



# Preferred Home Care Services

## **Client Manual**

This packet contains some important information about your rights, and information we need in order for you to begin receiving PCA services through Preferred Home Care Services (PHCS-“the agency”). Please review the contents of this packet, then sign and return the materials as indicated by fax or email. If you have any questions, please contact us.

### **TABLE OF CONTENTS**

1	Home Care Bill of Rights	2
2	Maltreatment of Adults	3
3	Maltreatment of Minors	4
4	Spend-down Notice and Policy	6
5	Grievance Policy	6
6	Transportation Policy	7
7	Notice of Health Information Privacy Practices	8
8	Your Health Information Rights	9
9	Notice Regarding Changes in Insurance Information	11
10	Consent to Electronic Delivery	11

### **SERVICE DELIVERY POLICY**

The objective of PHCS is to provide quality services that meet the needs of the public and are consistent with PCA rules and regulations. The purpose of our Service Delivery Policy is to ensure we accomplish our objectives by:

- Establishing, and implementing policies that define performance standards for quality PCA services; and
- Establishing and implementing procedures that are designed to ensure our services are delivered in a consistent manner. The following policies and procedures are hereby incorporated into and made part of the Service Delivery Policy. The following materials define how our services are to be delivered and are designed to ensure our services are effective and consistent.

## 1. Home Care Bill of Rights

- A person who receives home care services has these rights:
- The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
- The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services.
- The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
- The right to be told in advance, of any changes in the care plan and to take an active part in any changes.
- The right to refuse services or treatment.
- The right to know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services.
- The right to know, in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, the charges for services that will not be covered by Medicare, and the charges that the individual may have to pay.
- The right to know what the charges are for services, no matter who will be paying the bill.
- The right to know that there may be other services available in the community, including other home care services and providers, and to know where to go for information about these services.
- The right to choose freely among available providers and to change providers after services have begun, with in limits of health insurance, medical assistance, or other health programs.
- The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
- The right to be allowed access to records and written information from records in accordance with section 144.335.
- The right to be served by people who are properly trained and competent to perform their duties.
- The right to be treated with courtesy and respect, and to have the patient's property treated with respect.
- The right to be free from physical and verbal abuse.
- The right to reasonable, advance notice of changes in services or charges, including at least 10 day's advance notice of the termination of a service by a provider, except in cases where:
  - >The recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services; or
  - >An emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider.
- The right to a coordinated transfer when there will be a change in the provider of services.
- The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property.

- The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.
- The right to know the name and address of the state or county agency to contact for additional information or assistance.
- The right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent, without retaliation.

•IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE

Office of Health Facility Complaints

(651) 201-4201  
1-800-369-7994 Fax: (651) 281-9796

Mailing Address:

Minnesota Department of Health Office of Health Facility Complaints  
85 East Seventh Place, Suite 220•  
P.O. Box 64970  
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care

(651) 431-2555  
1-800-657-3591 Fax: (651) 431-7452

Mailing Address:

Home Care Ombudsman Ombudsman for Long-Term Care  
PO Box 64971  
St. Paul, MN 55164-0971

Licensee Name: Telephone Number: Address:

- Name/Title of Person to Whom Problems or Complaints May be directed:
- For informational purposes only and is not required in the Home Care Bill of Rights text:
- MN Statutes, section 144A.44 Subd.

2. Interpretation and enforcement of rights.

•These rights are established for the benefit of persons who receive home care services. "Home care services" means home care services as defined in section 144A.43, subdivision

3. A home care provider may not require a person to surrender these rights as a condition of receiving services. A guardian or conservator or, when there is no guardian or conservator, a designated person, may seek to enforce these rights. This statement of rights does not replace or diminish other rights and liberties that may exist relative to persons receiving home care services, persons providing home care services, or providers licensed under Laws 1987, chapter 378. A copy these rights must be provided to an individual at the time home care services are initiated. The copy shall also contain the address and phone number of the Office of Health Facility Complaints and the Office of the Ombudsman for Long-Term Care and a brief statement describing how to file a complaint with these offices. Information about how to contact the Office of the Ombudsman for Long-Term Care shall be included in notices of change in client fees and in notices where home care providers initiate transfer or discontinuation of services

