

CNA/HHA EMPLOYEE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate: _____

License/Certification #: _____

DOB: _____ SS#: _____

Drivers License #: _____ exp. date _____

Personal Doctor: _____ Phone: _____

Name of Spouse/Significant Other: _____

Phone #: _____

Additional Emergency Contact: _____

Phone #: _____

Are You Bilingual? _____

Language Accommodation Needed? _____

Sign Language? _____

Related to Client? _____

K-4

(Rev. 8-15)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to re-figure your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with the Kansas Department of Revenue that: 1) last year you had the right to a refund of all STATE income tax

withheld because you had no tax liability; and 2) this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should not exceed the total exemptions you claim under "Exemptions and Dependents" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet**, complete the K-4 form below, sign it and provide it to your employer. If your employer does not

receive a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).**

Non-wage income: If you have a large amount of non-wage Kansas source income, such as interest or dividends, consider making Kansas estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

- A Allowance Rate: If you are a single filer mark "Single" A Single
 If you are married and your spouse has income mark "Single" Joint
 If you are married and your spouse does not work mark "Joint"
- B Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld)..... B _____
- C Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld)..... C _____
- D Enter "2" if you will file head of household on your tax return (see conditions under *Head of household* above) D _____
- E Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. E _____
- F Add lines B through E and enter the total here F _____

▼ Cut here and give the lower portion to your employer. Keep the top portion for your records.

K-4

(Rev. 9-12)

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Department of Revenue.

1 Print your First Name and Middle Initial	Last Name	2 Social Security Number
Mailing Address		3 Allowance Rate Mark the allowance rate selected in line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint
City or Town, State and Zip Code		
4 Total number of allowances you are claiming (from line F above)	4	
5 Enter any additional amount you want withheld from each paycheck (this is optional)	5	\$
6 I claim exemption from withholding. (You must meet the conditions explained in the "Exemption from withholding" instructions above.) If you meet the conditions above, write "Exempt" on this line..... Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.	6	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief it is true, correct, and complete.		
SIGN HERE ►		DATE
7 Employer's name and address		8 EIN (Employer ID Number)

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ **Date**

Employee's signature (This form is not valid unless you sign it.)

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er); \$19,400 if you're head of household; \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)			City or Town	State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p align="center">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**Health Occupations Credentialing
1000 SW Jackson, Suite 330, Topeka, KS 66612-1365
CRIMINAL RECORD CHECK REQUEST FORM**

Facility Name: Mercy Home Care, LLC
Address: 822 N. Andover Rd.
Zip Code: 67002

Facility ID#: A-008011
City: Andover State: Kansas

Applicant Information: ALL REQUESTED INFORMATION MUST BE PROVIDED or the form will not be processed.

Last Name: First Name: Middle Name: Suffix (Jr, Sr, etc)

Other Names Ever Used:

Last Name: First Name: Middle Name: Suffix (Jr, Sr, etc)

Last Name:** First Name: Middle Name: Suffix (Jr, Sr, etc)

**List additional names on back. Check here if more on back.

One of the following must
be selected
A - Asian or Pacific Islander
B - Black
I - Native American/Alaskan Native
W - White

Address Post Office Box # (if applicable)

City State County Zip

Home Phone Work Phone

Certificate # (if applicable)

Activities Staff	ACS	Food Service Worker	FSW	Medical Records Staff	MRS
Administrator	ADM	Home Health Aide	HHA	Operator	OPR
Business and Administrative	BAS	Home Health Aide Trainee	HHT	Paid Driver	DRV
Certified, Medication Aide	CMA	Housekeeping	HSK	Personnel Staff	PER
Certified Nurse Aide	CNA	Human Resources Staff	HRS	Restorative Aide	RSA
Nurse Aide Trainee	NAT	Laundry Workers	LDW	Social Service Designee	SSD
Chaplain	CHN	Maintenance Worker	MTW	Volunteer Coordinator	VLC
Clerical Staff	CLS	Marketing Staff	MKT	Wellness Staff	WEL

EMPLOYMENT VERIFICATION

I certify the certified nurse/medication aide/home health aide named above is employed by me to perform at least 8 hours of nursing or nursing related services.

Agency Representative Title Date

I, _____, give permission for the release of information concerning
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* Becky Waldschmidt Phone 316-733-9400
Agency name Mercy Home Care, LLC
Agency mailing address PO Box 580, Andover, KS, 67002
Email address: Will return via Encrypted email unless marked otherwise bwaldschmidt@mercyhomecare.com

Maiden Name and/or Other Names Known By: _____
(PRINT ONLY)

Address: _____
Street City State Zip Code

DOB: _____ SS#: _____ Male Female
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

Signature: _____ Date: _____
(An Ink Signature or a Verified E-Signature is Required for Processing) (mm/dd/yyyy)

RETURN TO:

Email: DCF.APSRegistry@ks.gov

Mail: Office of Background Investigations

Adult Abuse Registry
500 SW Van Buren St
Topeka, Kansas 66603

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED	For Official Use Only: Mark in this area if CLEARED
---------------------------------------------------------------	------------------------------------------------------------



Department for Children and Families
Saving Families Make a Stronger Kansas

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Child Abuse and Neglect Central Registry
P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov

Release of Information

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.

Contact Person: Becky Waldschmidt Agency/Org.: Mercy Home Care, LLC
Phone #: (316) 733-9400 Address: PO Box 580
Email: bwaldschmidt@mercyhomecare.com City/State/Zip: Andover, KS 67002

Return Results by: Encrypted email (list if different than above): _____ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> Fee included	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.
<input checked="" type="checkbox"/> Online Payment*	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).
<input type="checkbox"/> Pre-Pay Account*	Agency/Org. has Pre-Pay Account. FEIN: _____
<input type="checkbox"/> Mentoring Account*	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program
<input type="checkbox"/> Exempt*	No fee for State government agencies (Sub-contracting agencies not included).

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: Yes No
This organization/person/agency may check my information each year I am employed or associated with them: Yes No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ RACE: _____

SOCIAL SECURITY #: _____ GENDER: Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

DCF ONLY:

<p>MATCH</p> <p><i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i></p> <p><i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i></p> <p>(see attached document for more info.)</p>	<p>CLEARED</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

TB RISK ASSESSMENT

Mercy Home Care, LLC

Employee name: _____

Date: _____

TUBERCULOSIS QUESTIONNAIRE

Please answer the following questions:

YES NO

_____ _____ Have you spent time with a person known to have active TB disease or suspected to have active TB disease?

_____ _____ Do you have HIV infection or another condition that puts you at high risk for active TB disease?

_____ _____ Have you recently visited a country where active TB disease is very common (most countries in Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)?

