Chrisvic Care
Elevating Lives with Personalized Care

PATIENT ASSESSMENT

PHYCHOSOCIAL			
PATIENT NAME		SOC	
MARITAL STATUS	☐ **S** ☐ **M** ☐ **W** ☐ **D**	LANGUAGE	
LIVES WITH	☐ Alone ☐ Spouse Relative ☐ Friend ☐ Other Responsible Person		
PRIMARY CAREGIVER	☐ Self ☐ Spouse ☐ Relative ☐ Friend ☐ Other Responsible person		
PATIENT/CAREGIVER KNOWLEGDE OF ILLNESS		☐ GOOD ☐ FAIR ☐ POOR	
PATIENT ABLE TO RECEIVE INSTRUCTIONS		☐ YES ☐ NO	
CAREGIVER LIMITED BY	☐ EMPLOYMENT ☐ PHYSICAL LIMITATION ☐ AGE ☐ LACK OF KNOWLEGE		
COMMENTS			

ENVIRONMENTAL FACTORS					
ELECTRICITY	YES	NO	PROPER FOOD STORAGE AREAS	YES	NO
HOT/COLD WATER	YES	NO	PROPER FOOD PREPARATION AREAS	YES	NO
TOILETING FACILITIES	YES	NO	HEAT/VENTILATION	YES	NO
BATHING FACILITIES	YES	NO	TELEPHONE	YES	NO

BARRIERS: _____

SAFETY HAZARDS: _____

OTHER ISSUES:

HOME SITUATION APPROPRIATE FOR SERVICES: ☐ YES ☐ NO

BEHAVIORAL MENTAL STATUS: ☐ ORIENTED ☐ DISORIENTATED ☐ AGITATED ☐ ANXIOUS

CLIENT PHYSICIAN LIST

Physician Name:	
Type of Physician (Primary Care, Specialist, Etc.):	
Office Contact Person:	
Phone:	**Fax:**
Address:	
City:	**ZIP:**

CLIENT ASSESSMENT

Client Name: _____ Client Phone: _____

Client Address: _____

Doctor's Name: _____ Doctor's Phone: _____

Contact Person: _____ Contact's Phone: _____

ASSESSMENT		
General Topics	**Subject Matter**	**Action(s) Indicated**
Medical Information		
Medical Conditions	_____ _____	
Medications	_____ _____ _____ _____ _____ _____	
Medication Allergies	_____ _____ _____ _____ _____ _____	
Dental Care	Does Client have dental problems? _____Yes _____ No Is Client Under care of Dentist? _____ Yes _____ No Dental State: _____ No Dentures _____ Dentures Damaged _____ Full Upper _____ No Dentures Can Client Chew Food Effectively? _____Yes _____ No Dentist's Name:_____ Dentist's Phone Number: _____	
LIVING HABITS		
Smoking Habits	Client Smokes Yes: _____ No: _____ Degree of Problem _____ No Problem _____Some Problem	
Alcohol Consumption	Client Drinks Yes: _____ No: _____ Degree of Problem _____ No Problem _____Some Problem	

Current Diet	Regular _____ Low Salt _____ Diabetic _____ Vegetarian _____ Low Fat _____ Other _____ Takes Supplement (E.g. Ensure) _____	
	CLIENT NAME: _____	
COMMUNICATION		
Language Spoken	_____ English _____ Italian _____ French _____ Spanish _____ Chinese _____ Russian _____ Japanese _____ East Indian _____ Other _____	
SOCIAL PROFILE		
Housing	_____ House _____ Self Owned _____ Apartment _____ Rental _____ Mobile Home _____ Room _____ Facility _____ Urban _____ Other _____ Other	
ADDITIONAL INFORMATION		
	CLIENT NAME: _____	

_____ _____

Assessor Name & Position (Print) **Chrisvic Care** Signature

_____ _____

Assessor Signature Date

_____ _____

Client or Client's Representative's signature Date

MEDICATION RECORD

Patient Name: _____ Date: _____ WT: _____

Allergies: _____

M.D.: _____ Phone: _____

Pharmacy: _____ Phone: _____

Medication	Classifications	DOSE	FREQUENCY	Functions, SE's and Special Consideration

Special Instructions:

Agency Representative and Title: _____ Date: _____

CLIENT SERVICE CONTRACT

Person to Receive services:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Emergency contact person

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bill To:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

_____ (Initial) I Authorize charge to MasterCard/Visa for each billing.

_____ (Initial) I authorize a direct debit to my checking account.

Required: I am providing valid MasterCard/Visa or Banking accounts information and I authorize key at authorize **Chrisvic Care** to charge that account if my bill is not paid within 14 days from the date of invoice and for the administration fee if I cancel this order before service begins.

