

STANDARDS OF CONDUCT

Care Planners Home Health Care LLC

Employer Standards

This organization shall comply with all local, state and federal regulations that apply.

The organization does not accept bribes, kickbacks or tips for any purpose.

The company is not part of the ownership of any other entity that generates referrals to it.

All employees are trained on proper business conduct.

All employees are given instruction on the company's Policies and Procedures.

All information regarding our client's medical condition are kept confidential and only released by signature from the client.

All insurance claims reflect products or services that are actually delivered.

Exact billing codes that match the Certificate of Medical Necessity Diagnosis will be used on all claims.

A licensed physician must approve and complete appropriate documentation for medical equipment/services should that arise

All marketing materials and advertisements are honest, informative and non-deceptive.

All potential employees are screened and references are checked. Criminal Background Check along with the OIG Exclusion list

Employee Standards

No employee will knowingly engage in deceptive, misleading or fraudulent acts.

No employee will accept any monetary remuneration from clients or referring sources.

All employees will follow company policies and procedures that relate to their position.

All patient information shall remain confidential.

Patient information will not be released without the Company and patient's knowledge and written permission.

All information given to potential clients will be truthful, factual and informative.

Employee Name

Employee Signature

Date

Care Planners Home Health Care LLC (Phone) 651-645-1070
346 Larpenteur Ave. W St Paul MN 55113 (Fax) 651-645-9884
Hours Monday – Friday 9AM-5PM Emergency 24 Hr. number 651-756-9003

Pledge of Confidentiality

Information regarding a patient of this company shall not be released to any source outside of this company without the signed permission of the patient. Furthermore, information will only be released internally on a need-to-know basis. All employees will not discuss patient cases outside the office or with anyone not employed by this company unless they are directly involved with the patient's case.

Name _____

Date _____

HIPPA LAW DEFINITION

HIPPA stands for Health Insurance Portability and Accountability Act.

HIPPA is a law that went into effect August 21, 1996.

The law was developed to ensure people have privacy regarding their medical information.

No one working with an individual is allowed to share any medical information of that individual. This includes family members. If a signed release is obtained, you may be able to share information with only the people who the Client has requested have the information.

The specific information that is protected is information, including such data that relates to:

- The individual's past, present, or future physical or mental health or condition.
- The provision of health care to the individual, or
- The past, present or future payment for the provision of health care to the individual.

Individually identifiable health information includes many common identifiers such as name, address, birth date, Social Security number.

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HIPAA PRIVACY RULE

HIPPA stands for **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**.

The law went into effect on August 21, 1996. It is Public law 104-191.

These privacy rule standards address the use and the disclosure of individual's health information, called protected health information.

This rule or law assures that Client's health information is properly protected while allowing the flow of health information needed to provide health care.

Every Client receiving care from Care Planners Home Health Care, LLC is protected under the HIPPA law.

Any staff person who gives any medical information regarding any Client who receives services from Care Planners Home Health Care, LLC will be discharged immediately.

HIPPA is a federal law making the offense a federal one, which is subject to federal charges as well.

I,(printed name) _____ have gone over the HIPPA rule on
(date) _____. I understand the importance of not giving out medical information regarding any Client I currently assist in the future, or have assisted in the past.

X

Signature of Employee