

# ADMISSIONS PACKET



## Welcome to Logansport Memorial Hospital!

## Thank you for choosing us for your healthcare needs. It is our privilege to serve you.



On behalf of our providers, staff, and volunteers, we welcome you to Logansport Memorial Hospital. We are dedicated to providing extraordinary patient care that is the most advanced and compassionate available, with providers and staff who are highly trained and nursing care that is skillful and focused on the needs of the whole patient.

We are pleased to have the opportunity to care for you and your family. Your experience with our hospital is extremely important to us, and we value your comments. We want to ensure we are meeting all your needs during your hospital stay.

After your discharge, you may receive a patient satisfaction phone call survey. We hope that you will take the time to share your thoughts with the surveyor.

Having peace of mind is an integral part of achieving and maintaining health. We hope the contents of this Patient Admission Packet, along with the knowledge that we are working around the clock to provide you with excellent service, will help you during your stay at Logansport Memorial Hospital.

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# **First Things First...**

## Let's Eat!

How do I order my meals? Food Line: Dial 5607

A hostess will assist you with your meal orders during your stay. If you need to place your meal order and have not yet been greeted by a hostess, please call the Food Line at 5607 to place your order.

Cafe Express Hours	(for visitors only)
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Monday -	Friday	from	6:30	am	- 4	pm

	Lunch 10:30 am - 1:30 pm
0.30 am - 9.30 am	10.30 am - 1.30 pm

Saturday and Sunday: Cafe Express is CLOSED

If you need a guest meal while you're here, a \$7.00 meal voucher can be purchased in Café Express or at the Cashier.

## **Need Help?**

## How do I contact the nurse?

Always use your call button light and press it when you need assistance.



This is what your message

board looks like.

#### This is the call button that you need to use.

You can find it beside you in bed in your room.

## How will I know why I'm here?

The message board in your room will have your plan of care listed and the names of staff who will be taking care of you. It will be updated daily with new information about your progress.



#### What is my plan of care?

When you stay at the hospital, a team of health professionals that includes nurses and providers will look after your care and recovery. The plan of care is a written outline on the message board that shows what steps will be taken to ensure that you fully recover in an appropriate and efficient way.



## Your Safety is our Concern

#### You can help prevent errors in your care

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

- 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.
- You should expect that members of the LMH staff will always ask for your name and date of birth at minimum for identification purposes.
- Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right healthcare professionals. 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 medicines you take and why you take them. Medicine errors are the most common healthcare mistakes.
- Participate in all decisions about your treatment. You are the center of the healthcare team.

#### **Hospital identification**

Logansport Memorial Hospital cares about your safety. We wear hospital identification so you can know who is taking care of you. If we forget to tell you who we are and what we do, ask us. It is important that you understand what is being done to help you get well. If you don't know why you are getting tests, treatments, or medicine, ask your nurse.

If something about your care seems unusual, please ask to speak with the charge nurse. We welcome your questions.

#### Smoking

For health and safety reasons, Logansport Memorial Hospital is smoke-free. This means you and your visitors cannot smoke anywhere in the building, on the grounds or on the sidewalk. If you are a patient, ask your provider or nurse for nicotine replacement products if you need them. If you would like information or help to quit smoking, please ask a respiratory therapist or a nurse. *See page 15 in this packet for further information about how to quit smoking.* 



# Preventing Falls and Venous Thromboembolism (Blood Clot)

## Fall Prevention

If your nurse identifies you as a "high risk" for falling, we will take additional measures to ensure your safety. There is a call channel lamp outside of each patient room. It will stay lit up in yellow if you have been identified as a fall risk.

You play a big part in helping to prevent a fall. Here are some suggestions to help avoid it:

- Use the call light for the nurse and ask for assistance in getting out of the bed or the chair.
- Wear slip-resistant socks or shoes.
- Get up slowly and make sure you are not dizzy before standing.
- If you use glasses at home, please wear them here as well because this is an unfamiliar environment.

#### Preventing VTE in Extremities - (Arms and Legs)

A venous thromboembolism (VTE) is a blood clot that breaks loose and travels in the blood. Prevention measures are taken in the hospital to help reduce the risk of this occurrence. Blood clots most commonly occur deep in the leg veins, but can break loose and travel through the blood to the lungs.

Risk factors for developing a VTE include:

- Hospitalization
- Recent surgery
- Certain medical conditions
- Immobility (not moving frequently)

Symptoms of VTE could include:

- Discomfort in the affected extremity (often the leg)
- · Swelling, warmth, or discoloration in the affected extremity

#### Prevention measures include:

- · Getting out of bed and walking as soon as possible during your recovery
- · Not sitting in one position for long periods of time
- Doing range-of-motion exercises and changing positions at least every two hours (if unable to get out of bed)
- Wearing intermittent pneumatic compression devices or compression stockings (if ordered by the provider) to help improve blood flow from your veins back to your heart
- Taking medications to reduce the risk of developing a blood clot (if prescribed by the provider)

#### Treatment options include:

- Elevating the affected extremity
- Wearing compression stockings
- Taking blood thinning medications to help stop the clot from growing
- In rare cases, having surgery



# **Telemetry Monitoring**

A telemetry transmitter will be used to monitor your heart's electrical activity. Wires from electrodes attached to your skin will be connected to a small battery-operated radio transmitter than can be worn on your gown. This transmitter sends electrical signals to a receiver in the Intensive Care Unit (ICU) by way of a radio beam.

Your heart pattern will be watched by the ICU nursing staff, but your personal care will be given by the nursing staff in your area. In order to assist with your care while you are on telemetry, please read the following guidelines for activity.

The nursing staff will be available to answer any questions you may have about these guidelines:

- 1. Report chest pain, shortness of breath, sweating, nausea, vomiting or dizziness to the staff immediately.
- 2. Be sure to take only medications administered by your nurse.
- 3. Stop activity and call for staff if pain develops during any activity.
- 4. Report loose wires to the staff.
- 5. Check with the staff before bathing. You will not be able to remove the transmitter to shower.
- 6. Avoid straining when having a bowel movement.
- 7. Avoid dropping, bumping or getting moisture on the telemetry transmitter.
- 8. When going to the bathroom, leave the door unlocked.
- 9. Rest after each meal and activity.

## **Pediatric Care**

At Logansport Memorial Hospital, we want to give you the best and safest medical care possible. We care about keeping your child safe here in the hospital. As a parent, guardian or family member, you are an important part of your child's healthcare team. You can help.

Here are some things you can do to keep your child safe.

