For your information:

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For a prompt and personal response to your needs and concerns:

Patient Action Line (PAL)
At Wesley: Dial ext. 27377 (from outside the hospital, call (316) 962-7377)
At Wesley Woodlawn: Dial ext. 2965 (from outside, call (316) 858-2965)
Patient rights

Wesley Healthcare respects the dignity and pride of each individual we serve. We comply with applicable federal civil rights laws and do not discriminate on the basis of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law. Each individual shall be informed of the patient’s rights and responsibilities in advance of administering or discontinuing patient care. We adopt and affirm as policy the following rights of patient/clients who receive services from our facilities:

Considerate and Respectful Care
• To receive ethical, high-quality, safe and professional care without discrimination
• To be free from all forms of abuse and harassment
• To be treated with consideration, respect and recognition of their individuality, including the need for privacy in treatment. This includes the right to request the facility provide a person of one’s own gender to be present during certain parts of physical examinations, treatments or procedures performed by a health professional of the opposite sex, except in emergencies, and the right not to remain undressed any longer than is required for accomplishing the medical purpose for which the patient was asked to undress

Information regarding Health Status and Care
• To be informed of his/her health status in terms that patient can reasonably be expected to understand, and to participate in the development and the implementation of his/her plan of care and treatment
• The right to be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient
• The right to be informed about any continuing health care requirements after his/her discharge from the hospital. The patient shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.
• To be informed of risks, benefits and side effects of all medications and treatment procedures, particularly those considered innovative or experimental
• To be informed of all appropriate alternative treatment procedures
• To be informed of the outcomes of care, treatment and services
• To appropriate assessment and management of pain
• To be informed if the hospital has authorized other health care and/or education institutions to participate in the patient’s treatment. The patient shall also have a right to know the identity and function of these institutions, and may refuse to allow their participation in his/her treatment

Decision-Making and Notification
• To choose a person to be his/her healthcare representative and/or decision maker. The patient may also exercise his/her right to exclude any family members from participating in his/her healthcare decisions
• To have a family member, chosen representative and/or his or her own physician notified promptly of admission to the hospital
• To request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate
• To be included in experimental research only when he or she gives informed, written consent to such participation. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices
• To formulate advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives
• To leave the healthcare facility against one’s physician’s advice to the extent permitted by law

Access to Services
• To receive, as soon as possible, the free services of a translator and/or interpreter, telecommunications devices, and any other necessary services or devices to facilitate communication between the patient and the hospitals’ health care personnel
• To bring a service animal into the facility, except where service animals are specifically prohibited pursuant to facility policy (e.g., operating rooms, patient units where a patient is immunosuppressed or in isolation)
• To pastoral counseling and to take part in religious and/or social activities while in the hospital, unless one’s doctor thinks these activities are not medically advised
• To safe, secure and sanitary accommodation and a nourishing, well balanced and varied diet
• To access people outside the facility by means of verbal and written communication
• To have accessibility to facility buildings and grounds. Wesley Healthcare recognizes the Americans with Disabilities Act, a wide-ranging piece of legislation intended to make American society more accessible to people with disabilities. The policy is available upon request.
• To a prompt and reasonable response to questions and requests for service
• To request a discharge planning evaluation

Access to Medical Records
• To have his/her medical records, including all computerized medical information, kept confidential and to access information within a reasonable time frame. The patient may decide who may receive copies of the records except as required by law
• Upon leaving the healthcare facility, patients have the right to obtain copies of their medical records

Ethical Decisions
• To participate in ethical decisions that may arise in the course of care including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life sustaining treatment, and participation in investigational studies or clinical trials
• If the healthcare facility or its team decides that the patient’s refusal of treatment prevents him/her from receiving appropriate care according to ethical and professional standards, the relationship with the patient may be terminated

Protective Services
• To access protective and advocacy services
• To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff
• The patient who receives treatment for mental illness or developmental disability, in addition to the rights listed herein, has the rights provided by any applicable state law
• To all legal and civil rights as a citizen unless otherwise prescribed by law
• To have upon request an impartial review of hazardous treatments or irreversible surgical treatments prior to implementation except in emergency procedures necessary to preserve one’s life
• To an impartial review of alleged violations of patient rights
• To expect emergency procedures to be carried out without unnecessary delay