_____ _____ Do you live somewhere in the United States where active TB is more common, such as a homeless shelter, etc.?

_____ _____ Do you inject illegal drugs?

_____ _____ Have you been experiencing continued symptoms of TB, such as: persistent coughing, coughing up blood, fever, weight loss, tiredness, and/or night sweats?

Employee Signature

Date

Employer Signature

Date

MERCY HOME CARE, LLC
Drug Screening Policy

Anyone being considered for employment will be required to consent to a substance abuse screening (drug test). The results of the screen will be evaluated when determining eligibility. Failure to pass the screen or failure to submit to the screen as directed will terminate consideration of your application.

After employment, drug testing for controlled substances or alcohol may be done for cause or at random at any time.

Employee _____
Date

Statement of chain of custody:

I, _____, certify that my specimen never left my sight from the time of collection, through the end results of testing and reporting. I certify that the results recorded here are the results I observed and are documented correctly.

Results:

Circle one in each category:

Cocaine	positive	negative
Marijuana	positive	negative
Methamphetamine	positive	negative
Morphine	positive	negative

Agency Representative _____
Date

Employee _____
Date

MERCY HOME CARE, LLC
Medication Statement

To be completed only if drug screen results are positive.

Please list any and all routine or PRN medications, either prescription or over the counter that have been taken in the last 30 days.

Please include all items such as aspirin, birth control pills, cough syrup, etc. Be prepared to show prescriptions for the items listed that are considered controlled drugs.

1. _____
2. _____
3. _____
4. _____
5. _____

Employee

Date

Agency Representative

Date

MERCY HOME CARE, LLC
Medical Inquiry
(complete page)

Name: _____

Address: _____

Telephone: (_____) _____

After reading your job description, can you perform all requirements of that position:

With Restrictions or Without Restrictions

If restrictions are needed, please list them below: _____

Do you have any physical impairments or physical defects? _____

If yes explain: _____

Have you ever had a back injury? _____

If yes explain: _____

When was the last time you visited your doctor and the results:

Date: _____

Doctor: _____

Address: _____

Results: _____

In case of an emergency or accident, whom shall we notify? _____

Employee Date

Agency Representative Date

MERCY HOME CARE, LLC

Home Health Aide Job Description

Title: HOME HEALTH AIDE

Definition: The Home Health Aide is responsible for those personal care and support services, which are required to provide and maintain normal physical and emotional comfort. These services must be given under the supervision of a professional nurse.

Function:

1. Know the philosophy, purpose, policies and standards of the Agency and is guided by them in providing care.
2. To perform the following personal care activities only when authorized, instructed, and supervised by a Registered Professional Nurse:
 - a. Helping clients with bath, care of mouth, skin, nails (cleaning and filing only) and hair (brushing, combing and braiding).
 - b. Straightening beds or changes bed linens.
 - c. Taking temperature, pulse and respirations and record.
 - d. Maintenance of body alignment, provide range of motion, massage back.
 - e. Helping client in and out of bed, assisting with ambulating.
 - f. Helping client with eating, preparing and/or serving food.
 - g. Helping client to dress, shave, etc.
 - h. Routine light housekeeping, dusting, dishes, keeping kitchen and bathroom clean. Cleaning toilet, sink and bathtub, emptying trash, obtaining mail, washing, and folding laundry.
 - i. Can assist or remind client with medications.
3. The Home Health Aide may render the following services only if instructed explicitly by the Registered Nurse:
 - a. Change colostomy bag.
 - b. Reinforce sterile dressing; change non-sterile dressings within the Kansas Home Health Aide Guidelines.
 - c. Assist with rehabilitation program by helping with active/passive exercises under the instructions of the RN, Physical Therapist, or Occupational Therapist.
4. Keeps daily records of all services rendered to client on nurse assistant flow sheet and enters all records into client's permanent record each week.
5. Reports any changes in the client's condition immediately to the Nursing Supervisor.

Qualifications:

Have Home Health Aide certificate issued by the State.

The Home Health Aide will be selected on the basis of such factors as:

- a. Emotional/mental maturity.
- b. Interest and sympathetic attitude toward caring for the sick.
- c. Willingness to participate in a continuing learning process.
- d. The ability to communicate through reading, writing, and carrying out instructions.
- e. The ethical standards, which dictate appropriate client care supervision.

The Home Health Aide is responsible to the Nursing Supervisor.

Employee

Agency Representative

MERCY HOME CARE, LLC
Home Health Aide Employee Contract

Upon accepting employment with Mercy Home Care, LLC (hereafter referred to as the Agency), I acknowledge and consent to the following terms:

1. I am not guaranteed a specific number of hours. This is termed casual employment.
2. Clients are accepted for care through the Agency.
3. The Agency provides Home Health Aide, Homemaker, and Non-Medical Attendant
4. I am required to know and follow all Agency policies, which apply to me.
5. I am expected to keep my credentials, licenses, and health requirements up-to-date and submitted (as they are reissued) to the Agency.
6. I am required to participate in, and follow the plans of care for my clients as they are initially developed and as they are modified.
7. When accepting assignment of a client for my service I am required to follow the Agency Schedule for care and to submit the appropriate documentation, i.e. time sheets, etc.
8. I will be paid as a casual employee. I will receive payment for assignments at a rate of _____ per hour. I am required to submit properly completed documentation before receiving payment for services.
9. There is no reimbursement for travel.
10. I am not allowed to take an agency directed client in my automobile.
11. When I am paid for my services, I will have all taxes deducted by the Agency. These deductions will be recorded and submitted to me at the year-end for filing my personal tax return. They will be reported on my W-2.
12. I must work the holiday if my care assignment normally falls on that day. A Supervisor must approve exceptions.
13. I must work every other weekend if my clients receive weekend care.
14. Routine scheduled days off are not guaranteed.
15. I must call and speak to the scheduler to report a call off. If after office hours, and on weekends, contact must be made with the on-call staff through the office phone number.

I understand that Kansas law supports employment at will. I may be relieved of my assigned duties at any time, particularly for absence (even one time per month is excessive) or other noncompliance with Agency policy.

Employee

Date

Agency Representative

Date

ABUSE, NEGLECT AND/OR EXPLOITATION

Policy:

Mercy Home Care, LLC administrative staff informs all staff members of mandatory reporting for cases of abuse, neglect or exploitation of its clients.