#### In the hospital

- A family-appointed individual age 18 or older needs to be with your child at all times.
- A cot is available upon your request.
- The hospital will provide breakfast, lunch and dinner for the individual designated to stay with your child. To take advantage of this service, please call extension 5607 between the hours of 6:30 am - 6 pm to order your meals.
- All patient rooms are private, with plenty of space

for family to stay. No child wants to be sick. Pediatricians are available on-call 24 hours a day.

#### Speak up for your child's safety

- Be sure your child is wearing an ID band. You should expect that members of the LMH staff will always ask for your child's name and date of birth at minimum for identification purposes.
- Know who each staff person is and what they are there to do.
- Know the name and purpose of all of your child's medicines.
- Ask all workers who have direct contact with your child if they have washed their hands.
- Know why tests are being done on your child.
- Write down important information about your child's medical care. Blank pages are available in the back of this Admission Packet.
- Always ask questions if there is anything about your child's care you do not understand.



## **Improving Patient Care**

Our staff continually focuses on ways to improve patient care and safety. Two important measures help us anticipate your personal needs and monitor your well-being.

#### Hourly Rounding

Purposeful hourly rounding helps us provide good care at your bedside. We get feedback from you about your condition and learn how we can meet your needs.

During these visits, our staff will:

- Check on you and your well-being.
- Monitor your comfort and pain.
- Help you move and change positions.
- Assist with trips to the bathroom for safety.
- Ensure you have access to the telephone, bedside table, water, call light, etc.

We encourage you to participate in the patient satisfaction survey.

#### Did we...

- Greet you by name when we entered the room?
- Introduce ourselves to you?
- Keep you informed of your care plan?
- Meet your needs?
- Ask if you needed anything else?

#### Message Boards

To keep you and family members aware, the message board in each room lists the important goals for the plan of care.

The message board:

- Identifies the caregivers.
- Defines the plan of care.
- Includes personal information important to you.
- Lists daily goals, such as deep breathing exercises, number of walks in the hallway, and the times of tests and procedures.

## Pain Management

#### Why do you have pain?

When you are hurt or sick, it is common to have pain or discomfort, which can have many causes. Sometimes you have pain at the place of your injury or illness. Other times, you have pain in a different area of your body.

#### What is pain?

Pain is an uncomfortable feeling and is your body's way of sending a warning to your brain. Each person's pain is different.

#### How is pain treated?

Both medication and non-medication treatments can help in preventing and controlling pain. You and your healthcare team will decide which ones are right for you to get the greatest relief possible.

#### **Medications**

Your provider may prescribe pain medications. There are many types of pain medicine. Your nurse will tell you about the specific medicine you are taking. If you have questions, be sure to ask your nurse, pharmacist or provider.

Tell your provider about all the medicines you are taking, including vitamins, supplements and herbs. This helps your provider prescribe the right medicines for you to prevent drug interactions.



## **Pain Management**

#### What is your role in pain management?

If your pain medicine does not help your pain, tell your nurse, pharmacist or provider. Another kind of pain medicine may work better for you. If your medicine is causing you problems, let your provider, pharmacist or nurse know. The amount you take or how often you take it may need to be changed.

Often providers order pain medicine to be given "as needed." This means you must tell the nurse when you need pain medicine. Try to ask for the medicine as soon as you begin to have pain. Do not wait until the pain is bad. The worse your pain gets, the harder it is to control.

## Addiction

Sometimes patients worry about becoming addicted to pain medicine. In the hospital, the nurses and providers will watch your use of pain medicine closely. Addiction is rare when pain medicine is taken as directed and for a short time. If you are at risk for addiction or have been treated for it in the past, please tell your provider or nurse.

#### Pain Scales

Several tools are available to help measure your pain. You will be asked to rate, describe and locate your pain. You will also be asked to determine

a comfort or function goal, which is the level of pain you feel is tolerable to perform your activities of daily living.



#### Other ways to treat pain

Some things other than medicine may help your pain. You may try:

- Changing positions.
- Positioning pillows for comfort.
- Exercising your arms and legs (check with your nurse of provider before trying this).
- Walking.
- Sleeping.
- Listening to your favorite music.
- Watching TV or a movie.
- Talking with a friend.
- Using an air mattress (helps keep pressure off the bony places of your body).

- Using moist heating pads: usually for muscle pain (check with the nurse before using. Never place a heating pad directly over a medicine patch).
- Using ice packs: usually for pain with swelling (check with the nurse before using).
- Meditation.
- Massage.
- Guided imagery (mental pictures to help relaxation, concentration or pain relief).
- Dimming the lights.
- Decreasing noise.



# **Preventing Infections**

Infections are not caused by dirt, but by "bugs" or germs that live around us. The germs cannot be seen and sometimes live on your skin, in your mouths or in your nose. Usually, these germs don't make you sick, but when you are in the hospital, your body is weak and may not be able to fight off the "bugs."

Wearing foot protection when you walk in your room or the hallway is one way you can stay free from germs. Getting an infection while you are in the hospital could mean staying longer while it's treated. We want to keep you from getting infections in the first place. Your safety really matters to us.

## Handwashing is the most important way to stop the spread of infection.

Because our staff wants to keep you as safe and healthy as possible, we take hand hygiene very seriously. If you're worried that we might have forgotten to wash our hands, it's okay to remind us. We will remind you and loved ones as well.

#### Handwashing tips for staff and visitors

- Use soap and water to wash your hands. Scrub them for 20 seconds. Rinse and dry.
- Wash your hands after going to the bathroom.
- Wash your hands before touching the patient or the patient's belongings.
- Wash your hands before putting on gowns, gloves and masks or other isolation items.
- Wash your hands before making or offering the patient food.
- Wash your hands after helping the patient with toileting needs or changing diapers.
- Wash your hands before leaving the patient's room.
- Do not touch other patients or their belongings (i.e. blankets, toys or clothing). They may carry germs.

## **Respiratory**

Getting a respiratory illness can cause serious problems for patients in the hospital.

Things you can do to keep from getting a respiratory illness are:

- Cough into a tissue or your shirt sleeve. Do not cover your mouth with your bare hands.
- Wash your hands often with soap and water or alcohol-based cleaner.

#### **Other safety measures**

Germs spread. To keep others from getting sick, you may be put in isolation. Certain things will be done to protect you and others. A sign will be posted outside your room. It tells people what they need to do before coming in and when leaving your room.



# **Spiritual Care**

Logansport Memorial Hospital is committed to meeting the spiritual needs of our patients and families. At your request, we will notify your pastor, priest, rabbi, or spiritual leader upon your admission or during your hospital stay.