Payment and Administration
• To examine and receive an explanation of the patient’s healthcare facility’s bill regardless of source of payment, and may receive upon request, information relating to the availability of known financial resources
• A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate
• To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care
• To be informed in writing about the facility policies and procedures for initiation, review and resolution of patient complaints, including the address and telephone number of where complaints may be filed

Additional Patient Rights
• Except in emergencies, the patient may be transferred to another facility only with a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution
• To initiate their own contact with the media
• To get the opinion of another physician, including specialists, at the request and expense of the patient
• To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment
• To request a transfer to another room if another patient or a visitor in the room is unreasonably disturbing him/her
• To request pet visitation except where animals are specifically prohibited pursuant to the facility’s policies (e.g., operating rooms, patient units where a patient is immunosuppressed or in isolation)
Patient Responsibilities
The care a patient receives depends partially on the patient him/herself. Therefore, in addition to the above rights, a patient has certain responsibilities. These should be presented to the patient in the spirit of mutual trust and respect.

- To provide accurate and complete information concerning his/her health status, medical history, hospitalizations, medications and other matters related to his/her health
- To report perceived risks in his/her care and unexpected changes in his/her condition to the responsible practitioner
- To report comprehension of a contemplated course of action and what is expected of the patient, and to ask questions when there is a lack of understanding
- To follow the plan of care established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician’s orders
- To keep appointments or notifying the facility or physician when he/she is unable to do so
- To be responsible for his/her actions should he/she refuse treatment or not follow his/her physician’s orders
- To assure that the financial obligations of his/her healthcare care are fulfilled as promptly as possible
- To follow facility policies, procedures, rules and regulations
- To be considerate of the rights of other patients and facility personnel
- To be respectful of his/her personal property and that of other persons in the facility
- To help staff to assess pain, request relief promptly, discuss relief options and expectations with caregivers, work with caregivers to develop a pain management plan, tell staff when pain is not relieved, and communicate worries regarding pain medication
- To inform the facility of a violation of patient rights or any safety concerns, including perceived risk in his/her care and unexpected changes in their condition

Patient Visitation Rights
Wesley Healthcare recognizes the importance of family, spouses, partners, friends and other visitors in the care process of patients. We adopt and affirm as policy the following visitation rights of patients/clients who receive services from our facilities:

- To be informed of their visitation rights, including any clinical restriction or limitation of their visitation rights
- To designate visitors, including but not limited to a spouse, a domestic partner (including same sex), family members, and friends. These visitors will not be restricted or otherwise denied visitation privileges on the basis of age, race, color, national origin, religion, gender, gender identity, gender expression, sexual orientation or disability. All visitors will enjoy full and equal visitation privileges consistent with any clinically necessary or other reasonable restriction or limitation that facilities may need to place on such rights
- To receive visits from one’s attorney, physician or clergyperson at any reasonable time
- To speak privately with anyone he/she wishes (subject to hospital visiting regulations) unless a doctor does not think it is medically advised
- To refuse visitors
- Media representatives and photographers must contact the hospital spokesperson for access to the hospital

To report a patient rights concern, please contact:

Patient Advocate
(316) 962-3030

Quality Improvement Organization (QIO)
KEPRO Area 4
5201 W. Kennedy Blvd., Ste. 900
Tampa, FL 33609
Beneficiary Helpline (855) 408-8557
TTY for all areas: (855) 843-4776

The Joint Commission
Office of Quality and Patient Safety
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
   ▶ Customer Service: 800-994-6610
   ▶ E-mail: complaint@jointcommission.org
   ▶ Online complaint form: jointcommission.org/report_a_complaint.aspx

HCA Ethics Line:
(800) 455-1996
If you need access to services or to report a concern regarding discrimination in access to services, please contact:

Jennifer Krier
Equity Compliance Coordinator (ECC)
Wesley Medical Center
550 N. Hillside
Wichita, KS 67214
(316) 962-3030 (voice)
(316) 962-7931 (fax)
jennifer.krier@wesleymc.com
Advance directives: Your right to choose

Through the past several decades, the ability of medical science to save and preserve lives has increased dramatically. However, this ability has raised some serious questions: Should health care providers preserve a patient’s life after the quality of the patient’s life is gone? When a patient can no longer make decisions or communicate decisions about treatment, should health care providers make those decisions?

Many states — including Kansas — have passed laws allowing people to prepare written directions about their future health care. These documents are called “advance directives.”

In 1990, the federal government passed the Patient Self-Determination Act, a law that requires hospitals to provide written information to adult inpatients concerning their right under state law to make decisions about their own medical care and their right to formulate advance directives.

