

Villa St. Francis

**VOLUNTEER
HANDBOOK**

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WELCOME VOLUNTEERS

Dear Volunteer:

We welcome you to Villa St. Francis. We are blessed to have you with us as a Volunteer.

You are to be commended for your willingness to give of your time and talents to our residents and to assist our staff in various ways. Through your selfless service you can have a positive impact on our residents and you play an important role in our facility.

Our goal is to help you feel comfortable in your role as a volunteer. This volunteer handbook will provide you with information on our Volunteering Policies, our Code of Conduct, General Guidelines and much more.

It takes more than our dedicated, caring staff to meet all the needs of our residents. The unhurried time and personal attention you provide is invaluable. Your outward show of love and attention will make a difference in the lives of those you come in contact with. Your experiences and memories at Villa St. Francis can be life changing for you.

*From our Board of Directors, Administrator, Sisters and Priests,
and all of our staff---welcome to Villa St. Francis*

May God bless you for your generosity and kindness!

OUR MISSION STATEMENT

VILLA ST. FRANCIS, a Catholic non-profit skilled nursing facility sponsored by the Archdiocese of Kansas City in Kansas, provides skilled nursing and rehabilitation care for the frail and the elderly, with special concern for the poor.

As a visible expression of Christ's care and healing love, Villa St. Francis' dedicated staff provides compassionate care, always mindful of the spiritual, social, emotional, and medical needs of our Residents and their families.

OUR BELIEFS AND VALUES

Our philosophy- that we are an expression of Christ's care and compassion permeates, shapes, and drives our nursing care. Because we believe this, we embrace the following values:

Faith: The mission of caring for the aging and infirmed is an integral part of the work of the Catholic Church in the medical-social field. This care is a visible extension of Christ's love, care and compassion as we become God's hands and feet in caring for those in need.

Respect: We believe in the sacred worth and dignity of each person, regardless of race, faith, color, national origin or financial status. Each person has the right to live life fully and the right to die with dignity when God recalls this gift of life.

Compassion: Staff exhibits a deep understanding of the challenges which can accompany the aging process and supports the residents as they continue to live life to its fullest.

Friendliness: We strive to create a warm environment where the residents feel at home and at peace. Families and friends are welcome and staff knows they are a trusted part of a team.

Integrity: We are always mindful that our resources come from our residents, their families and the community, and that we hold them in trust for the sake of our healing ministry.

Excellence: To our residents and families we owe: excellent service, capable staff and leadership.

HISTORY OF VILLA ST. FRANCIS

OUR HISTORY

In the early 1940's, the Sisters of Charity of Leavenworth were asked by the Archbishop to establish a Home for the Aging in an old sanitarium building in Kansas City, Kansas. On August 15, 1945, it opened as Mount St. Joseph.

In 1977, it was moved to the former St. Margaret's Hospital left vacant when it merged with Providence Hospital. It became known as St. Joseph Care Center.

In 1999, the Board of Directors leased our current location. The name was changed to its current name, Villa St. Francis.

On March 6, 2013, Archbishop Joseph F. Naumann of the Archdiocese of Kansas City in Kansas, led the blessing of the newly remodeled building at a formal dedication. The high point of each day for our residents is Holy Mass in the new Chapel.

We are grateful to all who give of their service in keeping our Villa beautiful and we thank our Heavenly Father for his countless blessings and infinite love.

FACTS ON AGING

Many variables enter into how a person ages - some we have control over such as diet, exercise, and a healthy lifestyle. What we cannot control is heredity.

Today we find a record number of people living to 100+ years. This is due in part to proper diet, exercise and involvement in activities that stimulate the mind. Today people are experiencing a quality of life well into their 90's.

Age related sensory changes may occur in their vision, hearing, mobility, and as important, their self-esteem. Simple forgetfulness is part of growing old. It can also be caused by fatigue, grief, loneliness or simply an overload of information. This is not a sign of dementia or that one is destined to develop it.

Sometimes confusion and intellectual conditions can be caused by an illness, depression, even a reaction to certain medications. Being proactive to these conditions can resolve many of these issues.

Dementia is the progressive loss of one's mental abilities. It takes away one's ability to think, learn, remember, clouds our judgment, and even changes our personality, mood and behavior. This condition, most common in older adults, is a part of aging. Keeping our minds active and challenged is imperative.

Alzheimer's disease is the most common of the dementia diseases. It is a condition in which the nerve cells are damaged in the outer layers of the brain. As the disease progresses, people lose more and more of their recent memories and daily abilities. It is not uncommon for them to remember long term memories but current routines and thoughts are impaired. Research continues to discover more about this disease and treatments that can slow its progression.