Patients and families often ask for a spiritual care provider when:

- They want to express anxiety or fear.
- They want to confide in a safe person.
- Outcomes are uncertain and life seems out of control.
- They want the comfort of prayer, traditions and sacraments.
- They feel discouraged or depressed.
- Test results, procedures or surgeries bring bad news.
- They are concerned about a religious issue.
- They have concerns about purpose, personal/spiritual issues, values or broken relationships.
- They do not have supportive friends or family nearby.
- Their own clergy wants insights about hospital procedure or practices.
- The family wants to discuss organ donation.
- They wish to prepare an advance directive and have questions other staff cannot answer.

#### Ministries and services

- Notifying the patient's faith community
- Listening
- Counseling
- Presence
- · Devotional material for reading

#### <u>Chapel</u>

Logansport Memorial Hospital offers one chapel for patients and visitors who need a quiet place for contemplation or prayer. Appropriate reading material that may help during stressful situations can be found in the chapel. *The chapel is located off of the Emergency Room waiting area.* 



# **Planning for Discharge**

During your stay, your provider and the staff will work with you to plan for your discharge. You and your caregiver (family member or friend) are important members of the planning team. Below you'll find information on the discharge process at Logansport Memorial Hospital. Please do not hesitate to ask us any questions regarding your discharge.

## **Beginning at admission**

Throughout your hospitalization a member of our staff will go over your care with you, talk to you about follow-up appointments, and explain the discharge procedure.

You will be provided with specific verbal and written instructions about your care regarding:

- Your discharge location Home or another care facility (rehabilitation hospital or nursing home, for example).
- Activity Bathing, dressing, climbing stairs, cooking, shopping, driving, etc.
- Medications We will go over your list of medications including all prescription and non-prescription drugs, vitamins and supplements.
- Equipment Extra equipment you might need at home (wheelchair, oxygen, hospital bed, shower chair, etc.).
- Pain management We will discuss the best ways to manage your pain after discharge.
- Diet We will go over any limitations to your diet.
- Follow-up care as directed by your provider.
- Home care services Your provider or our staff can help you choose a company that can provide the required services or equipment.

If you have any questions, be sure to ask! We are happy to answer any question you may have about your discharge, the discharge process and caring for yourself at home. The more thorough our discharge process, the more likely you are to have a healthy recovery.

#### Leaving your room

Before leaving your hospital room, please be sure that you have the following:

- Written discharge instructions.
- Prescriptions that need to be filled.
- All of your personal belongings check all the drawers, closets, bathroom, etc.
- Any necessary supplies (gloves, lotions, pads, etc.) that may have been given to you during your stay.
- Any flowers or gifts sent to you.

For additional assistance with your discharge planning needs, contact a Case Manager at **(574) 753-1552**.

If no answer, please leave a confidential voicemail.



# After Discharge

#### **Filling prescriptions**

When you are discharged, your prescriptions may be filled at Community Pharmacy in the hospital lobby and delivered to your room before you leave the hospital through our Meds-to-Beds Program. Community Pharmacy is open from 8:30 am to 5:30 pm Monday through Friday. The phone number is (574) 732-0418 or (800) 793-7455.

#### When to call your provider

Notify your provider if you have any concerns, or if you develop any of the following:

- Any sign of infection.
- A fever greater than 101 degrees, or chilling.
- A foul odor or foul drainage from a surgical site.
- Redness or excessive swelling.
- Persistent nausea or vomiting.
- Persistent diarrhea or constipation.
- Excessive bleeding.
- Excessive pain (including severe headache).
- Respiratory problems.
- Difficulty with urination.
- Any unusual symptoms noted through education during your hospital stay and discharge.

Should you have an emergency upon arriving home, please do not call the hospital. **Call 911 immediately!** 

#### Tell us about your visit

Everyone at Logansport Memorial Hospital is committed to providing the best possible care when you are a patient or visitor at our facility, and you can help us. When you receive a phone call, please take a few moments to tell us about your recent visit to the hospital. We value your feedback because we want to provide a great experience for every patient.

Your individual comments are confidential, but your response helps us improve existing services, recognize the people who are performing well, and provide new services for you and our community.

#### How to get your records

To receive a copy of your medical record or to have your medical record forwarded to a party other than yourself, an Authorization for Disclosure of Protected Health Information is required. Upon receipt of a signed Authorization form, Logansport Memorial Hospital will process your request and fees may apply. Authorizations are in the Medical Records Department, <u>online at</u> <u>www.logansportmemorial.org/patients</u>, or a LMH staff member can assist you.

#### Patient Portal

Logansport Memorial Hospital offers access to your patient records through a secure patient portal. To access your personal hospital and/or provider medical records, login in to the Patient Portal through the tab located on our website: **www.logansportmemorial.org**. You will be directed to register in order to access your information.



# **Meds-to-Beds Program**

#### A Convenience Designed Specifically for You

As part of the patient discharge process, the Community Pharmacy staff will deliver discharge prescriptions directly to you before you leave the hospital. Designed with your health in mind, this program eliminates a stop at the pharmacy on the way home.

## Benefits of the Meds-to-Beds Program

- You can concentrate on the most important thing your recovery.
- The delivery service for this program is free.
- It's one less step for your family members to worry about they can turn their full attention on you.
- The pharmacy works with providers on medications not covered by your insurance.
- Your family members can be involved in the medication process in your hospital room.
- There's added privacy.
- It's easier to adhere to your drug regimen.

## **Frequently Asked Questions**

#### Can these prescription costs be added to my hospital bill?

• Prescriptions filled by the Meds-to-Beds Program are considered an outpatient pharmacy service and cannot be added to your hospital bill. We will collect your copay when services are rendered.

#### Do you accept my prescription plan?

• We accept most insurance plans and will directly bill your prescription to your insurance provider. However, you will be responsible for any copay required when services are rendered.

## What types of payment are acceptable for this program?

• This Meds-to-Beds Program accepts local personal checks, cash, debit cards, and credit cards. *What if I forget to bring my prescription insurance card to the hospital?* 

• We will gladly call your current pharmacy and retrieve your insurance information.

## Where is Community pharmacy located?

• Community Pharmacy is located in the Main Lobby of Logansport Memorial Hospital.

#### How do I know when my prescription(s) is ready?

• Once your prescription is filled, a staff member will deliver it to your bedside (during normal business hours). A pharmacist will be available to counsel you on the medications.

## How do I participate in the Meds-to-Beds Program?

• Let your case manager, nurse, or doctor know you'd like Community Pharmacy to deliver your new prescriptions prior to discharge. We'll take care of all the details.