Two types of advance directives are most commonly used: the “Living Will” and the “Durable Power of Attorney for Health Care Decisions.”

The Living Will

The Living Will is a written declaration that makes your wishes known in the event that you have a terminal condition and cannot communicate. (A terminal condition is one that is expected to cause the patient to die.) The Living Will states that life-sustaining procedures should be withheld or withdrawn if you have lost the ability to make decisions and when such procedures would merely prolong death. Medical procedures that provide comfort or alleviate pain are not considered life-sustaining procedures.

To be valid, the Living Will must be signed by you and witnessed by two adults who are not related to you, and who will not inherit from you.

For the Living Will to go into effect, two doctors must examine you and determine that you have a terminal condition. The doctors must agree that you will die whether or not the life-sustaining procedure is done.

The Living Will is not valid while you are pregnant. It is not valid in the operating room, nor is it valid in outpatient settings. In the event an outpatient needs inpatient care, any existing advance directives will be honored.

Durable Power of Attorney for Health Care Decisions

A Durable Power of Attorney for Health Care Decisions is a document in which you give someone else the right to make decisions about your health care in the event that you cannot make these decisions for yourself. That person is called your “agent.”

You can name as your agent any competent adult, except a health care provider (unless that person is related to you by blood or marriage). To be valid, the document must be signed by you and witnessed by two adults who are not related to you and who will not inherit from you.

The powers that can be granted to your agent include the power to make decisions, give consent, refuse consent or withdraw consent for organ donation, autopsy or the treatment of any physical or mental condition. The agent may make all necessary arrangements for hospitalization, doctors or other care. The agent may also sign releases for your medical records or request and receive your medical records or information about your condition. You can outline in your durable power of attorney document which of the above powers your agent will have.

You can also put specific instructions in your document. For example, you may prohibit a specific treatment. Or you may request treatment, including life-sustaining care. Your agent and health care providers must follow your expressed wishes. They must also respect any wishes you have stated in a Living Will.

For further information about a Living Will or a Durable Power of Attorney, or to complete these documents, ask your nurse or call Guest Services at (316) 962-2100. Alternate numbers are (316) 962-2096 and (316) 962-3148.

Questions and Answers about Advance Directives

Should I have both a Living Will and a Durable Power of Attorney?
**Attorney for Health Care Decisions?**

You may choose between a Living Will and a Durable Power of Attorney for Health Care Decisions, or you may have both. The basic difference between the two is that the durable power of attorney designates a particular person to make decisions for you when you are not able to decide for yourself. It can cover all health care decisions. A Living Will states your wishes about withholding or withdrawing life-sustaining care if you have a terminal condition.

**What must I do to make sure my advance directives document is valid?**

A Living Will must be witnessed by two adults. A durable power of attorney may be witnessed or notarized. However, experts advise that you have either document both witnessed and notarized.

**Who should have copies of my advance directives document?**

If you make advance directives, you should discuss them with your doctor. You are responsible for making copies available to your doctor and all other doctors who provide care for you.

You should also discuss and share copies of your advance directives with your family members. And be sure to keep copies yourself. When you are admitted to a health care facility, you should provide a copy of your advance directives.

**Will my Living Will be honored in an emergency situation?**

It is often impossible in an emergency situation to determine the patient’s chances of survival. During the emergency, the patient’s consent for treatment is presumed. The emergency room staff continues treatment until the patient is stabilized and the attending doctor evaluates the patient’s condition. Then, if necessary, the Living Will can be implemented.

**If I fill out an advance directives form in Kansas, will it be honored if I am hospitalized in another state?**

The law is not clear on whether the state where the health care provider is located should honor a form complying with the laws of another state. However, even if a Living Will form does not comply with the law in the state of the health care provider, it would still be beneficial because it would contain written instructions of your intent regarding your medical care. When traveling, you should keep a copy of your advance directives on your person along with the name of someone to contact in the event of an emergency.

**Must my doctor, family and institution carry out my wishes expressed in my advance directives?**

In a terminal situation, if there is no serious reason for doing otherwise, the doctor should honor your wishes even if your family does not agree. The Living Will has the force of law in terminal cases. Additional instructions in a durable power of attorney should also be honored as expressions of your right to self-determination.