A VOLUNTEERS ' CODE OF CONDUCT

All resident information is confidential and is not to be discussed with anyone. Any inquiries regarding a resident should be referred to the Volunteer Coordinator or other Villa St. Francis employee. Volunteers will not have access to resident Protected Health Information (PHI). The following list includes some of the more common issues in residents rights and confidentiality:

1. Resident Rights are posted in the facility and are to be observed at all times.
2. Volunteers are not to review medical charts or other protected information.
3. Volunteers will not seek to obtain confidential information for themselves, a resident or any other persons.
4. If PHI is indirectly learned about a resident (overhearing a nursing or family conversation or by reading mail to the resident), it is strictly prohibited to share that information inside or outside of the facility.
5. A resident's health information that is shared with a volunteer by the resident is not to be shared or discussed with other residents, the resident's family members or persons outside of the facility.
6. All conversations with residents are to be positive and affirming.
7. Volunteers are not to serve as resident advocates. Residents who express a concern to a volunteer are to be referred to their social worker or the nursing supervisor if the social worker is not available.

VOLUNTEER POLICIES

Villa St. Francis greatly appreciates the valuable contribution that you make to our facility. As a member of our team always remember that Villa St. Francis is someone's home and your conduct must reflect your respect. Family members, friends and guests who come to Villa make their assessment by what they observe. Be a goodwill ambassador for Villa St. Francis.

Name Badges

All Volunteers are to wear their name badges. Residents and family members like knowing your name. Staff will get to know who you are and may want your assistance if they know you are a volunteer.

Dress Code

As representatives of our facility, we ask that you dress in a manner that is appropriate in our environment. Your attire should be modest and casual-professional. Ladies/girls should not wear tops or shorts that expose excess skin (shoulders, legs, midriff). Men/boys should not wear low ride pants. Wear footwear that will protect your feet. No sandals or flip-flops. Shorts are not appropriate when helping at Mass.

Personal Items

It is preferred that you limit the number of items that you bring into the building. If you have personal items, they may be left with the receptionist at the front desk. Cell phones are allowed but keep them on your person at all times.

Sexual Harassment

Our facility is committed to providing an environment free of sexual harassment and hostility. It is the right and responsibility of each volunteer to inform the individual to stop such behavior when directed toward him/her and to report this behavior to the Administrator or the Human Resources Director immediately.

Supervision

The Volunteer Coordinator supervises volunteer activities. Volunteers may also have a department supervisor as well, depending on the task you do. Departmental questions are to be directed to that department supervisor. All other questions are to be directed to the Volunteer Coordinator.

VOLUNTEER HOURS AND VISITS

Volunteer Hours

It is important as a volunteer that you document your hours of service. A volunteer sign-in/sign-out book is located on a table just to your right as you enter the building. Sign your name and write down the time you arrive and the time you leave, making sure to sign the page dated the day you are volunteering. Volunteer hours are tallied then reported to the COA/RSVP Johnson County.

Resident Visits

One of the most beneficial parts of your volunteering will be visiting with the residents. There is no way to measure the joy your smiles and friendly words bring to our residents. Asking them to share their memories with you gives them great pleasure. Don't forget to share your daily life with them too. You can bring the outside world in to them by sharing.

By keeping track of each individual visit you have with our residents you are helping us meet our quota of "monthly visits". A One-on-One visit form is provided for recording each visit. The form will ask you to fill in the date of your visit and the name of the resident you talked with. Give a brief account of your conversation and how long you talked with them. A line is provided for your signature. Please drop off the forms to the Activities Department or with the Receptionist at the front desk.

VOLUNTEER BENEFITS

Complementary Meals

Volunteers who are at Villa for a period of 4 hours or more may receive a complementary meal. See a supervisor in the kitchen to make arrangements. You must show them your name badge when signing up for the meal.

Beverages Provided

During your tour of volunteering unlimited beverages of ice tea, coffee, and water are available to you. The dispensers are located in the main dining room just to the right of the service window and in the dining areas on the South wings. If you prefer a soft drink one can be purchased in the vending machine located in the main dining room.

Parking

The parking area in front of the building is available to you. Please do not park in designated handicap parking spaces located at the north entrance of the building and in front of the main entrance.

Your Personal Benefit

Through the selfless giving of your time you are giving/receiving gifts of:

- less loneliness
- a sense of purpose
- satisfying relationships with others

VISITING WITH RESIDENTS

You are a very special person to our residents. You bring them friendship, conversation, fun and other benefits. In order to help you understand this very important role, here are a few suggestions.

A personal touch is always important. Residents are pleased to have you learn their names

Never underestimate their capacities. Even though they are in a care facility they still deserve to be treated with the utmost respect.

Our residents have amazing memories and fascinating stories to tell. Be a good listener and try to keep conversations away from problems or the resident's physical condition. **This is confidential information.**

Many of our residents may be hard of hearing. Do not assume all have poor hearing. When you talk with them:

- enunciate your words in a clear voice
- face them directly and get on the same level, if possible
- speak in your normal voice, avoid talking loud or shouting
- rephrase what you're saying if a resident has difficulty understanding particular phrases or words.