Visa/MasterCard#: _____ Expiration Date: _____

Checking Account #: _____

Required: _____ **(Signature of Guarantor)**

Client name: _____

Client signature: _____ **Chrisvic Care Signature:** _____

SERVICES TO BE PROVIDED (SEE SERVICES DETAILED DESCRIPTION):

HOME SERVICES WORKERS (HSW):

Agency Visits:

$ **200** (Per Visit)

Hourly:

$ Weekday; $ Weekend

Monthly Package:

$ _____

Prepayment:

$ _____

Administrative Fee:

$ **200**

Deposit (2 wks. of payment of contractual services payable before start of services)

$ _____

Total:

$ _____

The Agency will provide specific services as prescribed in the services plan and summarized herewith:

NON-MEDICAL SERVICES NEEDED

Services	**(Tick preferred services)**
1. Companionship	
2. Meal Preparation	
3. Light Housekeeping	
4. Errands & Shopping	
5. Medication Reminder	
6. Laundry & Linen Washing	
7. Personal Hygiene	

Every person signing this contract Is jointly and Individually responsible to pay the amounts due to Chrisvic Care for the services provided. Deposit is held as security until services end. Deposit will be returned when all bills are paid. If client terminates or changes **Chrisvic Care** services and subsequently decides to again retain or continue the company's services, the same terms and conditions as set forth in this service agreement will apply unless superseded by a new service agreement. I hereby acknowledge that I have carefully read this entire agreement and rate sheet, including the terms and conditions on the reverse side, before signing below. Contract is in effect until terminated by client or agency (See Discontinuing Services). I hereby consent and authorize **Chrisvic Care** agents and associates to provide care and treatment to me in my home. This contract will be enforced until except if terminated by the agency of the client.

Client name: _____ Date: _____

Client signature: _____ **Chrisvic Care** Signature: _____

General: Chrisvic Care is a licensed Home Care Services Agency and fully compliant with all licensing and STATE statutory requirements, and compliant with the Health Care Worker Background Check Act. **Chrisvic Care** conducts criminal background checks on all employees. **Chrisvic Care** is an employer of in-home services staff that provide in-home services to clients.

Chrisvic Care agrees to furnish services to the Client as requested and as mutually agreed between the parties. This Contract may be modified, amended or terminated upon seven (7) days' notice by either party (if such notice is given by the Agency, it must be in writing and if such notice is given by the client, it is the responsibility of the Agency to note it in the client's record), reason for termination/discharge will be included in notice. In the absence of a (refers to modifying the agreement, not absence of agreement) agreement as to the modification or amendment, the client has the right to immediately terminate but the agency must give 30-days grace period to the client to find another provider. All **Chrisvic Care** employees are informed about company's Policies and Procedures including HIPAA and trained to follow them.

Wages: The Agency is responsible to pay all wages directly to the in-home worker.

Taxes and Insurance: The Agency is liable for all taxes, unemployment insurance, workers compensation and social security taxes for in-home workers.

Assignment of Duties: The Agency Manager is responsible for assigning duties to the in-home workers and providing their day-to-day supervision.

If a client, Caregiver, or family member has a problem with job performance of a direct care worker, he or she should contact **Chrisvic Care** to notify the Agency Manager. In accordance with the **Chrisvic Care** Policies and Procedures, hiring, firing and disciplinary action are the responsibility of the Agency Manager. An Agency Manager is available during business hours at PHONE NUMBER. During non-business hours trained professionals will be available for any questions, concerns or complains at the same number. The Agency Manager for **Chrisvic Care** will be responsible to follow up with all complaints. Report of appropriate actions will be sent to client by mail or e-mail.

Rates/Billing: Fees are based on established rates. Should rates change during the term of this Agreement, **Chrisvic Care** will provide written notice at least thirty (30) days in advance of the effective date of the change. Clients will be billed bi-weekly Holiday rates will be billed at a rate of time and a half (150%) for the following holidays: New Year's Day, Easter Sunday, Mother's Day, Memorial Day, Independence Day, labor Day, Thanksgiving Day, Christmas Eve Day, Christmas Day and New Year's Eve Day.

Client/Guarantor agrees to pay the charges for the services rendered by **Chrisvic Care** as and when billed along with any applicable late charges and other fees and expenses. Invoices for Services and expenses will be sent to the Client or Guarantor/Responsible Party on a regular basis and are due upon receipt. Any invoices not paid within fourteen (14) days of the invoice date will be subject to late charges of one and a half percent (1.5%) per month, or eighteen percent (18%) per year. Any additional Responsible Party shall also be fully responsible for any fees, charges or expenses that arise from the terms of this Agreement as if they were the direct recipient of services. Partial payment will be applied first to the oldest late charges, then to the oldest unpaid bill, until all invoices are paid in full and then to any other charge.