Procedure:

1. Each staff member's orientation includes a review of the following:
 - a. Policies and procedures for client abuse/neglect.
 - b. Disciplinary action in cases of client abuse and/or neglect by staff members or family.
 - c. The internal reporting system for client abuse and/or neglect.
 - d. The related mandatory reporting requirements imposed by the state statute.
 - e. The fact that anyone may report suspected cases of abuse and/or neglect directly to the appropriate outside agencies.
2. Documentation of orientation is reflected in the staff member's employment file.
3. Individuals are mandated to report suspected client abuse and/or neglect if they:
 - a. Have any knowledge of, or reason to suspects, client abuse and/or neglect.
 - b. Have any knowledge or, or reason to suspect, client self-abuse.
 - c. Have any knowledge that a client has sustained an injury that is not reasonable explained by the client's history of injuries.
4. Any individual (even those not mandated) may make reports of suspected client abuse and/or neglect.
5. The staff member reporting suspect client abuse and/or neglect:
 - a. Immediately informs the Director of Nursing Services.
 - b. Submits a written statement that is signed by the employee
6. Mercy Home Care, LLC's Director of Nursing or other designated personnel notifies outside agencies.
7. The Director of Nursing:
 - a. Immediately reviews the completed form, conducts an initial investigation and documents results
 - b. Informs the Agency Administrator and submits reports
8. The Agency Administrator:
 - a. Immediately submits a verbal report to the appropriate authority in accordance with state statutes.
 - b. Reviews all reports.
 - c. Conduct further investigation as necessary.
 - d. Documents all reviews and investigations.
 - e. Sends a copy of the completed report to the appropriate state agencies.
 - f. Places copies of completed reports in the administrative file.

9. All reports, reviews, and investigations of suspected client abuse and/or neglect are held in strictest confidence.
10. If the Director of Nursing Services is suspected of committing client abuse and/or neglect, the individual reporting shall:
 - a. Immediately inform the Agency Administrator.
 - b. Immediately complete a suspected abuse report.
 - c. Submit the report to the Agency Administrator.
11. If the Agency Administrator is suspected of committing client abuse and/or neglect, the individual reporting shall:
 - a. Immediately inform the President.
 - b. Immediately complete a suspected abuse report.
 - c. Submit the report to the President.
12. All staff members shall cooperate fully with those assigned to investigate any suspected cases of abuse and/or neglect.
13. Administrative staff will not implement retaliatory action against any individuals who report suspected abuse and/or neglect.
14. Any individual who is mandated to report suspected cases of client abuse and/or neglect, and who intentionally fails to report such suspected abuse and/or neglect, is guilty of a misdemeanor and liable for damages caused by the failure.
15. Individuals who willfully make false accusations are liable for civil action for any damages suffered by the individuals who were reported as suspects.
16. Information gathered will be handled in the following manner:
 - a. If it is determined the information is false, it will be destroyed in two years after such determination.
 - b. If it is determined the information is unsubstantiated, the information will be destroyed in four years after such determination.
 - c. If it determined the information is substantiated, the information will be destroyed in seven years after such determination.

EMERGENCY/DISASTER PLAN

Policy:

All employees shall be oriented to the emergency/disaster plan along with their responsibilities in carrying out the plan, upon being hired.

Definition:

To assure that in the event of a natural disaster, inclement weather or chemical/nuclear accidents, the health care needs of clients will continue to be met. Employees must be oriented to their responsibilities in the emergency/disaster plan.

Procedure:

1. Upon admission to Mercy Home Care, LLC, all clients shall be instructed in the use of the emergency phone numbers, and the after hours answering service.
2. In the event of an emergency/disaster, every effort shall be made to provide home health services to clients who are unattended. This coverage of health care services may be provided by family members or neighbors.
3. If there is no family or neighbor who can provide assistance and the client is physically/mentally incapable of caring for themselves, the client will be transported to the nearest hospital or health care facility. All efforts to provide health care coverage shall be documented and included in the client's clinical records.
4. In the event of an emergency/disaster and the employee is present in the client's home, the employee is to remain with the client until appropriate relief is obtained to meet the client's health care needs. The employee should attempt to contact the office to inform them of the client's status.
5. In the event of emergency or disaster, the Mercy Home Care office will not be opened. The answering service will take phone calls from clients and employees and promptly dispatch messages to the appropriate individuals. The client's health care needs will be assessed by the Director of Nursing via the telephone. All phone calls received and actions taken shall be properly documented. All attempts will be made to meet the client's health care needs.
6. Loud, high pitched alarms which are sounded for 3-5 minutes without interruption indicate an emergency/disaster situation. In areas where sirens may not be heard, the police care public address system may be used to indicate emergency/disaster. The employee is to turn on the radio or one of the Emergency Broadcast Systems (EBS) stations which will advise them of what actions to take. In the event of an emergency or disaster, the phones are to be used to summon help only.

MERCY HOME CARE, LLC
Confidentiality Statement

The law which applies to physicians regarding the completely confidential nature of client information is a rule which applies to all Mercy Home Care, LLC employees. This includes all Home Care professionals.

Except where necessary in the regular course of business, the discussion in any form of any client information of a personal nature, medical or otherwise, obtained in the regular course of your employment is strictly forbidden.

Any violation of this professional rule shall constitute grounds for severe disciplinary action, including possible discharge.

I have read and understand the contents of this memo.

Employee

Date

Agency Representative

Date

The Body Works Like a Machine



The human body works much like a machine:

- Joints are hinges.
- Bones are levers.

And, like a machine, we need to make sure that we “maintain” our body adequately. Eating right, getting enough exercise and making sure we don’t put excessive strain on our body are all very important.

Back injuries are one of the most common problems we can have with our body. They affect all types of people...big or small...heavy or light...young or old.

Back injuries occur in all types of jobs. You can be a truck driver, secretary, sales person or work in a factory...no matter what job you have, you usually end up lifting, twisting, turning...putting pressure on your back in any number of ways.

Back injuries can even occur at home or at play. You can strain your back mowing the lawn, vacuuming the living room, washing the car or lifting the baby. And all sports, from baseball to bowling, put some type of pressure on your back.

Back Injuries Impact Us All

Most people don’t realize how frequently back injuries occur. Eighty percent of us will develop back problems at some point in our lives.

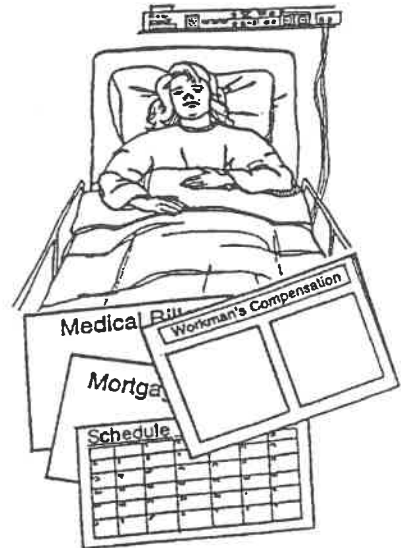
Over 600,000 people experience back injuries on the job every year. It is estimated that these injuries cost business more than \$31 billion dollars in lost productivity and healthcare payments.