Many of our residents may also have trouble with their vision. If you visit with someone with limited vision:

- always make your presence known first then identify yourself.
- act natural, talk to them as though they can see you.
- address them by name so they know you are speaking to them.

When visiting a residents in their room, remember Villa is their home. Always knock before entering their rooms. Introduce yourself and explain why you are there. Observe all posted signs.

WHEELCHAIR SAFETY GUIDELINES

1. Speak to the resident and make sure he/she knows you are going to "push" the wheelchair before you begin any movement. Never surprise them by coming up from behind. Introduce yourself by name.
2. Always lock the wheels when parking a wheelchair.
3. Do not help a resident into or out of his/her wheelchair. Refer their request to a staff member.
4. Go slowly when you transport a resident in a wheelchair. There is a danger of running into another resident or objects in your path.
5. Be aware of the position of the resident's hands and arms, watching out for their elbows as you round a corner or enter a doorway.
6. Make sure the resident's feet are securely on the pedals. If there are none, ask the resident to hold their feet up.
7. Report any wheelchair that is broken or appears to be unsafe to the receptionist.
8. Let the resident know when you are leaving them.
9. When residents requests to be taken to their rooms always verify with a member of the nursing staff that it is safe for them to be in their rooms unattended.

SAFETY POLICIES

A Resident in distress

Volunteers are not to move, lift or provide physical assistance to a resident who has fallen or is in any physical distress. Immediately notify a nurse. You may remain with the resident to keep them calm and still until medical assistance arrives.

Bio-Hazardous Material

Volunteers should avoid contact with any visible blood or secretions. The volunteer should immediately notify a nurse to take care of the situation.

Infection Control

Do not come to the facility if you have a fever or are not feeling well. As you enter the building use the hand sanitizer that is provided before entering the secure area. Proper hand washing is one of the most effective ways to prevent the spread of infection.

- wash your hands in as hot of water that is comfortable for you
- apply generous amount of soap
- wash hands a minimum of 20 seconds, rubbing front and back, in between fingers and around nails
- rinse hands thoroughly to remove all soap

When to wash your hands:

- before and after you volunteer
- after using the restroom, blowing your nose, coughing or sneezing before drinking, eating or handling food

Additional tips:

- use a hand sanitizer to disinfect your hands between resident contact
- never touch wet or soiled linen or personal care items
- follow precautionary guidelines posted on resident's door
- avoid touching or rubbing your eyes or mouth
- cover any food or drink to be carried throughout the facility

EMERGENCY PROCEDURES

The following announcements will be made over the paging system. When you hear any of the three following phrases refer to the back of your name badge if you have forgotten the meaning of:

DOCTOR RED

Fire or smoke has been detected in the facility. The location of the fire will be announced as "Doctor Red is in the _____ ". Stay in your current location unless you are in immediate danger or instructed otherwise.

Keeping yourself calm enables you to keep the residents calm. Follow the directions of Villa employees or emergency personnel. The dining rooms and chapel **are safe** locations during a fire unless that is the location of the fire. **Never** open or pass through closed fire doors.

DOCTOR BLACK

A tornado or severe weather warning has been issued for the immediate area. An announcement will be made giving instruction. If directed to do so, move the residents into the hallways and follow the directions of the staff. Residents will be given pillows and blankets for protection. All fire doors will be closed. **DO NOT ATTEMPT TO GO THROUGH THEM.** Residents who are in the Chapel, Dining Rooms or the Therapy Gym will be moved into the hallways.

DOCTOR WHITE

A Resident is missing within/from the facility. An announcement will be made over the paging system saying "Dr. White is here to see (Resident's name) on hall _____ ." If you are with or have seen this resident, report your information immediately to the nearest nurse.

DO'S and DON'TS

DO'S

Sign in when you arrive - sign out when you leave.

Sanitize your hands when you arrive and when you leave.

Always wear your name badge.

Let us know if you are unable to come if you have committed to a specific task.

Be committed - relationships are built on trust.

Be clean, neat and professional in your attire and appearance.

Always introduce yourself to the residents.

Always wear a smile!

Relax and be your natural, friendly self.

DON'TS

Never offer a resident food or beverage without permission from a nurse.

Never help a resident in or out of a wheelchair.

Never enter a resident's room without knocking.

Never share or discuss any health information the resident may share with you. **This is confidential information.**

VILLA ST. FRANCIS

NOTICE OF PRIVACY PRACTICES

Effective April, 14, 2003

THIS NOTICE DESCRIBES HOW VILLA ST. FRANCIS WILL BE USING YOUR MEDICAL INFORMATION, HOW IT MAY BE DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information

When you are admitted to our facility, a record of your stay is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is referred to as your medical record and serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A source of information for public health officials who oversee the delivery of health care in the United States
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what when, where, and why other may access your health information, and make informed decision when authorizing disclosure to others.