#### What happens when I'm back home and my 30-day supply has run out?

• You can call Community Pharmacy at (574) 732-0418 or (800) 793-7455 to refill your prescription or you can have your prescription transferred to a pharmacy of your choice.



# **Patient Portal**

Logansport Memorial Hospital offers an online tool that goes a step beyond simply displaying information, by helping you manage your healthcare easily and securely. We understand that your time is valuable. The Patient Portal makes time-consuming tasks simple -- with a few clicks, you're done! You can access the Patient Portal from anywhere and when it's convenient for you, using a computer, a smartphone, or tablet. Manage your health information 24/7, without waiting.

#### Available at your convenience

- · Communicate securely with your provider and care team
- · Request and manage your upcoming appointments
- · View test results, including lab work and radiology
- · View immunization, allergy, and health history
- Request medication renewals/refills
- Manage family member accounts (with proper consent); Restrictions required by law may apply

All of the information in the Patient Portal comes from your LMH electronic medical record. This ensures that you have access to the most accurate, up-to-date information possible.

#### Self-Enrollment made easy

- Visit our website: www.logansportmemorial.org
- Click on the "Patient Portals" link along the top right of the screen. Then click "Enroll for **Hospital Patients**."
- After clicking the link, you will enter your first name, last name, date of birth, and be prompted for some additional information.
- Look for email invitation. You will receive an email invitation from "Logansport Memorial Hospital Patient Portal" (no-reply@iqhealth.com). You need to follow the instructions in the invitation to activate your account. NOTE: Check your spam folder if you do not see a message in your inbox within 24 hours.
- **Verify your identity.** Click on the link inside the email invitation to verify your identity for the HealtheLife Portal.
- **Register your account.** Click on the "Sign in with HealtheLife" and register your account to get connected and stay connected!

For additional help using the Patient Portal for hospital patients, call (574) 753-1390.



# **Need a Provider?**

Our team of providers and allied healthcare providers at Logansport Memorial Hospital are dedicated to understanding the causes of disorders and injuries. Our providers and staff provide the best medical and surgical care available with compassion and sensitivity to the needs of their patients.

## Find-a-Doc

Our Find-a-Doc service is for the convenience of area patients who are looking for a provider or nurse practitioner. Simply call the number and leave a message to be placed with a provider or nurse practitioner in the Logansport Memorial Provider Network. A personal care coordinator will follow up with you shortly to determine the right provider who will be able to meet your health needs.



For a full list of all the providers in the Logansport Memorial Provider Network, pick up a brochure at the Information Desk in the lobby. You may also search our website at **www.logansportmemorial.org** and click on the "Find a Provider" tab to see listings by service line or by individual name.

## Walk-in Clinic

You're too sick to just stay home and rest, but it's not an emergency where you need to go to the ER. Now what? Express Medical Center is Logansport Memorial Hospital's only walk-in clinic that is designed to treat minor illness and non-life threatening emergencies. The clinic is staffed by a full-time provider as medical director, with nurse practitioners who may see and treat your needs. No appointment is necessary to visit Express Medical Center; simply walk-in and wait briefly to get what you need and get back to feeling your best.



Logansport Memorial Express Medical Center 3400 E. Market Street in Cass Plaza (574) 722-9633

*Open 7 days per week Limited hours on major holidays* 



# You can quit smoking!

Did you know?

- Cigarette smoking kills more than 480,000 Americans each year – more than the combined deaths from car crashes, fires, homicides, suicides, drugs, alcohol, AIDS.
- More than 11,000 deaths are in Indiana.
- Smoking in pregnant mothers increases risk factors for low birth weight infants, infant mortality and long-term health outcomes of surviving infants.
- Cigarette smoking increases the risk of many forms of cancer.
- Heavy smokers are nearly 5 times more likely to die from cardiovasular deaths.

## STEP 1: Get Ready to Quit Smoking

Make a positive decision to quit. Set a target date for quitting and have realistic expectations. Expect to encounter stressful situations. Involve a friend or family member.

## **STEP 2: Change Your Habits**

Disassociate smoking from driving, eating, etc. Try cutting down on the number of cigarettes you smoke and switching to a brand that does not taste as good to you.

## STEP 3: Do a Trial Run

Practice going without cigarettes and clean your clothes to rid the smell of smoke.

## STEP 4: Time to Quit!

Throw away all your cigarettes. Have your teeth cleaned. Keep very busy. Remind your family friends. Buy yourself a treat or do something to celebrate.

## STEP 5: Ease through the First Days

Surround yourself with a clean, fresh, nonsmoking environment. Spend more time in smoke-free places. Drink large quantities of water. If you miss the sensation of having a cigarette in your hand, hold something else: a pencil, a toothpick or a fake cigarette.

Avoid temptation: brush your teeth after meals; take a walk.

When the craving for a cigarette is overwhelming, substitute carrots, apples, raisins or sugarless gum. Cravings will go away in 2 – 5 minutes. Find new habits and activities – swimming, jogging, playing tennis, crossword puzzles, needlework or gardening.

#### What to Expect When You Quit Smoking

Your heart and lungs will begin to repair. Your sense of taste and smell may improve. You will breathe more easily, and your smoker's cough may begin to disappear.

#### Temporary Withdrawal Symptoms

You may experience temporary symptoms such as dry mouth or sore throat, headaches, trouble sleeping, irregularity (constipation or diarrhea), fatigue, excess hunger, tenseness and irritability or a cough.

## Call the Indiana Tobacco Quitline for help!

You will receive one-on-one proactive telephone counseling to develop a plan to improve your chances of success. The Quit Coach will discuss medications, coping with cravings, avoiding weight gain and changing daily activities that trigger smoking. You'll have access to 24-hour web coaching and receive referrals to local services in your community.

Indiana's Tobacco Quitline is FREE, confidential and available 7 days a week in 170 languages. **Hotline:** 800-QUIT-NOW (800-784-8669) <u>www.in.gov/quitline</u> <u>www.quitnowindiana.com</u>



# **Logansport Memorial Hospital Foundation**

#### About the Foundation

The Logansport Memorial Hospital Foundation is a non-profit organization, incorporated in 1984 to serve as the fundraising arm of Logansport Memorial Hospital.

The Foundation fulfills its mission of supporting Logansport Memorial Hospital through building capital, awarding grants, and promoting services to enhance the overall health and wellness of our community.

Each year, community members, staff, and patients generously contribute to the Foundation's efforts. All donations are invested in areas that impact the health of our community.

For additional Foundation information, please contact LMHF at (574) 753-1595 or email foundationcoordinator@logansportmemorial.org.

## Donations

There are a number of ways you can give to the Logansport Memorial Hospital Foundation. Your giving goes to the area you choose and is essential to promoting good health in our communities.

