 across: a l l

15 across: r i g h t s

16 across: i n f e c t i o n

17 down: p

18 across: c

19 across: o n f i d e n t i a t i l i t y

20 across: f

21 across: o r g a n

22 across: s p e a k u p

CHI Health Bergan Mercy

7500 Mercy Road
Omaha, NE 68124
402-398-6060

CHI Health Creighton University Medical Center

601 North 30th Street
Omaha, NE 68131
402-449-4000

CHI Health Immanuel

6901 North 72nd Street
Omaha, NE 68122
402-572-2121

CHI Health Lakeside

16901 Lakeside Hills Court
Omaha, NE 68130
402-717-8000

CHI Health Mercy Council Bluffs

800 Mercy Drive
Council Bluffs, IA 51503
712-328-5000

CHI Health Midlands

11111 South 84th Street
Papillion, NE 68046
402-593-3000

CHI Health Schuyler

104 West 17th Street
Schuyler, NE 68661
402-352-2441

CHI Health Missouri Valley

631 North 8th Street
Missouri Valley, IA 51555
712-642-2784

CHI Health Mercy Corning

603 Rosary Drive
Corning, IA 50841
641-322-3121

CHI Health Plainview

704 North 3rd Street
PO Box 489
Plainview, NE 68769
402-582-4245

CHI Health Alegant Creighton Clinic

1-800-253-4368

CHIhealth.com