Even more importantly, a back injury can have a major impact on our lives. If you injure your back, you often have to deal with:

- Frequent pain.
- Long rehabilitation.
- Lost time from work.

Many back injuries even result in some type of permanent disability.

None of us want to have our income reduces, or have to give up many activities that we enjoy. So it is important to know how our back works...and what we can do to protect it from injury.



The Back is Made Up of Four Major Parts

In many ways our back is the central part of our body. It connects to many other important parts of the body, and serves a number of purposes.

Our back anchors our legs, hips, ribs, arms, and head. As a result, if you have problems with your back, all these other areas can be affected as well.

The back is made up of four major parts:

- The Spine.
- The Spinal Cord.
- The Spinal Nerves.
- Supporting Muscles.

The spine has interlocking bones called vertebrae. These vertebrae are separated by "discs", which act as cushions...protecting the vertebrae from each other.

The muscles of the back and abdomen hold the vertebrae together and shape the spine. The shape the spine takes on is very important, and should look much like the shape of the letter "S".



Back Injuries Can Result From Many Things

Back injuries occur for a number of reasons. Back strain and fatigue are probably the most common problems.

A number of things can cause strain and fatigue, including:

- Bad posture.
- Awkward positions.
- "Over-reaching."



Back strain is a muscle injury and is usually very painful. Thankfully, it can often be cured through prolonged rest and careful exercise.

More serious back injuries can occur from slips or falls. These injuries can include:

- Fractured vertebrae.
- Damaged spinal cord nerves.

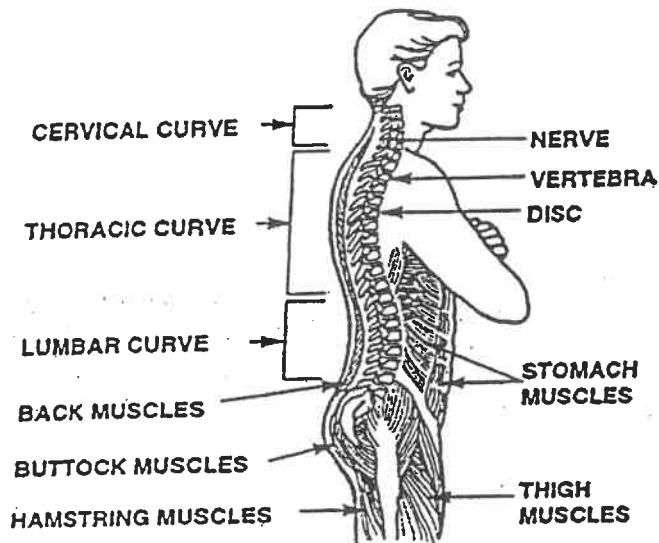
Improper lifting can also cause back injuries. It is most often results in tears in the discs between the vertebrae...or pressure on spinal nerves.

Lastly, disease can weaken the back. Arthritis, cancer and various types of infections can all lead to back problems. Many times this results in fractures or ruptured discs.

“Shape” Is Important To a Healthy Back

The “shape” of your back is very important. A healthy back consists of a series of curves, which are maintained by the back muscles. These are three major curves in the back. They are the:

- Cervical Curve – this is a small curve at the neck.
- Thoracic Curve – the first large curve, in the middle of the back.
- Lumbar Curve – a second large curve, in the lower back.



In a healthy back these three curves make up an “S”. This “S” shape distributes the body’s weight most effectively among the vertebrae and discs in the spine. This weight distribution allows for free movement and makes the back less susceptible to injury.

Poor Posture Is a Common Problem

Three conditions cause the majority of back injuries...poor posture, a sagging stomach and unsafe lifting. Of these three, problems with posture may be the most widespread.

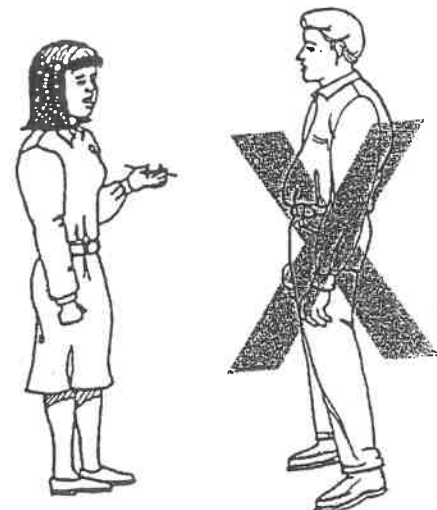
Everyone sits and stands differently. No matter what position you are in, if you have good posture your back will maintain the “S” curve shape. This provides the proper “balance” to the spine.

Let’s look at a correct “standing” posture.

To maintain the best balance you should:

- Stand tall.
- Hold your head high.
- Tilt your hips forward.
- Tuck your chin in.

If you find yourself standing for long periods of time, place one foot in a slightly elevated position...changing the high foot periodically. This will help maintain the “S” alignment in your spine.



Posture Is Also Important When Sitting and Lying Down

Remember that your posture is with you all the time, not just when you are standing. It is also important to maintain proper posture when you are sitting or lying down. When you think about it, depending on what type of job you have, you spend 40% to 90% of your time in these two positions.



Sitting is one of the most stressful positions our body can be in. For good sitting posture:

- Keep both feet flat on the floor.
- Have your knees above your hips.
- Keep your back against the support of the chair.

When sitting for prolonged periods, get up and stretch (remember these points when driving, too).



For best sleeping posture:

- Use a firm mattress.
- Sleep on your side, with your knees bent...or
- ...on your back, with a pillow under your knees.

Other Factors Can Affect The Back As Well

Other factors can also affect the health of our bodies...and therefore our backs as well. Just maintaining a good posture isn't good enough.

Stress can be a major cause of back problems. When you are tense and feel under pressure, muscles are more easily strained and fatigued.



Overwork can also adversely affect the back. If your job involves physical labor, working the back more than normal...and not giving it an opportunity to rest...can lead to back injuries. Working long hours at any type of job can cause tiredness and fatigue, which can frequently weaken back muscles.

The food we eat...both what kind and how much...is also important to our back's health. If we don't have a nutritious, balanced diet the muscles, bones and cartilage in the back won't receive needed nourishment. Without this nourishment, they are more susceptible to injury. Being overweight puts continual strain on the back (think what it would be like to carry a 15 or 20 lb. box around all day!). Just losing a few pounds can make your back feel a lot better.

Regular Exercise Can Make a Major Difference

Exercise is also very important to maintaining a healthy back. A good exercise program can build a strong back and keep it flexible.

Your exercises don't need to be complicated...simple ones often work best. And you only need to devote a few minutes a day to make a difference.