- Restricted gifts are assigned to accounts consistent with donor wishes to be used by that program only.
- Unrestricted gifts are placed into the Foundation general account to be used as directed by the Foundation Board according to the strategic plan.
- Endowed gifts are placed in investment accounts. Only the interest from these accounts is used and the principal remains preserved.

## Ways to give

You may give in several ways. There are advantages to each type of gift. Take some time to consider your options. You can make an immediate impact by making a gift today:

- Make an online gift with your credit card: <u>www.logansportmemorial.org</u>. Click on Donate Now.
- Make a credit card gift by phone: call (574) 753-1595.

You may also make a cash or credit card gift by mail by sending your cash gift or credit card information to:

Logansport Memorial Hospital Foundation 1101 Michigan Avenue Logansport, IN 46947

#### Make checks payable to the Logansport Memorial Hospital Foundation.

## Recognition

The Tree of Life is displayed in the Medical Office Building East. Donors may purchase a leaf for \$250. The leaves are inscribed. All of the Tree of Life proceeds go to the Logansport Memorial Hospital Foundation general fund.

Recognition is applicable to individual and corporate donors. Donors who wish to remain anonymous may do so.





# **Patient Financial Services**

Logansport Memorial Hospital provides financial counselors who are dedicated to assisting you with your financial concerns or questions.

Our financial team can help with:

- Understanding your bills.
- Explaining what you can expect during the billing process.
- Accepting payment.
- Applying for financial assistance, if needed.
- Updating your insurance or payer information.

#### **Billing Insurance**

As a courtesy to our patients, LMH submits bills to your insurance company and will do everything possible to advance your claim. However, it may become necessary for you to contact your insurance company to give more information for claims processing requirements or to speed up payment. You should remember that your policy is a contract between you and your insurance company. You have the final responsibility for payment of your hospital bill.

#### Provider Billing

If you have been treated at LMH, you may receive several bills for medical care. Your hospital bill does not include the fees of your provider(s) or consulting provider(s). Fees for professional services rendered to you by radiologists, pathologists, surgeons, emergency room and ambulance are also not included on your hospital bill. Fees for these professional services are billed directly by the providers or organizations providing services.

#### **Financial Arrangements**

For the financial health of the hospital, financial arrangement for payment is required at the time of service. Depending on your insurance benefits, the amount collected at your visit may be based on estimated charges. We will require payment for the part of your hospital service or provider bills not covered by your insurance plan. This may include co-payments and/or co-insurance amounts.

To assist you in meeting your payment obligations, LMH has the following payment options:

- Cash, checks, money orders.
- Debit or credit cards, including VISA, Master Card, and Discover.
- To pay your bill online, visit <u>LogansportMemorial.org</u> and click the "Pay My Bill" button in the top right corner of your screen.

#### **Timely Payment**

For patients with the ability to pay their bills, it is the obligation of the patient to pay the hospital in a timely manner. LMH makes every effort to see that patient accounts are properly billed and patients may expect to receive a uniform summary statement after discharge from an inpatient stay, outpatient visit or Logansport Memorial Provider network visit. It is your responsibility to provide the correct insurance information.

If you do not have health insurance coverage and cannot afford to pay the bill in full, please contact a Financial Counselor.



## **Patient Rights and Responsibilities**

We want to encourage you, as a patient at Logansport Memorial Hospital, to speak openly with your health care team, participate in your treatment choice, and promote your own safety by being well informed and involved in your care. Because we want to work together with you, we want you to know your rights as well as your responsibilities during your stay with us. **We ask you and your family to join us as active members of your care team.** 

You and/or your representative have the right to:

#### Considerate and respectful care

- Receive considerate, respectful, and compassionate care in a safe setting regardless of your race, color, national origin, age, disability, religion, sex (including sexual orientation or gender identity), or source of payment or inability to pay.
- To receive care in a safe setting free from all forms of abuse or harassment.
- Be free from restraints or seclusion, of any form, that are not medically necessary nor used as a means of coercion, discipline, convenience, or retaliation by staff.
- Be called by your proper name and to be in an environment that maintains dignity.
- Expect LMH to respect your rights for effective communication.

#### Information about your health status and medical care

- Be informed of your health status.
- Participate in the development and implementation of your plan of care. You can expect to be told in a timely manner of the need for planning your discharge or transfer to another facility or level of care, within or outside of the Hospital, and to know the reasons why. Before discharge, you can expect to receive information about follow-up care that may be needed.
- Be told by your provider about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes.

#### **Visitation**

- Be informed (or support person, where appropriate) of your visitation rights, including any clinical restriction or limitation.
- Receive (or support person, where appropriate; subject to your consent, which can be withdrawn at any time) the visitors whom you designate, including but not limited to a spouse, a domestic partner (including same-sex domestic partner), another family member or friend.
- Not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- Know that the type and number of visitors present may be reasonably restricted or limited by staff to the extent such restriction or limitation is clinically necessary and communicated by the health care providers to the patient (or your designated representative or decision maker).
- Know the hospital will ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

#### Access to your medical records and privacy

- Personal and informational privacy and confidentiality concerning your medical care, financial information, and treatment. A copy of the Notice of Privacy Practices is available upon request.
- Access information contained in your clinical records to the extent permitted by law.

#### **Decision-making and notification**

- · Make informed decisions regarding your care.
- Be able to request or refuse care, treatment, and services in accordance with the law and regulations. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. If the patient leaves the Hospital against the advice of the provider, the hospital and provider will not be responsible for any medical consequences that may occur.
- Be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising their access to services.
- Have your pain assessed and to be involved in decisions about treating your pain as effectively as possible.
- Have a family member or representative of your choice and your own provider notified promptly of your admission to the hospital.
- Be told the names and know the professional status of your providers, nurses, and all health care team members directing and/or providing care and to know the reasons for any proposed change in the Professional Staff responsible for your care.
- Know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.

#### Information about your bill

- Examine and receive explanation of your hospital bill, regardless of the source of payment.
- Access the cost, itemized when possible, of services rendered within a reasonable period of time.
- Be informed of the source of the hospital's reimbursement for their services, and of any limitations which may be placed upon your care.
- Contact the Financial Counselor at (574) 753-1577 or (574) 753-1371 if you have questions or need financial assistance with your medical bills.



# **Patient Rights and Responsibilities**

#### Advance Directives

- Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives. If you do not have an advance directive, LMH can provide you with information and help you to complete one.
- Have a surrogate (parent, legal guardian, person having medical power of attorney) exercise your rights when you are incapable of doing so, without coercion, discrimination, or retaliation.
- To have issues related to care at the end of life addressed with sensitivity.
- Know that your family has the right of informed consent for donation of organs and tissues.