## **2.Maltreatment of Adults**

### **I. Policy**

It is the policy of the agency to protect the adults served by this agency who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

### **II. Procedures**

#### **A. Who Should Report Suspected Maltreatment of a Vulnerable Adult**

1. As a mandated reporter, if you know or suspect that a vulnerable adult had been maltreated, you must report it immediately. Immediately means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

#### **B. Where to Report** -You can make an external or an internal report.

1. You may make an external report to a MARC (Minnesota Adult Reporting Center)  
**1-844-880-1574**
2. You may make an internal report to the agency Administrator. If this person is involved in the alleged or suspected maltreatment, you must report to the Office Manager.

#### **C. Internal Report**

1. When an internal report is received, the Administrator is responsible for deciding if a report to the Common Entry Point is required. If that person is involved in the suspected maltreatment, the Office Manager will assume responsibility for deciding if the report must be forwarded to the Common Entry Point.
2. The report to the Common Entry Point must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
3. If you have reported internally, you must receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the Common Entry Point. The written notice must be given to you in a manner that protects your confidentiality as a reporter. It shall inform you that if you are not satisfied with the action taken by the facility on whether to report the incident to the common entry point, you may still make an external report to the Common Entry Point. It must also inform you that you are protected against retaliation by the agency if you make a good faith report to MARC.

#### **D. What to Report**

1. Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572. 2. An external or internal report should contain enough information to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

#### **E. Failure to Report**

1. A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

#### **F. Internal Review**

1. When the agency has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the agency must complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable adults.

2. The internal review must include an evaluation of whether:
  - a. Related policies and procedures were followed;
  - b. The policies and procedures were adequate;
  - c. There is a need for additional staff training;
  - d. The reported event is similar to past events with the vulnerable adults or the services involved; and
  - e. There is a need for corrective action by the agency to protect the health and safety of vulnerable adults.

#### **G. Primary and Secondary Person or Position to Ensure Internal Reviews are Completed**

1. The internal review will be completed by the Administrator.
2. If this individual is involved in the alleged or suspected maltreatment, internal review will be completed by the Office Manager.

#### **H. Documentation of the Internal Review**

1. The agency must document completion of the internal review and provide documentation of the review to the DHS upon the commissioner's request.

#### **I. Corrective Action Plan**

1. Based on the results of the internal review, the agency must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the agency, if any.

#### **J. Staff Training**

1. The agency shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.
2. The agency shall document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

THIS REPORTING POLICY SHALL BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.

### **3. Maltreatment of Minors**

#### **I. Policy**

It is the policy of PHCS to protect the children served by the agency whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse. As an employee of the agency you are a mandated reporter. As a mandated reporter, if you know or suspect that a child has been maltreated, you must report it. If you fail to make a report you may be subject to criminal prosecution and civil liability.

#### **II. Procedures**

##### **A. Who Should Report Child Abuse and Neglect**

1. If you provide care to children served by the agency, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at the agency.
2. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately make a report to an outside agency. Immediately means as soon as possible but in no event longer than 24 hours.

## **B. Where to Report**

1. If you know or suspect that a child is in immediate danger, you must call 911.
2. All reports concerning suspected abuse or neglect of children occurring must be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
3. Reports regarding incidents of suspected abuse or neglect of children occurring within a family in the community should be made to the local county social services agency or local law enforcement.
4. If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the agency, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

## **C. What to Report**

1. Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556).
2. A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within the agency, the report should include any actions taken by the agency in response to the incident.
3. An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

**D. Failure to Report** -A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

**E. Retaliation Prohibited** -The agency, as employer of any mandated reporter, must not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

## **F. Internal Review**

1. When the agency has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the program shall complete an internal review and take corrective action, if necessary, to protect the health and safety of children in care.
2. The internal review shall include an evaluation of whether:
  - a. Related policies and procedures were followed;
  - b. The policies and procedures were adequate;
  - c. There is a need for additional staff training;
  - d. The reported event is similar to past events with the children or the services involved; and
  - e. There is a need for corrective action by the agency to protect the health and safety of children in care.