There are a number of good back exercises. Some of the common ones include:

Pelvic Tilt:

- Lying on the floor.
- Link your fingers around your knees.
- Slowly pull your knees toward your chest.
- Hold for a count of ten.
- Repeat ten times.



Press-up:

- Lie on your stomach.
- Put your arms out to the sides.
- Use your hands to "press" yourself up from the waist.
- Hold for ten seconds.
- Repeat ten times.

Preparing For a Lift Is Especially Important

Proper lifting is also very important to back safety. The majority of on-the-job back injuries are caused by bad lifting habits. Whenever you lift any object you should use good lifting techniques. Properly "preparing" for a lift is especially important.

Always think before you lift:

- Examine the object.
- Decide where to grasp it.
- Determine how to hold it.
- Have a clear path to your destination.
- Take your time.

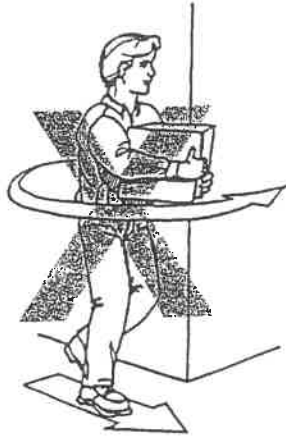
Initial positioning is also important:

- Stand close to the object.
- Place your feet comfortably apart.
- Bend at the knee.
- Keep your back straight.
- Get a good grip.



Remember to follow these steps each time you lift something. No matter how good your lifting techniques are, if you are not positioned correctly you can seriously injure your back.

Use Proper Lifting and Carrying Techniques



Once you are well positioned, you need to use proper lifting and carrying techniques to protect your back.

To lift:

- Slowly straighten your legs.
- Keep the object close to your body.
- Bring your back to a full, upright position.

There are also rules for carrying objects:

- Move slowly and smoothly.
- Always turn your feet, never twist your back.
- Just reverse the steps you used to lift the object when you put it down.

Using these techniques will keep as much weight off your back as possible. Most of the strain of lifting and carrying will be shifted to your legs, which are stronger and less prone to injury.

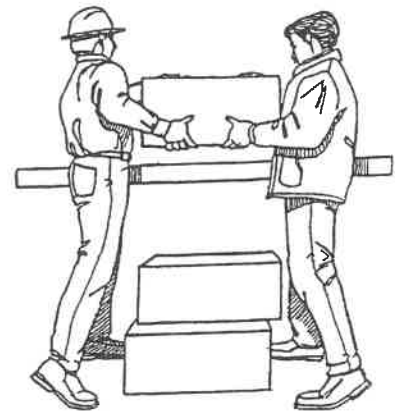
You should be thinking about what you are doing whenever you are lifting or carrying an object. Eventually, the proper habits will become second nature to you.

Some Situations Require Help

Some objects or situations may require that you get help. You need to look for assistance if an object is unusually heavy, or awkward to handle.

Sometimes all you need is another person. In these situations, make sure you lift in “unison” (counting out loud helps to coordinate your efforts).

Some loads will require the use of equipment such as a dolly, pallet-jack or forklift. If you aren’t sure what to use, ask your supervisor.



Lifting objects that are high off the ground requires special procedures:

- Use a platform or ladder if need be.
- Get as near to the object as possible.
- Test the object’s weight before lifting it.

Remember, you cannot lift as much weight when an object is over your head. Reaching upward takes power from your legs, and reduces the weight you can support.

Remember...

- Back injuries are one of the most common problems we can have with our body.
- Back injuries can be painful, and result in medical bills, lost work time and even permanent disability.
- The back is a complex mechanism made up of many parts...each susceptible to injury.
- Back problems can be caused in a number of different ways.
- Posture is very important in any position.
- You should exercise regularly to strengthen your back and keep it flexible.
- Using proper lifting techniques is a big part of back safety.

Your back is one of the most important parts of your body. It is a fragile mechanism...and can be injured easily...but with a little work you can keep your back safe and healthy!



Clinical Do's & Don'ts Using Proper Body Mechanics

Good body mechanics means using the safest most efficient methods to lift and move patients or heavy items. Efficiency is more important than strength.

Do

- Wear closed, low-heeled shoes with flexible, nonslip soles to promote correct body alignment and prevent accidents.
- Before lifting or moving a patient, assess the situation and know your limitations. If necessary, use assistance or mechanical devices or get help from co-workers.
 - Stand directly in front of the patient with your feet about a foot (30 cm) apart. This wide base gives you support and side-to-side stability and protects your back. Put one foot slightly in front of the other for front-to-back stability. To lift the patient from a chair, stoop in front of her by flexing your knees and shifting more weight to your front foot. Keep your back straight.

- Hold her close to you and tighten your abdominal muscles. Use your legs and arms as much as possible because the muscles are stronger than those in your back. To stand, straighten your knees and keep your back straight.
- Carry a child or heavy object close to you at waist height, which is your center of gravity.
 - To push an object, place your hands on it and flex your elbows. Lean into it by shifting your weight from your back leg to your front leg, applying smooth, continuous pressure.
 - To pull on object, grasp it and flex your elbows. Lean away from it by shifting your weight from your front leg to your back leg and pulling smoothly. Avoid sudden, jerky movements.
- Once you're moving an object, conserve energy by keeping it moving.

Don't

- Don't lift an object when you can pull, push, or roll it. Don't pull when you can push it.
- Don't bend your back when lifting or moving an object.
- Don't reach to lift an object.

QUIZ
"BACK SAFETY"

Name: _____ Date: _____

1. How many of us will develop back problems at some point in our lives?
 20%.
 60%.
 80%.
 90%.
2. How many people experience back injuries on the job annually?
 100,000.
 400,000.
 600,000.
3. What are the "cushions" between the vertebrae called?
 Flanges.
 Discs.
 Metacarpals.
4. A healthy shape for our spine looks like what "letter"?
 "L"
 "I"
 "S"
 "J"
5. True or False... When sitting you should keep your knees bent and lower than your hips?
 True
 False
6. Which of the following can adversely affect your back?
 Stress.
 Poor Diet.
 Bad Lifting Habits.
7. True or False... You can lift a 30 lb. object from an overhead shelf more easily than you can pick it up from the floor?
 True
 False
8. True or False... When carrying an object around a corner, first turn at the waist, then have your feet follow?
 True
 False

Bloodborne Diseases Have Always Been a Concern

Bloodborne diseases have historically been a serious concern in the United States. Two diseases cause most of the problems.



“Hepatitis B” has been around the longest. It:

- Is the most prevalent form of Hepatitis.
- Infects over 70,000 people annually.
- Has over one million “carriers” in the U.S.