#### Spiritual care

- Express your spiritual beliefs, cultural practices, and pastoral services as long as these do not harm others or interfere with treatment or plan of care.
- Receive physical or spiritual support during times of illness and through the dying process.

#### **Grievances**

- Expect prompt resolution of complaints and grievances by contacting the Patient Complaint Line at (574) 753-1383.
- Raise ethical issues concerning care, treatment or services with the care providers and/or with the hospital's ethics committee by contacting the Patient Complaint Line at (574) 753-1383.
- Access the internal grievance process by calling the Patient Complaint Line at (574) 753-1383. Also, you have the right to access an external agency by calling 1-800-246-8909; Indiana Department of Health, 2 N. Meridian Street, Indianapolis, Indiana, 46204.
- Expect that you can freely voice complaints and recommend changes without being subject to coercion, discrimination reprisal, or unreasonable interruption of care, treatment, or services.

You and/or your representative have the responsibility to:

#### **Provide information**

- Provide complete and accurate information including your full name, address, telephone number, date of birth, social security number, insurance carrier and employer, when it is required.
- Provide complete and accurate information about your health and medical history, including your present condition, past illnesses, hospital stays, surgeries, prescribed and over-thecounter medications, past allergic reactions, changes in your condition, and any other matters that pertain to your health, including perceived safety risks.
- Share any values, spiritual beliefs, or advance directives that are important to your care and well-being.

#### Participate in your care

- Participate in the development and implementation of your plan of care recommended by the provider, and to assume responsibility for the consequences if you refuse treatment or do not follow instructions.
- Keep your appointments, be on time, and call your health care provider if you cannot keep your appointments.
- Maintain the treatment recommended by your provider and to notify your provider of any changes after you leave the hospital.

#### Be respectful

- Be respectful of and cooperate with all hospital personnel caring for you and ask questions if you do not understand any instructions, course of action, or expectations.
- Be considerate of other patients and staff, and see that your visitors are considerate as well, particularly in regard to noise, the number of visitors, and compliance with the smoke-free environment.
- Show respect of the needs and property of other patients, staff, and the hospital. You are encouraged to leave valuables at home and only bring the necessary items for your hospital stay.

#### Financial responsibility

- Be prompt in your payment of hospital bills.
- Provide the information necessary for insurance processing.
- Be prompt in asking questions you have concerning your bill. Contact the Financial Counselor at (574) 753-1577 or (574) 753-1371 if you have questions or need financial assistance with your medical bills.



## Discrimination is against the Law

Logansport Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, age, disability, or sex (including sexual orientation or gender identity). Logansport Memorial Hospital does not exclude people or treat them differently because of race, color, national origin, religion, age, disability, or sex (including sexual orientation or gender identity).

#### Logansport Memorial Hospital:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Switchboard for Logansport Memorial Hospital by mail at 1101 Michigan Avenue, Logansport, IN 46947, by phone at (574) 753-7541, or by email at <a href="mailto:switchboard@logansportmemorial.org">switchboard@logansportmemorial.org</a>.

If you believe that Logansport Memorial Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, religion, age, disability, or sex (including sexual orientation or gender identity), you can file a grievance with the **Compliance Officer**— in person, by mail at 1101 Michigan Avenue, Logansport, IN 46947, by phone at (574) 753-1700, or by email at <u>info@logansportmemorial.org</u>.

If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <u>http://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u>, or by mail or phone at:

Centralized Case Management U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1 (800) 368-1019, (800) 537-7697 (TDD)

More information is available at https://www.hhs.gov/ocr/complaints/index.html.



## ACA Section 1557 Non-Discrimination Taglines

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 574-753-7541 or 1-800-243-4512.

**Español (Spanish) -** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-574-753-7541 or 1-800-243-4512

ကြမာန်မှ (Burmese) - သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-574-753-7541 or 1-800-243-4512 သို့ ခေါ် ဆိုပါ။

**Chata' wa' (Quiche):** We kach'aw pa K'iche', k'o jun patanib'al rech tob'anem pa le ach'ab'al jamal uwach xuquje' man tojtal taj. Chatch'aw apan pa le 1-574-753-7541 1-800-243-4512.

ภาษาไทย (Thai) - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-574-753-7541 or 1-800-243-4512

**llokano (llocano) -** PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-574-753-7541 or 1-800-243-4512

ພາສາລາວ (Lao) - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-574-753-7541 or 1-800-243-4512

unD (Karen) - ymol.ymo; = erh>uwdRAunD AusdmtCd<AerRM>Ausdmtw>rRpXRvXAwvXmbl.vXmphRAeDwrHRb.ohM. vDRIAud; 1-574-753-7541 or 1-800-243-4512

**Tagalog (Tagalog – Filipino) -** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-574-753-7541 or 1-800-243-4512

**Tiếng Việt (Vietnamese) -** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-574-753-7541 or 1-800-243-4512

**注意(Mandarin): 如果您**说, **那么您可以免**费获取语言帮助服务。请打电话<u>1-574-753-7541</u> or 1-800-243-4512

**THEIH DING (Zomi):** Zokam na theih leh, sum piak kulloh pausin kipattahna munte ah ki kah thei hi. Hih nambat 1-574-753-7541 1-800-243-4512 sam in.

**日本語 (Japanese):** 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-574-753-7541 or 1-800-243-4512 まで、お

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-574-753-7541 or 1-800-243-4512 번으로 전화해 주십시오.

**Deitsch (Pennsylvania Dutch):** Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-574-753-7541 or 1-800-243-4512.

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-574-753-7541 or 1-800-243-4512.



# **Notice of Privacy Practices**

Effective Date: April 14, 2003 Revised Date: January 18, 2024

This Notice describes how protected health information about you may be used and disclosed (shared), and how you can get access to this information.

## Please read it carefully.

If you have any questions about this notice, please contact our Privacy Officer at (574) 737-8765

This Notice describes Logansport Memorial Hospital's (Memorial Hospital) practices and that of any healthcare professional authorized to enter information into your hospital chart, all departments and units of the hospital, any member of a volunteer group that we allow to help you while you are in the hospital, all employees, staff, students, vendors, agents, and other hospital personnel, and physician practices owned by Memorial Hospital.

## Your Information. Your Rights. Our Responsibility.

## **Our Responsibility to Protect Your Health Information**

We are required by law to maintain the privacy and security of your protected health information. Protected health information (PHI) is your health information, or other individually identifiable information, such as demographic data, that may identify you. Protected health information relates to your past, present, or future physical or mental health or condition related to healthcare services.