**G. Primary and Secondary Person or Position** to Ensure Internal Reviews are Completed. The internal review will be completed by the agency Administrator. If this individual is involved in the alleged or suspected maltreatment, Office Manager will be responsible for completing the internal review.

**H. Documentation of the Internal Review** The agency shall document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner's request.

**I. Corrective Action Plan** Based on the results of the internal review, the agency shall develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the agency, if any.

**J. Staff Training** The agency shall provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556).

#### **4. Spend-Down Notice & Policy**

If Medical Assistance requires a client to pay a spend-down to PHCS, there is a legal obligation to pay for the spend-down to PHCS. If the consumer or responsible party receives a bill from the agency, that amount is due and payable immediately. Failure to pay the spend-down may result in termination of personal care services with PHCS. Failure to pay the scheduled spend-down payments may result in legal action. Spend-downs must be paid each month before services will be provided. Employees will not be paid if the spend-down obligation has not been fully paid.

#### **5. Grievance Policy**

It is the policy of the agency that recipients have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served by the agency and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

##### Procedure

A. Service Initiation

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
  - a. Should talk to a staff person that they feel comfortable with about their complaint or problem;
  - b. Clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
  - c. May request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.

That person is the agency Administrator.

They may be reached at 2562 7th

Avenue East Suite 201, North Saint Paul, MN 55109 or (651) 330-2550.

##### **C. Response by the Program**

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
  - a. The name, address, and telephone number of outside agencies to assist the person; and
  - b. Responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.

2. This program will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.
5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
  - a. Related policy and procedures were followed;
  - b. Related policy and procedures were adequate;
  - c. There is a need for additional staff training;
  - d. The complaint is similar to past complaints with the persons, staff, or services involved; and
  - e. There is a need for corrective action by the agency to protect the health and safety of persons receiving services.
7. Based on this review, the agency shall develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the agency, if any.
8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
  - a. Identifies the nature of the complaint and the date it was received;
  - b. Includes the results of the complaint review; and
  - c. Identifies the complaint resolution, including any corrective action.

The complaint summary and resolution notice shall be maintained in the person's record.

## 6. Transportation Policy

- A. PHCS company policy regarding transportation is that PCA's should not transport clients in personal vehicles. Under special circumstances an exception may be made. Which will be determined on a case-by-case basis.
- II. Exceptions
- A. Certain exceptions may be made. However, standards and procedures must be followed.
    1. PHCS is not liable for any loss, damage, costs, or expenses incurred by clients or by PCAs transporting of clients
    2. PHCS is not liable for any loss, damage, costs, or expenses incurred by PCAs or clients traveling in client vehicles.
  - B. Alternative transportation should be taken whenever available and may include:
    - Metro Mobility
    - Public Transportation
    - MNET (Metro Minnesota Non-Emergency Transportation Program)
    - Private Taxi Service

## **7. Notice of Health Information Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have any questions about this notice, please contact PHCS Management.

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made.

Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all the PHCS.

### **OUR RESPONSIBILITY:**

We are required by law and by our own standards to maintain the privacy of your health information and provide you with a description of our privacy practices. We will abide by the terms of this notice.

### **USES AND DISCLOSURES:**

This law permits us to use and/or disclose Protected Health Information to carry out treatment, payment and other healthcare operations.