**What if my doctor or hospital refuses to honor my advance directives?**

If your Living Will complies with the state law and no one can present evidence that the document has been revoked, then the doctor or hospital is legally obligated to honor the document. If your doctor or hospital cannot honor your advance directives, your family or your agent should be permitted to transfer your care to health care providers who will honor them.

**Can I make provision for donating organs or tissues in my advance directives document?**

Yes. You should also complete a Uniform Donor Card, or indicate on the back of your driver’s license your wish to donate organs or tissues. You must be at least 18 years old to legally make this decision for yourself. You may also authorize your agent in a durable power of attorney to approve these donations.

**What if I change my mind about my advance directives?**

If you change your mind about your advance directives, you can revoke the old document and make new advance directives that must also be witnessed or notarized.

A Living Will may be revoked in several ways. You may destroy the document. You may state in writing that you revoke the Living Will. Or you may tell an adult that the document no longer expresses your wishes. For a verbal revocation to be effective, the adult who heard the verbal revocation must confirm it in writing. This written confirmation must be given to the attending doctor.

A Durable Power of Attorney for Health Care must be formally revoked in writing with a witnessed or notarized statement.

**For more information**

If you would like forms for a Living Will or durable power of attorney, or if you have further questions, please contact your nurse or call Wesley Guest Services at (316) 962-2100. Alternate numbers are (316) 962-2096 and (316) 962-3148. The Guest Services office is open on weekdays from 8 a.m. to 8 p.m. and on Saturdays from 8 a.m. to 5 p.m. Here is an additional resource for information:

- Kansas Department of Aging
  New England Building, 503 S. Kansas Ave.
  Topeka, KS  66603
  (800) 432-3535
  www.agingkansas.org
Notice of Privacy Practices

Effective date: Sept. 23, 2013

This notice describes how health 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 call the facility privacy official by dialing the main facility number.

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

Our Responsibilities
We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information. We will abide by the terms of this notice.

Uses and disclosures
How we may use and disclose health information about you. The following categories describe examples of the way we use and disclose health information:

For treatment
We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

We may also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you’re discharged from this facility.

For payment
We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For health care operations
Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. We may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

Fundraising
We may contact you to raise funds for the facility; however, you have the right to elect not to receive such communications.

We may also use and disclose health information
• To remind you that you have an appointment for medical care;
• To assess your satisfaction with our services;
• To tell you about possible treatment alternatives;
• To tell you about health-related benefits or services;
• For population-based activities relating to improving health or reducing health care costs;
• For conducting training programs or reviewing competence of health care professionals; and
• To a Medicaid eligibility database and the Children’s Health Insurance Program eligibility database, as applicable.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

Business associates
There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.
Directory
We may include certain limited information about you in the facility directory while you are a patient at the facility. The information may include your name, location in the facility, your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Opt Out Form from the admission staff or facility privacy official.

Individuals involved in your care or payment for your care and/or notification purposes
We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

Research
The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study.

Future communications
We may communicate to you via newsletters, mailings or other means regarding treatment options, health-related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities our facility is participating in.

Organized health care arrangement
This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

Affiliated covered entity
Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the facility privacy official for further information on the specific sites included in this affiliated covered entity.

Health information exchange/regional health information organization
Federal and state laws may permit us to participate in organizations with other health care providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

As required by law
We may disclose information when required to do so by law.

As permitted by law
We may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public health or legal authorities charged with preventing or controlling disease, injury or disability
- Correctional institutions
- Workers compensation agents
- Organ and tissue donation agents
- Military command authorities
- Health oversight agencies
- Funeral directors and coroners
- National security and intelligence agencies
- Protective services for the president and others
- A person or persons able to prevent or lessen a serious threat to health or safety.

Law enforcement
We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For judicial or administrative proceedings
We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

Authorization required
We must obtain your written authorization in order to use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or to sell your protected health information.

State-specific requirements
Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law pre-empts the federal law.
Your Rights Regarding Electronic Health Information Technology as Required by the Kansas Health Information Exchange

Wesley Healthcare participates in electronic health information technology (HIT). This technology allows a provider or a health plan to make a single request through a health information organization (HIO) to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to all of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at http://www.KanHIT.org or by completing and mailing a form. This form is available at http://www.KanHIT.org. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit http://www.KanHIT.org for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the right to:

**Inspect and copy**
You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend**
If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Any request for an amendment must be sent in writing to the facility privacy official. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An accounting of disclosures**
You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

**Request restrictions**
You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the facility privacy official.

We are required to agree to your request only if (1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and (2) your information pertains solely to health care services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Request confidential communications**
You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