We must follow the duties and privacy practices described in this Notice, though **we reserve the right to change the terms of this Notice at any time.** We reserve the right to make new Notice provisions effective for all PHI we currently maintain or receive in the future. If we change this Notice, the revised Notice will be posted on our website at <u>www.logansportmemorial.org</u>. You may also request that a revised copy be sent to you in the mail or obtain one at the time of an appointment at Logansport Memorial Hospital.

## How We May Use and Disclose Your Information

We access, use and disclose (share) your PHI for a variety of reasons. The following section offers more descriptions and examples of our potential access/use/disclosures ("uses and disclosures") of your PHI. Other uses and disclosures not described in this Notice will be made only with your authorization.

#### Uses and disclosures of protected health information that do not require your authorization

Most often we use or share your PHI for treatment, payment, and healthcare operations purposes. This means we may share your health information in the following ways:

• **To treat you:** We can use your PHI and share it with other healthcare professionals who are involved in your care and treatment for the purposes of providing or coordinating healthcare to you. For example, your PHI may be shared among members of your treatment team, referring providers, post-acute care facilities, pharmacies, etc.

Memorial Hospital participates in certain Health Information Exchanges or Organizations. Specifically, Memorial Hospital participates in the Indiana Health Information Exchange (IHIE), which helps make your PHI available to other healthcare providers who may need access to it in order to provide care or treatment to you.



- **To obtain payment:** We can use and share your PHI in order to bill and collect payment for healthcare services provided to you. We may release your PHI to the state Medicaid agency to determine your eligibility for publicly funded services.
- For healthcare operations: We can use and share your PHI to run our organization and support its business activities. These activities include, but are not limited to, quality improvement activities, employee or provider review activities, training of students, licensing, and conducting or arranging for other business activities. We may share your information with our business associates, who provide services for or on our behalf, such as a billing service, who help us with our business operations. All of our business associates are required to protect the privacy and security of your health information just as we do.

We may use your PHI to tell you about appointments and other matters related to your care. We may contact you by mail, telephone, or via Memorial Hospital's secure, online patient portal. We may use the telephone number you provided to leave voice messages or send text messages.

# How else can we share your information? The law allows us to use or disclose your PHI without your authorization in certain situations, including but not limited to:

- When required by law: We will share information about you if state or federal laws require it, or allows us to do so. For example, we may report information about suspected abuse and/or neglect, relating to suspected criminal activity, or for FDA-regulated products or activities. We must also disclose information to authorities monitoring compliance with these privacy requirements.
- For public health and safety: We may disclose PHI for reporting communicable diseases, births, or deaths; or for preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities: We may share your information to a health oversight agency, for example the Indiana State Department of Health, for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Relating to decedents:** We may share information relating to an individual's death to coroners, medical examiners, funeral directors, and organ procurement organizations.
- For research purposes: We can use or share your information for health research as part of a project approved by an Institutional Review Board.
- **Worker's Compensation:** We may share your information to your employer or your employer's insurance carrier for Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.
- Law enforcement: We may share your information to a law enforcement official in circumstances such as: in response to a court order, administrative order or subpoena; to identify a suspect, witness, or missing person; about crime victims; about a death that we may suspect is the result of a crime; or a crime that takes place at our facility.
- For specific government functions: We may share your information for special government functions such as military, national security, and presidential protective services.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share protected health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- **De-Identified PHI:** We may de-identify your health information as permitted by law. We may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to research studies, development of artificial intelligence tools, and healthcare/health operations improvement activities.
- **Fundraising activities**: We may use PHI to contact you in an effort to raise money for our operations. We may disclose PHI to a foundation related to Memorial Hospital so that it may raise money to support Memorial Hospital. You may contact the Corporate Planning & Development department or Logansport Memorial Hospital Foundation, by phone or in writing, and request to not be contacted for this purpose.



#### **Incidental Disclosures and Safeguards**

We are required to have appropriate safeguards in place to protect the privacy of your PHI to limit incidental uses or disclosures. Oral communication often must occur freely and quickly in treatment settings as in physician offices, nurses' stations or emergency rooms. Overheard communications in these settings may be unavoidable and are considered incidental disclosures. Incidental disclosures are permitted when reasonable safeguards are in place.

#### Uses and disclosures requiring you to have an opportunity to object

In the following cases, we may use or share your PHI unless you object or if you specifically give us permission. If you are not able to give us permission, for example if you are unconscious, we may share your PHI if we believe it is in your best interest.

- **Patient directories:** We may include limited information about you in the hospital directory while you are a patient. This information may include your name, location in the hospital, general condition and religious affiliation. This directory information may be released to people who ask for you by name so that they may generally know how you are doing. Also, your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. If you do not want this information shared, please let Memorial Hospital know. If you choose not to share this information, we will not tell anyone you are in the facility and flowers, mail, phone calls and visitors will be turned away.
- To families, friends or others involved in your care: We may share with your family, your friends, or others involved in your care PHI directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or your death.
- **Disaster relief:** In the event of a disaster, we may release your PHI to a public or private relief agency, for purposes of notifying your family and friends of your location, condition, or death.

#### Uses and disclosures of protected health information that do require your authorization

Memorial Hospital will not disclose or sell your PHI for marketing purposes. In addition, certain disclosures of psychotherapy notes, mental health records, and drug and alcohol abuse treatment records may require your prior written authorization.

## Your Rights Regarding Your Protected Health Information

When it comes to your health information, you have certain rights. This section explains your rights related to your PHI.

The right to inspect and copy your PHI: You have the right to see or get an electronic or paper copy of your PHI that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. To inspect or obtain a copy of your PHI, you must submit your request in writing to the Health Information Management department at Memorial Hospital. If you request a copy of the information, we may charge a reasonable, cost-based fee associated with your request. You have a right to choose what portions of your PHI you want copied and to have information on the cost of copying in advance. In limited circumstances, we may deny your request. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed.