Over three million people carry the Hepatitis C (HCV) virus, the newest form of Hepatitis. But “Human Immunodeficiency Virus (HIV)” which is spreading rapidly in the United States, is the most publicized bloodborne disease. It is estimated that HIV (which usually leads to AIDS) currently infects over one million people.

In 1991 OSHA passed a “Bloodborne Pathogens” regulation, which calls for employers to do a number of things aimed at preventing their employees from becoming infected with these types of diseases.

These requirements include establishing “Safe Work Practices”, setting up Engineering controls, and posting Warning Labels and Signs. A copy of your employer’s Exposure Control Plan, detailing these practices is available for you to review.

Terms and Definitions are Important

In order to understand how bloodborne diseases are transmitted, and how to protect yourself from them, it is necessary to know some of the terms that are used when these diseases are discussed.

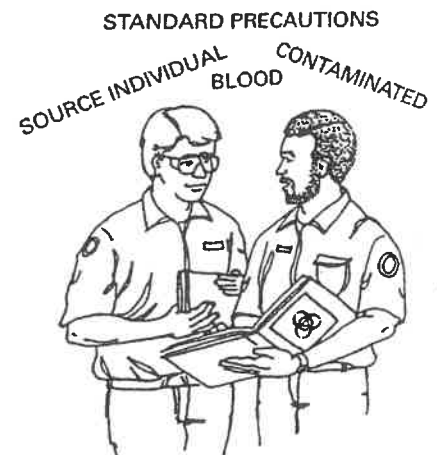
“Blood” is used to mean human blood, its components, or products made from human blood.

“Bloodborne Pathogens” refers to micro-organisms present in blood which can cause a disease such as HIV, HBV, or HCV.

“Other Potentially Infectious Materials” includes:

- Human body substances.
- Contaminated body materials.
- Unfixed human tissue and organs.
- HIV and HBV cultures.
- Infected experimental animals.

“Contaminated” means having infectious materials on an item or surface.



A “Source Individual” is someone who may be infected, and could be a source of exposure.

“Standard Precautions” means approaching all human blood and other body fluids as if they contain Bloodborne Pathogens.

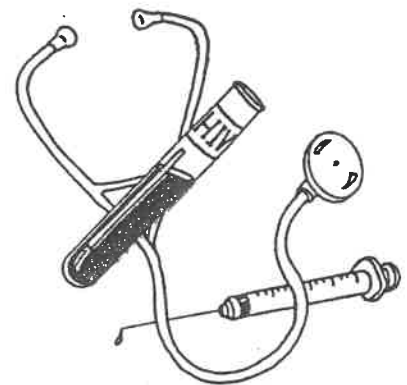
HIV Is One Major Bloodborne Disease

Human Immunodeficiency Virus (HIV) is the most “deadly” bloodborne disease in the United States. One of the reasons that it is spreading so rapidly is that there is no vaccine for HIV ... and no known cure.

There is a great deal of research going on to develop both a vaccine and a treatment therapy for HIV, but to date no vaccine has been found.

Symptoms of HIV infection include:

- Weakness.
- Fever.
- Sore throat.
- Nausea.
- Headaches.
- Diarrhea.
- Other “flu-like” symptoms.



Many times, people who become infected with HIV exhibit these symptoms fairly quickly. But it is also possible for HIV victims to show no apparent symptoms for years after their infection.

Most people with HIV eventually develop AIDS. Once this happens, their immune system begins to break down. As a result, diseases such as Pneumonia and Tuberculosis (that they could normally fight off easily with antibiotics and other modern medicines) become fatal.

Hepatitis Is the Other Major Bloodborne Disease

The symptoms for Hepatitis B and C are similar to those for HIV, in that many of them are “Flu-like” in nature.

Hepatitis symptoms include:

- Fatigue.
- Stomach pain.
- Loss of Appetite.
- Nausea.
- Jaundice.



Jaundice is probably the most recognizable symptom, turning the skin, eyes, urine and even fingernails a dark yellow color.

Hepatitis attacks the liver, and one of its first effects is to inflame it significantly. Later, Hepatitis can often cause cirrhosis of the liver or even liver cancer.

While there is no vaccine for Hepatitis C, fortunately there is a vaccine that can prevent Hepatitis B infection. If there is a potential for you to be exposed to Hepatitis B, it is important for you to participate in your employer's vaccination program.

You should report any "exposure incident" immediately after it occurs. If you haven't had a recent Hepatitis vaccination, you may still be able to be treated after your exposure...but it is very important to begin as soon as possible.

There Are Several Ways to Reduce Exposure

There are three major ways to reduce exposure to Bloodborne Pathogens: Engineering Controls, Work Practice Controls, and using PPE.

"Engineering Controls" refer to equipment such as ventilating laboratory hoods, sharps with engineered injury protections such as self-sheathing needles, and puncture-resistant sharps containers...that can prevent you from encountering Bloodborne Pathogens.

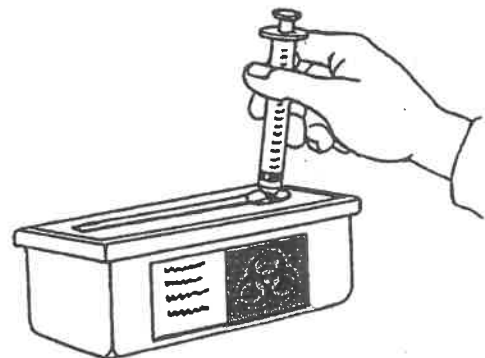
"Work Practice Controls" are safer ways to perform tasks. Hand washing is an especially important example. You should wash your hands immediately after removing gloves or other PPE that may have become contaminated. You should also wash your hands after direct contact with blood or other potentially infectious materials.

OSHA also feels that good "housekeeping" practices are important, and requires facilities to:

- Perform periodic cleaning.
- Draw up Written Cleaning Schedules.
- Decontaminate all surfaces after contact with any infectious materials.
- Change equipment coverings if they are contaminated.



Needles and Other "Sharps" Have Special Controls



Needles and other “sharps” have their own controls. They:

- Cannot be bent.
- Should not be recapped.
- If recapping must be done, a mechanical or one-handed technique must be used.

Contaminated “sharps” must be discarded into containers that are closable, puncture-resistant and leak-proof.

Contaminated laundry should be handled as little as possible, and always while wearing Personal Protective Equipment. Laundry should be bagged or containerized, and transported in labeled or color-coded bags.

Equipment must be decontaminated if possible. Otherwise, Biohazard Labels should be applied, and employees should be warned about possible contamination.

The Standard also governs the handling of other “regulated waste”. If your job involves waste handling, make sure you know what the requirements are.

You should also develop good personal work habits where exposure to Bloodborne Pathogens may occur. Do not eat, drink, or smoke or apply cosmetics in these areas.