**A paper copy of this notice**
You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If the facility has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link. To exercise any of your rights, please obtain the required forms from the privacy official and submit your request in writing.
Patient Safety: Infection Prevention

Infection prevention is a high priority at Wesley Healthcare. We follow the Centers for Disease Control (CDC) and other regulatory agencies’ requirements to make your hospital stay safe. Our staff is continuously updated on new infection prevention practices. We put these in place, evaluate our outcomes and make any necessary adjustments to make Wesley Healthcare the safest medical environment. If you have questions or concerns, talk to your nurse or contact the Infection Prevention Department at Wesley Medical Center at (316) 962-7570 or at Wesley Woodlawn Hospital & ER at (316) 858-8997.

Steps YOU can take to prevent infection

Hand hygiene (soap and water or alcohol gel)
- Clean your hands before you eat, after coughing, sneezing or using the bathroom.
- Clean your hands if they become soiled or touch items that are dirty.
- If you do not see your health-care workers clean their hands before they care for you, ask them to do so.

Preventing pneumonia related to mechanical ventilation
If you are on a ventilator, we encourage your family to ask about the following infection prevention measures:
- Raising the head of the bed
- Mouth care and how often
- When will you be ready to start coming off of the ventilator

Preventing surgical site infections
- Shower before your surgery, following instructions given to you by hospital staff or your doctor.
- Don’t shave hair where the procedure will be done.
- Talk to your doctor if you have an infection, a history of infection after operations or a history of MRSA (methicillin-resistant Staph aureus).
- Control your blood sugar if you have diabetes.
- Stop smoking — even quitting two weeks before your operation decreases your chance of infection.
- Always clean your hands before touching the surgical wound or dressing.
- Do not let family or friends touch the surgical wound or dressing.

Preventing bloodstream infections related to central lines
- Avoid getting your dressing wet.
- Report loose or wet dressing to your nurse.
- Report redness or pain at the site.
- Avoid handling the central line site or its ports, unless instructed otherwise.
- Ask your doctor daily if you still need the central line.

Preventing urinary tract infections related to Foley catheters
- Clean your hands before touching your catheter and before doing catheter care.
- Keep the collection bag below the level of the bladder.
- Do not tug, pull, twist or kink the tubing.
- Ask your doctor daily if you still need the catheter

Preventing “Superbugs” (MRSA, VRE, C difficile)
- Superbugs are bacteria that can be hard to treat.
- Screening tests may be done for some of these bacteria during your hospital stay.
- If you test positive, additional “precautions” will be used by workers during your care (gloves or gowns may be worn).
- Use good hand hygiene, reminding visitors and health-care workers to do so as well.
Patient safety: additional measures

It is the purpose and priority of the staff at Wesley Medical Center to make your hospital stay as pleasant as possible. Patient safety is a high priority at Wesley. To ensure your safety during the hospital stay, staff will educate you and visitors about any safety issues. This will ensure that you return to the maximum level of independence, functioning and previous quality of life. There are many aspects of patient safety that may be addressed according to each patient’s individual needs. Listed below are a few of the safety issues that will be addressed with your during your stay at Wesley.

Falls
Nursing staff assess patients upon admission and then daily or upon a change in condition. They use a fall scale that rates the patient’s gait, transferring ability, need for an ambulatory aid, mental status, recent fall history, and whether IV or other lines are present. Interventions are based on the scale results and are individualized for the patient. Physicians may consider the need for assistive devices, a change in medications, orders for physical therapy or other orders that can help reduce the risk of falling.

Plan of care
It is our goal to include all patients and their family in the planning and provision of their care plan.

Safe and effective use of medications
Indications for medications, side effects, and dosing regimens will all be discussed with you to ensure that the medications are used safely and effectively. Medications taken while you are in the hospital will be prescribed by your physician. Upon discharge, your physician will decide what medications you should continue to take at home.

Wesley Medical Center has implemented many safety practices in the facility to assure accurate, safe, and effective medication use for our patients. Basic safety and health practices are addressed as necessary based on continuous assessments. These issues will be addressed to assure your safety and optimal care while you are a patient at Wesley, in addition to preparation for your discharge from the medical center.

Billing and Collection Process

Thank you for choosing Wesley Medical Center for your health care needs. In order to assist you with the registration and insurance billing process, please read the following information.