Who Will Follow This Notice

This notice describes our facility's practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility.
- All employees, staff and other facility personnel.

Our Responsibilities:

We understand that health information about you and your health is personal. We are committed to protecting the privacy of this information. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel or your personal doctor. Your personal

doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required to:

- Maintain the privacy of your health information
- Give you this notice of our legal duties and privacy practices with respect to the information we collect and maintain about you; and
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice, or required by law. Certain laws may require that we disclose your health information without your authorization, and we are obligated to follow those laws.

How We Will Use or Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use health information for treatment. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you while at the facility. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist in treating you once you're discharged from our nursing facility.
- **For Payment.** We may use and disclose health information for payment. For example, a bill may be sent to you or a third-party payor, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use your health care information for regular healthcare operations. These uses and disclosures are necessary to run the facility and make sure that all of our residents receive quality care. For example, we may use health information to access the

care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

- **Business associates.** **There are** some services provided in our organization through contacts with business associates. Examples include our accountants, consultants and attorneys. When their services are contracted, we may disclose your health information to our business associates so that they can perform the jobs we've asked them to do. To protect your health information, we require the business associates to appropriately safeguard your information.
- **Directory.** The facility does not maintain a public directory of residents. Your name and room number may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi or our Director of Pastoral Care. We will also use your name on a name plate next to your door in order to identify your room.
- **Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, or your location, and general condition. The amount of information disclosed will depend upon that person's particular involvement in your care. **If** you want this information restricted, you must tell us by using the required procedure.
- **Communication.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. The amount of information disclosed will depend upon that person's particular involvement in your care. If you want this information restricted, you must tell us by using the required procedure.
- **Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner to carry out their duties consistent with applicable law.
- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Marketing.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising Activities.** We may contact you as part of a fund raising effort. **If** you do not want to be contacted, you must notify the Privacy officer in writing.
- **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.
- **Workers' Compensation.** We may disclose health information to the extent authorized by and the extent necessary to comply with laws related to workers' compensation or similar programs established by law.
- **Public Health.** As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- **Law Enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. We may also release health information if asked to do so by a law enforcement official about criminal conduct at the facility.
- **Health Oversight Activities.** Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Military and Veterans.** If you are a member of the armed forces or a veteran, we may release health information about you as required by military command authorities or the veteran's administration.
- **Lawsuits and disputes.** If you are involved in a lawsuit or in a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a court or administrative order even if you are not involved in the lawsuit or dispute. We may also disclose health information about you in response to a subpoena, discover request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or as otherwise permitted by law.
- **As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law. This may include reporting of communicable diseases, wounds, abuse, disease/trauma registries, health oversight matters and other public policy requirements. We may be required to report this information without your permission.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Your Health Information Rights

Although your health record is the physical property of the nursing facility, the information in your health record belongs to you. You have the following rights:

- **Right to Inspect and Copy.** You have the right to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. To inspect and copy your health information, you must submit your request in writing to the administrator of the facility. If you request copies of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. Certain reasons for the denial are not reviewable and some are reviewable. If you are denied access, you will be told in writing. In certain circumstances, however, you may request that the denial be reviewed. If the original denial of access was made by a licensed health care provider as allowed by law, another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. You will be advised in writing of the reviewing official's decision.

- **Right to Amend.** If you believe that any health information in your record is incorrect or important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a form, please contact the Privacy Officer.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the facility;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing on a form provided by our facility to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to law enforcement officials; and disclosures for national security purposes. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request that we not use or disclose your health information for a particular reason related to treatment, payment or health care operations and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our facility. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it. If we do agree, we will notify you in writing and comply with your request unless the information is needed to provide you emergency treatment. If we agree to a restriction, we may terminate any restriction if you agree to the termination or if we inform you that we are terminating our agreement to the restriction. You may terminate any restriction.
- **Right to Request Confidential Communications.** If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice upon request at any time. To obtain a paper copy of this notice, you may contact the Administrator or the Privacy officer.

- **Other Uses and Disclosures —Revoking Previous Permission to Use or Disclose Your Health Information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. For certain disclosures of your information you must complete an "authorization" for and submit it to us. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing at any time. To revoke any permission already given us or permission given to us in the future, you must revoke that permission in writing by sending it to our Privacy officer. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by that 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 to the care that we provided to you.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our facility's Privacy Officer at (913)829-5201.

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint with the facility, or to receive additional information as to how to file a complaint with the Department of Health and Human Services, contact the Privacy Officer at (913) 829-5201. All complaints filed with the facility must be submitted in writing and filed on a complaint form provided by our facility.