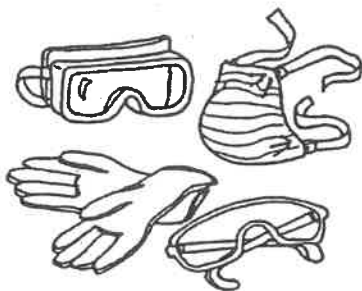
Personal Protective Equipment Is Especially Important

OSHA regards the use of Personal Protective Equipment as extremely important. They require that it be worn whenever there is a chance of exposure.

Gloves must be used whenever hand contact is anticipated. Disposable gloves must be replaced as soon as they are contaminated. Other gloves can be reused, once they are decontaminated.

Mouth and eye protection are especially important if you might be splashed or splattered with infectious material. Goggles provide the best eye protection. “Pocket” or face masks should be worn to protect the mouth.

Gowns, aprons and lab coats are commonly used to protect the bulk of the body. They should be selected based on type of exposure you are facing.



If you are involved in work where heavy contamination is anticipated, you should also wear:

- A surgical cap.
- A hood.
- Shoe covers or boots.

A “full body suit” may even be called for.

If you face exposure situations, PPE will be available in your work area. Take off any PPE before leaving the area, and deposit it into “collection” containers.

Vaccination Is Available for Hepatitis B

Vaccination is always the best way to guard against infection from any disease. While there is no vaccine for HIV or Hepatitis C, there is a Hepatitis B vaccine, which has been thoroughly tested. It is administered in a series of three injections.

Your facility's HBV Vaccination Program:

- Is available at no charge.
- Is for anyone who may be exposed to Bloodborne Pathogens.

If you refuse to participate in the program you must sign an OSHA "Declination Form".

As you can see, OSHA feels it is very important that you are vaccinated against Hepatitis B if you face potential exposure to Bloodborne Pathogens. If you have questions about the program, or would like more specific information, see your supervisor.



If you are exposed to Hepatitis B, and have not been vaccinated, an accelerated "post-exposure vaccination" is available. This is also free of charge. While post-exposure vaccination will not always prevent infection, it can frequently be helpful in combating Hepatitis B.

Accidents Involving Infectious Materials Can Happen



If you are exposed to an infectious material, wash the area with soap and water immediately.

If the material has "spilled" onto other surfaces:

- Contain it using absorbent barriers.
- Remove any remaining material with absorbent.
- Disinfect the spill area.
- Dispose of materials that are contaminated.
- Discard or recycle contaminated PPE.

Once you have dealt with the immediate problem, you will need to notify a number of people about the incident. First advise your immediate supervisor.

Next, your Environmental Services Department (if you have one), as well as your Safety Supervisor should be informed. Finally, if you are in a facility that has an Infection Control Department, you will need to notify them as well.

After all the appropriate people have been notified, you will need to complete an "Incident Report". This provides your facility with information about the incident, and will help them determine what, if anything needs to be done medically.

Steps Will Be Taken If You Are Exposed

If you are involved in an exposure incident, a number of steps will be taken. First, your employer will provide a written description of the incident. It will include the routes of exposure and the identity of the “source individual”, if it is known. Your blood will also be tested for HBV, HCV, and HIV.

An appointment with a doctor will be arranged for you. They will be given information about the work you were doing when you were exposed, the incident itself, and the results of the “source individuals” blood tests. They will also be given copies of your relevant medical records.

Based on this information, they will discuss the results of your blood tests with you, as well as recommend any appropriate treatment.

Once the doctor has completed their evaluation, they will notify your employer:

- That you have been informed of the results.
- That they have discussed any medical issues with you.
- Whether HBV vaccination is called for.
- If you have had the first part of the vaccination.



All other information from your medical evaluation will remain confidential.

Remember...

- Exposure to Bloodborne Pathogens can be greatly reduced by following proper workplace procedures.
- Biohazard Warning Labels should be used to identify most infectious materials.
- Engineering Controls, such as puncture-resistant sharps containers, should be used where appropriate.
- Personal Protective Equipment, especially gloves, should be used whenever there is the potential for exposure.
- Never eat, drink, smoke or apply cosmetics in an area where exposure may occur.
- It is essential to participate in your company’s Hepatitis B Vaccination Program.

QUIZ

BLOODBORNE PATHOGENS

Name: _____ Date: _____

1. Which of the following are the two most prevalent Bloodborne diseases in the United States?
 Hepatitis B.
 HIV.
 Tuberculosis.
 Mononucleosis.
2. Approximately how many new cases of Hepatitis B occur in the United States each year?
 70,000.
 300,000.
 3 million.
3. True or False... Vaccines do exist that can prevent infection from Hepatitis C and HIV?
 True
 False
4. What is the most important personal hygiene practice for preventing infection from Bloodborne diseases?
 Cleaning Fingernails Daily.
 Hand Washing.
 Gargling With Disinfectant.
5. What color must be used as the "background" on Biohazard Warning Labels?
 Yellow.
 Red/Orange.
 Black.
6. True or False... All types of gloves can be reused after an exposure incident if they are decontaminated?
 True
 False
7. True or False... Personal Protective Equipment can help guard against infection by Bloodborne pathogens?
 True
 False

HIPAA In Homecare: Protecting Your Patient's Privacy

Health Insurance Portability and Accountability Act (HIPAA)

I. HIPAA background

- A. Governs portability of health benefits between jobs
- B. Standardizes medical coding and billing practices
- C. Establishes a set of basic national standards and fair information practices to protect the privacy of medical information and records

II. Privacy

- A. Fundamental right of an individual to
 - 1. Control personal health information
 - 2. Not have the information divulged or used by others against the person's wishes
- B. Growing use of electronic storage and transmission of records creates the possibility for more breaches of confidentiality
- C. HIPAA challenge
 - 1. How do you balance the need for medical record privacy against the release of information to those who have a reason to know?
 - a. The patient has a right to protect and control his or her health information
 - b. Health care providers need access to that information to provide care
 - 2. HIPAA gives providers flexibility in complying with a set of minimum standards, which will
 - a. Give consumers access to their health information
 - b. Protect against inappropriate use and disclosure of the information
 - c. Strengthen the trust between the clinician and patient

III. Fundamental Principles

- A. Confidentiality
 - 1. Means of protecting health information and safeguarding it from unauthorized disclosure
 - 2. Professional obligation to maintain confidentiality of protected health information
- B. Protected health information (PHI)
 - 1. Any electronic, paper, or oral data that can be used to identify an individual patient's health or medical condition or treatment
 - 2. Including
 - a. Name and address
 - b. Social Security and Medicare numbers
 - c. Date of birth
 - d. Telephone number
 - e. Occupation and employer