Admitting and Registration
Each time you come for a new medical service, a new account number will be assigned. Carry your insurance card with you at all times, if possible. Copies of your insurance card and photo identification will be made at registration to ensure that we have the correct addresses and policy numbers. This information will be copied each time you are registered, in order to assist the billing and collection staff in accurately processing each bill or claim in a timely manner. Providing current, accurate insurance information will also help us forward your claim or bill to the appropriate insurance company.

Billing Process
Wesley Medical Center’s billing is handled by Patient Account Services which is located at 10030 N. MacArthur Blvd. Suite 100, Irving, TX 75063-5001. You may call 866-656-8778 if you have any billing questions. Hospital bill or claim will be electronically submitted to your insurance provider. (If your insurance provider does not accept electronic claims, a paper claim will be mailed.)

Collection Process
The collection process begins about two weeks after the claim has been submitted to your insurance company. Staff will contact your insurance company to confirm that the claim has been received and is being processed for payment. The staff will continue to contact your insurance company to see if additional information is needed or until the claim is paid.

If a claim is not paid in a timely manner, it may be referred to our extended business offices, National Patient Account Services (NPAS).

NPAS locations include Louisville, Ky., and Bedford, Texas. NPAS continues the process of working with your insurance company for payment. After your insurance company pays, you will be notified of your patient payment portion. Your insurance company determines the amount of your co-pay or patient payment portion based on your insurance policy. If you feel the amount is not correct, please contact your insurance company immediately! NPAS may be contacted at 800-377-2013 to coordinate co-payment or patient portion payment arrangements.

Additional Billing Information
- Depending on the type of service you receive, you may receive separate bills from other health care providers such as Emergency Department, physicians, radiologists, pathologists or anesthesiologists.
- Each time you have a new medical service performed, you will be given a new account number.
- Accounts being collected by NPAS are not being reported on your credit.
- If you don’t immediately receive a “patient balance due” statement, it is because your insurance company is being contacted for payment first. After your
insurance portion is paid, you will be billed for your patient portion.

- Your primary insurance must either pay or deny a claim before your secondary insurance can be billed.

**Timing of Correspondence**

Much of the correspondence sent from Patient Account Services or the follow-up services is timed in the computer at specific intervals. Sometimes payment from the insurance company may cross in the mail with payment-due letters to you. Please call 866-656-8778 or email customerservice@parallon.com if you have questions about any correspondence you receive.

**Automated Customer Service**

Call 1-866-656-8778 to obtain:

- Account balances
- Last insurance payment amount and date
- Payment address
- To request a detailed bill

This service is available 24 hours a day, seven days a week, in English and Spanish. If your call requires a customer service representative, please call anytime between 8 a.m. and 6 p.m. CST.

**Internet Inquiry and Payment**

You can access your account at www.wesleymc.com/bill.asp. Type in the patient’s account number, last four digits of the social security number and date of birth. You can make credit and debit card payments or an electronic check payment or obtain:

- Current balance
- Original balance
- Admission and discharge dates
- Payments posted
- Adjustments posted
- Summary of all charges

You may also email your questions to customerservice@parallon.com or fax Customer Service at 800-561-1743.

**Bills from Others Who Provide Health Care at Wesley**

Several physician groups provide services at Wesley. Wesley is not responsible for the billing, contracting or collection of these services. These groups may not contract with your insurance provider, and your insurance provider may choose not to cover these services. You may be financially responsible for the services provided by these physicians. Insurance or billing questions regarding these services should be directed to these providers:

- Anesthesia: Wichita Anesthesiology Chartered, (316) 686-7327
- Anesthesia for birth care: Mid-Continent Anesthesiology, Chartered, (316) 685-6112
- Emergency care: Emergency Services Physicians (800) 355-2470
- Laboratory and pathology: Wesley Pathology Consultants. Billing provided by Health Care Billing Consultants Inc., (316) 685-6091
- Radiology: Wichita Radiological Group PA, (316) 685-1367

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**Who is who in the Wesley Family**

You will notice that Wesley’s patient care staff wear different colored scrubs. The colors help you identify what type of staff member is providing your care. Here are what the different colors represent:

- **Maroon**: Licensed nurses
- **Blue**: Respiratory therapists and surgical staff
- **Gray**: Pharmacy
- **Green**: Rehabilitation staff
- **Black**: Imaging (Radiology) and Cardiovascular Services
- **Maroon top, black or navy pants**: Laboratory staff
- **Navy blue**: Patient escorts, nurse assistants and chaplains