- The right to request an amendment of your PHI: If you believe there is a mistake or missing information in your health record, you have the right to request that we correct or add to the record. Your request must be in writing, including a reason for the request, and submit it to the Health Information Department. We may deny your request for amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if we determine the PHI is: (a) correct and complete; (b) not created by us or is not part of our designated record set; or (c) not permitted to be disclosed. If we deny your request, we will provide a written response including the reason(s) for denial and explain your rights to have the request and denial reviewed. If we approve the request for amendment, we will inform you of the approval, change the PHI, and make reasonable efforts to inform others who need to know about the change.
- The right to request confidential communications: You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing to the Health Information Department. We will accommodate all reasonable requests.
- The right to request restrictions on uses and disclosures: You have the right to ask us to limit how we use or share your PHI. You must make your request in writing to the Health Information Department. If you have paid in full for a service and have requested we not share PHI related to that service with a health plan, we must agree to the request. For any other request to limit how we use or disclose your PHI, we will consider your request, but are not required to agree to the restriction. If we do agree, we will comply with your restriction unless the information is needed to provide emergency medical treatment.
- The right to find out what disclosures have been made: You have the right to get a list of when, to
  whom, for what purpose, and what content of your PHI has been released for six (6) years prior to the date
  you ask this is called an accounting of disclosures. We will include all disclosures except for those about
  treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked or
  authorized us to make). We will provide one accounting a year for free but then may charge a reasonable,
  cost-based fee if you ask for another one within a 12-month period.
- The right to receive notice of a breach: You have the right to be notified following a breach of your unsecured PHI. We will provide notice to you in the event we learn of any unauthorized use of your PHI that has not been properly secured as required by HIPAA. We will notify you as soon as reasonably possible but no later than sixty (60) days after the breach has been discovered.
- The right to a paper copy of this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request. To obtain a copy of this Notice, contact the Privacy Officer at 574-737-8765 or info@logansportmemorial.org.
- The right to choose someone to act for you: If you have an advance directive/healthcare representative, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.



## **Questions or Complaints About our Privacy Practices**

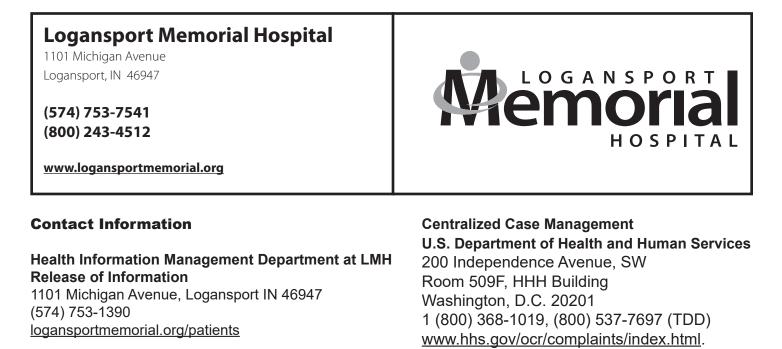
If you have questions about this Notice, you believe your privacy rights may have been violated or disagree with a decision we made about access to your PHI, you may contact the Privacy Officer at 574-737-8765 or at info@logansportmemorial.org. You may also submit an anonymous complaint by contacting our confidential hotline at 877-222-0792 or by visiting www.lighthouse-services.com/logansportmemorial. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services.

#### You will not be penalized for filing a complaint.

#### Notice of Nondiscrimination:

Logansport Memorial Hospital complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and gender identity), age, disability, or religion. Logansport Memorial Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

Logansport Memorial Hospital Privacy Officer: (574) 737-8765 • info@logansportmemorial.org



LMH Privacy Officer 1101 Michigan Avenue, Logansport IN 46947 (574) 737-8765 logansportmemorial.org/patients

#### **LMH Foundation**

1101 Michigan Avenue, Logansport IN 46947 (574) 753-1595 logansportmemorial.org/foundation



# **Advance Care Planning**

#### What is Advance Care Planning?

Advance care planning helps to prepare you for medical decision making and to talk about your goals for medical care. It involves choosing an emergency contact and the medical care that is important to you. It can be done at any age or stage of health. The goal is to help ensure that you receive medical care that is consistent with your values, goals, and preferences during serious and chronic illness.

# Advance Care Planning Is MORE Than Just an Advance Directive and More Than Just About the End of Life!

Advance care planning can be done at ANY stage in life. It includes thinking about and identifying your goals for medical care, both right now, as well as in the future. It also involves talking about these goals with your family, friends and medical providers.

#### Why Is Advance Care Planning Important?

Advance care planning is considered a standard good health practice and should ideally be done before a health crisis. Similar to having a safety back-up plan, advance care planning can help your family, friends, and medical provides make sure you are getting the medical care that is right for you at any stage in your health and at the end of life.

#### **Types of Advance Care Planning**

An advance directive is a legal form that lets you have a say about how you want to be cared for if you cannot speak for yourself. Indiana recognizes several types of advance directives.

- Designation of a Healthcare Representative Allows you to choose a person who you want to make healthcare decisions for you when you cannot.
- Living Will A written document that puts into words your wishes in the event you become terminally ill and are unable to communicate. This document allows you to make choices concerning CPR, artificial nutrition, blood transfusions, and being on a respirator (breathing machine).
- Physician Orders for Scope of Treatment (POST) Form An order from your medical provider reflecting your wishes for medical interventions. Talk to your medical provider to see if you meet the criteria for creating a POST form.
- Out of Hospital Do Not Resuscitate Declaration and Order An order from your medical provider stating you do not wish to receive CPR. This order is only valid when you are in a location outside of a hospital.



# **Ready to Learn more or Take Next Steps**

If you would like to learn more about your options for creating an advance directive, or if you are ready to get started in creating an advance directive, the following options are available to you:

- Talk to your physician and family about your wishes.
- During your inpatient stay, request to speak with someone from our Case Management team who can answer questions and provide more information for you.
- Access free resources that provide information about advance care planning. A few examples include:
  - The Indiana Department of Health's Advance Directive Resource Center located at

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<u>https://www.in.gov/health/cshcr/indiana-health-care-quality-resource-center/advance-directives-resource-center/</u>
- Prepare for Your Care website located at <a href="https://prepareforyourcare.org/en/advance-directive-state/in">https://prepareforyourcare.org/en/advance-directive-state/in</a>
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• The Indiana Patient Preferences Coalition located at https://www.indianapost.org/

Although an attorney is not required to implement a healthcare advance directive, you may wish to speak with your attorney before signing an advance directive.



Our employees are the heart of our hospital. Help us recognize the outstanding CARE they provide.

At Logansport Memorial Hospital, we value all of our patients and community members, because we CARE about everyone we serve. If you or a loved one has been treated with CARE by anyone on the Logansport Memorial team, we would love to hear your story.

As we strive to Build Better Health in our community, our hope is to recognize exemplary care provided by the physicians, staff members, volunteers, or whole departments based on the feedback of our patients and community.

We would be honored if you shared your story with us so we can recognize and reward the dedicated team at Logansport Memorial Hospital.

If you'd like to share a story, please email: feedback@logansportmemorial.org.



## Notes




## Notes




Thank you for choosing us for your healthcare needs. It is our privilege to serve you.

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