The Three C's of a HIPAA Privacy Culture

I. First C – Consent

- A. The patient's agreement with the release or disclosure of PHI for TPO
 - 1. This is information necessary for the staff to do their jobs
 - 2. It is not related to consent for treatment
- B. HIPAA requirements
 - 1. Develop a Notice of Privacy Practices that includes
 - a. The patient's privacy rights and how to exercise them
 - b. The agency's privacy practices
 - c. The agency's use and disclosure of PHI without written authorization
 - 2. Give a copy of the notice to the patient and discuss it before providing care
 - 3. Obtain the patient's written acknowledgement about receipt of the notice or document a good faith effort to do so
- C. Gain insight into the patient's situation to promote appropriate use and disclosure of health information
 - 1. Identify individuals whom the patient considers as part of his or her inner circle for care delivery purposes
 - 2. Find a safe place for leaving the home folder or other information to coordinate care
 - 3. Think about ways that PHI could be disclosed inadvertently
- D. Know how to handle situations involving disclosure of PHI
 - 1. If able, the patient should consent to release of information to individuals not directly involved in care delivery
 - 2. Use professional judgment when disclosing information if the patient is not able to consent
 - 3. Follow the "need to know" and "minimum necessary" principals
- E. Authorization
 - 1. The patient must grant permission in writing in advance for each type of nonroutine (not for TPO purposes) use or disclosure of PHI
 - 2. This is not something clinical staff will routinely encounter

II. Second C – Computers (workstations, laptops, and hand-held devices)

- A. A computer-based system can increase the risk of unauthorized disclosure information
- B. Security
 - 1. The spectrum of physical, technical, and administrative safeguards a health care organization puts into place
 - 2. Applies to servers, personal computers, electronic patient records, billing systems, and modems
 - 3. Protects the integrity, availability, and confidentiality of information

2. In a patient's home
 - a. Don't talk about another patient
 - b. Don't talk about the patient with neighbors or relatives unless it's okay with the patient
3. Respond to an attorney or media request with, "I cannot discuss anyone who may or may not be a patient of my agency"
4. Making a telephone call
 - a. Dial the number carefully
 - b. Verify that you've reached the right party
 - c. Share only the information necessary
 - d. Be careful about leaving patient-specific information on an answering machine or voice mail
5. Receiving a phone call
 - a. Find out who is calling, the relationship to the patient, and the information necessary
 - b. Contact a supervisor with any questions
6. Communication in public
 - a. When using a cell phone, select a secluded spot, speak normally, and provide only the necessary information
 - b. Remain vigilant about public conversations

Home Health Aide Quiz

Name _____

Date: _____

Select the most appropriate answer.

1. What is confidentiality?
 - a. Sharing of information about the patient's care
 - b. Actions to safeguard and protect the patient's health information
 - c. Writing notes about the care you provide to patients
 - d. Getting the patient's permission to give information to others

2. What kind of patient information is protected by the HIPAA privacy standards?
 - a. Information that is in computers
 - b. Information that you write on a piece of paper
 - c. Information that you say out loud
 - d. All of the above

3. Which of the following statements is true?
 - a. HIPAA does not apply to home health aides.
 - b. Aides do not have access to PHI.
 - c. HIPAA applies to information about the patient's homecare services.
 - d. All of the above are true.

4. Which of the following is an example of TPO as it affects your job as a home health aide?
 - a. The assignment the nurse prepares for each of your patients
 - b. Completing an incident report when you find the patient on the floor
 - c. Answering the surveyor's questions during a home visit
 - d. All of the above

5. What should you do with papers containing patient information once you no longer need that information?
 - a. Discard the papers in the patient's wastebasket.
 - b. Cut them up for your children to use as scratch paper.
 - c. Take them to the office and put them in the bin for shredding.
 - d. Throw them out with your garbage at home.

6. How should you respond when a relative visiting from out of town says, "Since Uncle won't tell me what's wrong with him, can you tell me?"
 - a. Tell the niece that her uncle has less than six months to live.
 - b. Explain that she should ask her uncle for some answers because you cannot share that information.
 - c. Show her the home folder so she can see what's happening.
 - d. Say that you're just the aide and you don't know anything.

7. What would be your response if a scheduler calls you at a patient's home, while others are present, to give you information about another patient?
 - a. Say that others are present and the scheduler may need to repeat information because you can't say much.
 - b. Repeat the name, address, and other information back to the scheduler to make certain that you have written it correctly.
 - c. Tell the scheduler you can't talk and hang up.
 - d. Leave the house immediately and call the scheduler from a pay phone.

8. What is a good motto for protecting the patient's information?
 - a. Think about what you'll say or write and who will hear or see it.
 - b. Do not say anything to anyone unless the patient has provided written authorization.
 - c. Shred every single piece of paper that contains patient information.
 - d. All of these are good mottos.

9. Which of the following present potential HIPAA problems?
 - a. Using a cell phone in public
 - b. Posting patient information on a bulletin board
 - c. Carrying patient files in your car
 - d. All of these can present problems.

10. Which of the following statements is true?
 - a. Everyone in the agency must be concerned with HIPAA.
 - b. You don't have to worry about HIPAA once you're off duty.
 - c. HIPAA affects only the information filed in the patient's clinical record.
 - d. All of these are true.

MERCY HOME CARE, LLC
Authorization Agreement for Direct Deposits
(ACH Credits)

I hereby authorize Mercy Home Care, LLC, hereinafter called COMPANY, to initiate credit entries to my checking/savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U.S. law.

NOTE:

To activate direct deposit, a voided check or deposit slip must accompany this form.

Depository

Name: _____

Checking or Savings
(Please Circle One)

City: _____ State: _____

Routing No.: _____ Account No.: _____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

(Please Print)

Date: _____ Signed: _____

*****PLEASE MAKE SURE ACCOUNT NUMBER IS ON PAPER*****

I, _____ (Print Employee Name), have received and understand the Mercy Home Care, LLC: Employee Handbook. I understand this employee handbook contains policies and procedures to be followed by all employees, through-out employment with Mercy Home Care, LLC.

Employee Signature

Mercy Home Care, LLC. Office Staff Member

After Mercy Home Care, LLC: Employee Handbook is reviewed, this page is to be signed, and returned to:

Mercy Home Care, LLC

P.O. Box 580 / 822 N. Andover Rd.

Andover, KS 67002

Mercy Home Care, LLC

822 N Andover Rd
Andover, KS 67002

Date _____

Proof of Insurance Waiver

I _____ understand that in the event that I am caught driving without showing proof of insurance MERCY HOME CARE, LLC will not be held responsible for any damages, to person or property, that is directly related to my driving. I have assured the staff of MERCY HOME CARE, LLC that I use alternate transportation such as a cab, bus, or friend.

Employee

Witness