Should it be necessary to obtain the services of an attorney to collect unpaid amount due to **Chrisvic Care**, the Client agrees to be fully responsible for payment of any reasonable and necessary attorney's fees.

Chrisvic Care uses its best efforts to keep careful records and to bill accurately. Should the Client believe that any billing received from **Chrisvic Care** is Incorrect; the Client should write or call immediately and identify any item in dispute. The sooner **We are** is notified, the sooner the problem can be investigated. **Chrisvic Care** will assume that any bill which is not questioned by the Client within fourteen (14) days of the invoice date is accurate and payable in full. Equipment and material for workers used In providing services is a client's responsibility.

A delayed payment by an insurance company or public agency is not a valid reason for late payment for services. **Chrisvic Care** does not file claims with insurance companies on behalf of Clients nor does the company negotiate disputed claims. However, if the Client provides the necessary information in advance, the company will use their best efforts to conform to the billing requirements of the Client's insurance company. As required by law, Client agrees to pay time and a half (Rate x 150%) for any employee working more than forty (40) hours in one week (unless said employee is qualified as "exempt"). There is a one-time administrative and processing fee of $100.00.

If Client lives In a retirement community, monthly packages are to be prepaid.

Direct Hiring: The client will not hire, on a direct basis, any Caregiver who is an employee of **Chrisvic Care**. In the event that the Client violates this condition, the Client, Guarantor/Responsible Party agrees to pay **Chrisvic Care** a placement fee of one hundred percent (100%) of the Caregiver's average monthly wages or a placement fee of ten-thousand dollars ($10,000.00), whichever is greater.

Discontinuing Services: Chrisvic Care has the right to terminate this agreement upon seven (7) days' notice required with the reason for termination/discharge stated (It is not applicable if the worker's safety is at risk and documented), Including if the Client violates it's terms and conditions, including failure to pay invoices on time. The Client may terminate this Agreement at the Client's discretion by notifying **Chrisvic Care** no later than seventy-two (72) hours prior to the next scheduled visit. Termination of this Agreement by the Client without the required notice will result in the Client being billed for the time scheduled. If services are ordered by phone or otherwise supplied prior to the date of this Agreement, the terms of this Agreement shall apply to all services rendered, including any services rendered prior to the execution of this Agreement.

Scheduling/Substitutions: Chrisvic Care understands the personal nature of the services provided by each Caregiver. With reasonable notice, the Client (or other Responsible Party) has the right to request replacement of specific Caregiver and to request such additional assistance as is agreed to be necessary. The company reserves the right to substitute employees at its discretion and to make supervisory visits. Every effort will be made to provide a Caregiver; however, **Chrisvic Care** cannot guarantee scheduling.

Emergency Medical Treatment: Client authorizes **Chrisvic Care** to seek emergency medical treatment for client in the event of a medical emergency which may endanger client's life, cause disfigurement or significant discomfort if delayed. The client's relative or responsible party will be notified in case of an emergency.

Insurance/Liability: Client(s) agree(s) to carry a standard homeowner's insurance policy or similar tenant's policy on the client residence.

Chrisvic Care limits its liability for property loss or damage to claims filed within 30 days of occurrence. All losses require a police report. However, to prevent any potential losses client agrees to remove all items

of concern or put them in a safe place. Money or gifts may not be given directly to any **Chrisvic Care** employee. Client agrees to hold the agency harmless from liability for any damage of any nature caused by the use of any automobile while performing services for client. The agency will make every effort to provide for the care and comfort of client during the hours of service**. Chrisvic Care** cannot guarantee that the client will not be involved in an unforeseen accident and incur injuries. Accidents can happen to clients even under the care of our staff, and **Chrisvic Care** cannot be held liable in such event.

Client name: _____ Date: _____

Client signature: _____ **Chrisvic Care** Signature: _____

HIPAA Privacy and Security For Employees And Clients

BRIEF OVERVIEW OF HIPAA

The Health Insurance Portability and Accountability Act of 1996, otherwise known as HIPAA, is a

Federal law that addresses the privacy and security of health information

- Privacy. The privacy regulations govern who has access to Protected Health Information (PHI). They ensure that PHI is used appropriately and also gives patients specific rights regarding their health information.
- Security. The security regulations govern how electronic health information is protected. They establish safeguards to assure that PHI is protected.

KEY CONCEPTS IN HIPAA

Protected Health Information

Protected Health Information (PHI) is information related to a person's health care treatment and to the corresponding payment for those services. PHI includes information that could reasonably identify an individual (patient identifiers) and sensitive health information. PHI in electronic, paper, or oral forms must be protected. Every member of the work force, even those who don't deal directly with patient information, should have an understanding of what PHI is and the ways in which it must be protected.