### **FOR TREATMENT:**

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

### **FOR PAYMENT:**

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

### **FOR HEALTHCARE OPERATIONS:**

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

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;

- To inform Funeral Directors consistent with applicable law;
- For population based activities relating to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of healthcare professionals

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:**

We may disclose to your family, a relative, a close friend or any other person you identify as your emergency contact(s), your health information that relates to that person's involvement in your care or payment related to your care. In addition, we may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**FUTURE COMMUNICATION:**

We may communicate to you via newsletters, direct mail or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our home care agency is participating in.

**AS REQUIRED BY LAW**

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

- Food and Drug Administration
- Public health or legal authorities charged with preventing or controlling disease, injury or disability
- Correctional institutions
- Workers compensation agents
- Organ and tissue donation organizations
- Military command authorities
- Health oversight agencies
- Funeral directors, coroners and medical directors
- National security and intelligence agencies
- Protective services for the President of the United States and others

**LAW ENFORCEMENT/LEGAL PROCEEDINGS:**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**STATE SPECIFIC REQUIREMENTS:**

Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional legal requirements. If the State privacy laws are more stringent than Federal privacy laws, the State law preempts the Federal law.

**8. YOUR HEALTH INFORMATION RIGHTS**

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

- **INSPECT & RECEIVE COPY:** You have the right to inspect and have copied protected health information that is in a designated record set and may be used to make decisions about your care after completion of appropriate forms. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action or proceedings. We may deny your request to inspect and have copied certain protected health information. If you are denied access to medical information, you may request that denial be reviewed. A licensed healthcare professional chosen by PHCS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **AMEND:** If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment in writing for as long as the information is kept by or for PHCS. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. To request an amendment, your request must be made in writing and submitted to PHCS.
- **AN ACCOUNTING OF DISCLOSURES:** You have the right to request an accounting of disclosures of your health information. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices.
- **REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or in the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are required to notify you if we are unable to agree to a requested restriction.
- **REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. PHCS will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a complete mailing address. This address must be where the individual will receive bills for service rendered by PHCS and related correspondence regarding payment for services. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request to attempting to contact you by other means or at another location.
- **A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice, as provided to you on your start of services with PHCS. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. \*To exercise any of your rights, please obtain the required forms from PHCS and submit your request in writing.

• **CHANGES TO THIS NOTICE:** We reserve the right to change this notice. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future.

• **COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with PHCS and with the Secretary of the U.S. Department of Health and Human Services, by sending correspondence to: Medical Privacy Complaint Division-Office of Civil Rights; (1-800-368-1019).

U.S. Dept. of Health & Human Services  
200 Independence Ave. S.W.  
Room 509F; HHH Building  
Washington, D.C. 20201  
1-800-368-1019

\*All complaints must be submitted in writing;

\*You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or Minnesota law will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## 9. NOTICE REGARDING CHANGES IN INSURANCE INFORMATION

You (the consumer or responsible party) are responsible for ensuring your health insurance coverage is active at all times and you must notify PHCS immediately if there is any lapse or changes in coverage. Changes in your insurance information will affect your PCA Services. If you fail to notify PHCS immediately about changes or lapses in your insurance you may be without PCA Services. Additionally, if you fail to do so you are responsible for paying the PCA for the hours worked during the period where there was no coverage; or for reimbursing PHCS for payment made for those hours.

## 10. CONSENT TO ELECTRONIC DELIVERY

This policy describes how PHCS delivers communications to you electronically. We may amend this policy at any time by posting a revised version on our website. The revised version will be effective at the time we post it. In addition, if the revised version includes a substantial change, we will provide you with notice by mailing you notice of the change at your address on file. Electronic delivery of communications You agree and consent to receive electronically all communications, agreements, documents, notices and disclosures (collectively, "Communications") that we provide in connection with your services from PHCS. Communications include:

- agreements and policies you agree to (e.g., PHCS company policies and procedures), including updates to these policies;
- annual notices,
- care plans or PCA timesheets; We will provide these communications to you by posting them on the PHCS website and/or by emailing them to you at the primary email address on file.