Examples of common identifiers:

- Names
- Street address, city, county, full zip code (with some qualifications)
- Dates directly related to an individual (e.g. birth date, dates of service)
- Telephone and fax numbers
- Email addresses
- Social Security Numbers
- Medical record number
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- License plate numbers
- Full-face photographic images

Sensitive Health Information (examples):

- Diagnoses and medications
- Procedures
- Physician name and specialty
- Location of service (e.g. cancer center)
- Service type (e.g. physician office, radiology, inpatient admission)
- Test results

Use and Disclosure

The sharing of PHI is essential to providing and paying for health care services. HIPAA describes the sharing of PHI as either a Use or Disclosure. Use is defined as the sharing of PHI internally within an organization. Examples include the creation of a hospital bill or the sharing of a medical record between caregivers when treating a patient.

Treatment, Payment, and Operations

The vast majority of uses and disclosures of PHI are for one of three reasons:

- Treatment. The provision, coordination, or management of health care and related services by a health care provider
- Payment. Activities by a provider or health insurance plan to obtain or provide reimbursement for the provision of health care; the activities of a health insurance plan to obtain premiums, determine coverage, and provide benefits
- Health Care Operations. A wide range of activities defined in the privacy regulations, such as:

- quality assessment and improvement

- credentialing, performance evaluation, training of health professionals

- medical review, legal services, audits

- underwriting, premium rating

- business management, administration, planning and development

Patient Rights

HIPAA provides patients with several basic rights that inform and empower them. These include:

1. the right to inspect and copy his or her PHI used by the organization.
2. the right to request an amendment to his or her PHI kept by the organization.
3. the right to restrict the use and disclosure of his or her PHI. This right may be denied based upon certain criteria.
4. the right to request and receive an accounting of uses or disclosures of his or her PHI for certain activities that do not fall within treatment, payment, or operations.
5. the right to request where and how confidential communications containing his or her PHI are made.
6. the right to file a complaint directly to the organization or to the Secretary of Health and Human Services.

Incidental Disclosures

HIPAA requires us to take reasonable steps to reduce the number of incidental disclosures of PHI. An incidental disclosure is information overheard or seen in the course of appropriately using or disclosing PHI.

Minimum Necessary

HIPAA requires that organizations take reasonable steps to allow access only to the minimum PHI necessary to perform a specific task or job. This minimum necessary standard applies to both internal uses as well as external disclosures. Employees and external vendors should receive information tailored to the specific task or job. The minimum necessary standard is not intended to impede patient care and therefore does not apply to treatment.

Penalties for Violating HIPAA

There are potential penalties for HIPAA Violations. These penalties include fines, criminal sanctions, and even imprisonment in the most severe cases. In addition, there are potential penalties that are not legal in nature, such as loss of reputation in the community. Individual employees who wrongfully disclose patient information can now be prosecuted and potentially face monetary fines. In addition, Care At Heart will evaluate HIPAA violations made by its employees and apply disciplinary action and/or follow-up as required.

Notifying Patients of HIPAA Violations

Patient may need to be notified when the privacy or security of their PHI has been breached. The Privacy Officer or Information Security Official and the Legal Department will determine if notification is required and in what form.

Responsibility for payment of Equipment/Materials For in-home use:

Equipment utilized in the home:	Responsible for Payment:	
	Agency	**Client**

Confidentiality: All client information is kept confidential. **Chrisvic Care** may discuss client(s)' health information with client(s) healthcare providers as appropriate and client agrees to allow the accrediting agency to review the contents of client's record. The client also permits the Agency in the case of an emergency to provide information as deemed necessary to the emergency contact listed above.

Identifying and reporting abuse/neglect: Clients have right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation. When abuse or neglect is suspected or identified, the employee/ client is to report observations or finding immediately by phone 973-350-6020) or otherwise to Agency address: 07102, One Gateway Center, Suite 2600 Newark, New Jersey. The Agency Manager will review the information presented and investigate if this is a reportable incident. If so, the information will then be reported to the appropriate county social service Agency. Failure to report is misdemeanor and exposes the non-reporter to potential civil damages. Abuse, Neglect or Exploitation may be reported to the state's office:

> **Elder Abuse:** Contact your county Adult Protective Services office to report suspected elder abuse concerning in the home; Call 877-582-6995 for suspected elder mistreatment in long term care facilities.

Compliant/ Grievance Process: When a client is admitted to the Agency, he/she is to be given an admission packet that includes a copy of the Agency Bill of Client Rights and Responsibilities. This policy indicates that grievances are to be filed with the Agency Manager. The fact that the policy was given to the client is to be recorded in the clinical record.

Client name: _____ Date: _____

Client signature: _____ **Chrisvic Care** Signature: _____