 YOUR LOGO HERE!



IV THERAPY
— **ACADEMY**



IV THERAPY CLINIC POLICIES & PROCEDURES MANUAL

ACKNOWLEDGMENT & CONSENT

You acknowledge that the IV Therapy Clinic Policies & Procedures Manual (the “Manual”) is only provided digitally. It is not intended to be utilized by any business as final policies or procedures in its current format. [REDACTED]

[REDACTED] and up to date. Prior to publication and implementation of the Manual, you should consult with legal counsel in your state.

The information provided in the Manual is not intended to and does not render legal advice. IV Therapy Academy , [REDACTED]

[REDACTED], and damages of any kind arising out of use, reference to, or reliance on any of the contents of the Manual.

You agree that your sole and [REDACTED]

GRANT OF LICENSE

IV Therapy Academy agrees to grant [REDACTED]

[REDACTED] unauthorized organizations or

individuals. We thank you in advance for honoring your licensing agreement. This enables the IV Therapy Academy to keep the products affordable.

By using the IV Therapy Clinic Policies & [REDACTED].

Section 1 - Introduction

- 1.1 Policy and Procedure Manual
- 1.2 Developing Policies and Procedures
- 1.3 Policies and Procedures - Master Book Maintenance
- 1.4 Policies and Procedures - Writing and Implementation
- 1.5 Policies and Procedures - Revision and Retirement

Section 2 Forms - Employment and Hiring

- Form 2.1 Credentialing Data Form
- Form 2.2 Employee Confidentiality Agreement
- Form 2.3 Employee Time-Off Request Form
- Form 2.4 Professional Development Training Request
- Form 2.5 Job Requisition Form

Section 2 - Employment and Hiring

- 2.1 Americans with Disabilities Act
- 2.2 Background Checks - General
- 2.3 Background Checks – Written Authorization
- 2.4 Base Compensation
- 2.5 Benefits Eligibility
- 2.6 Candidate Interviews
- 2.7 Code of Conduct
- 2.8 Confidentiality Agreement
- 2.9 Corrective Action
- 2.10 CPR Certification
- 2.11 Disciplinary Termination Policy
- 2.13 Employment Application
- 2.14 Employment Eligibility Verification
- 2.15 Equal Opportunity Employment
- 2.16 Establishing Salaries and Compensation
- 2.17 Medicare Provider Enrollment Process
- 2.18 Introductory Period for New Employees
- 2.19 Leave of Absence
- 2.20 Nature of Employment
- 2.21 Nepotism

Section 2 - Employment and Hiring (cont.)

- 2.22 No Distribution or Solicitation

2.24 Performance and Salary Reviews
2.25 Performance Bonuses
2.26 Performance Improvement: Individual Provider
2.27 Personnel Files
2.28 Personnel Records and Administration
2.29 Provider Credentialing
2.30 Provider Recredentialing
2.31 Recruitment
2.32 References and Supplemental Investigations
2.33 Suspension
2.34 Time-Keeping
2.35 Time Off, Holidays, Religious Observances, Jury Duty, Bereavement
2.37 Work Hours
2.38 Workplace Searches

Section 3 Forms - Workplace Conduct and Professionalism

Form 3.1 Disciplinary Action Checklist

Section 3 - Workplace Conduct and Professionalism

3.1a Attendance
3.1b Attendance – Disciplinary Action
3.1c Attendance – Emergencies and Inclement Weather
3.2 Drug and Alcohol Policy
3.3 Drug and Alcohol Testing
3.4 Grievance Policy
3.5 Internet Use
3.6 Professional Appearance
3.7 Smoking Policy
3.8 Telephone and Cell Phone Policy
3.9 Violence in the Workplace

Section 4 Forms - Clinic Operations

Form 4.1 Professional and Business Insurance Worksheet
Form 4.2 Office Security Checklist

Section 4 - Clinic Operations

4.1 Audits
4.2 Building Security
4.3 Business Associate Agreements

- 4.4 Business Associate Inventory
- 4.5 Clinic Credentialing
- 4.6 Clinic Hours and Emergency Service
- 4.7 Performance Improvement Plan
- 4.8 Computer Workstation Protocol
- 4.9 Display of License
- 4.10 Electronic Communications Protocol
- 4.11 Clinic Facility Design
- 4.12 Firearms and Other Weapons
- 4.13 Identity Theft Detection and Prevention
- 4.14 Internet Use Protocol
- 4.15 Mandated Reporting of Child Abuse and Neglect
- 4.16 Mobile Device Protocol

Section 5 Forms - Records and Data Management

- Form 5.1 Electronic Security Incident Report
- Form 5.2 HIPAA Security Policies and Procedures Checklist
- Form 5.3 HIPAA Security Assessment
- Form 5.4 Patient Acknowledgment of Receipt of Notice of Privacy Practices
- Form 5.5 Release of Medical Records Log
- Form 5.6 Authorization for Use and/or Disclosure of Protected Health Information
- Form 5.7 Authorization Checklist for Release of Medical Record Information

Section 5 - Records and Data Management

- 5.1 Access Rules
- 5.2 Data Backup
- 5.3 Data From Other Facilities or the Patient
- 5.4 Data Integrity: Access, Audit Trail, and Security
- 5.5 Documentation of Privacy and Security Policies and Procedures
- 5.6 HIPAA and HITECH Privacy Compliance
- 5.7 HIPAA and HITECH Security Compliance

Section 5 – Records and Data Management (cont.)

- 5.8 Legal Medical Record Standards
- 5.9 Legibility and Display of Entries
- 5.10 Meaningful Use Audits
- 5.11 Notice Of Privacy Practices
- 5.12 Patient Request for Medical Record

- 5.13 Performing a Billing or Coding Audit
- 5.14 Purging and Destruction of Paper Records
- 5.15 Purging ePHI
- 5.16 Responding to Subpoenas or Court Orders
- 5.17 Retention of Medical Records
- 5.18 Retirement of Medical Records
- 5.19 Safeguarding PHI in Non-Electronic Form
- 5.20 Storage and Retrieval of Paper Medical Records

Section 6 Forms- Accounting, Claims, and Billing

- Form 6.1 Example Payer Plan Profiles
- Form 6.1 Payer Plan Profiles
- Form 6.2 Payer Organization Profiles
- Form 6.3 Report of Suspected Fraud and Abuse
- Form 6.4 Petty Cash Reconciliation Form
- Form 6.5 Office Patient Account Billing Policy for Treatment of Automobile Injuries
- Form 6.6 Charge Capture Checklist
- Form 6.7a Medicare Advance Beneficiary Notice of Noncoverage (ABN) - English Version
- Form 6.7b Medicare Advance Beneficiary Notice of Noncoverage (ABN) - Spanish Version
- Form 6.8 Insurance Benefits Authorization and Assignment
- Form 6.9 Payment Options and Procedures At Check-Out
- Form 6.10 Deposit Transactions
- Form 6.11 Treatment Financial Agreement

Section 6 - Accounting, Claims, and Billing

- 6.1 Automobile Accident-Related Injury Claims
- 6.2 Fee Schedule Administration
- 6.3 Structuring a Compliance Plan
- 6.4 Conducting an Internal Audit

Section 6 – Accounting, Claims, and Billing (cont.)

- 6.5 Internal Controls
- 6.6 Petty Cash
- 6.7 Managing Incoming Cash
- 6.8 Bill Paying
- 6.9 Charge Capture and Diagnosis Coding
- 6.10 Charge Capture, Encounter Forms, Data Entry
- 6.11 Medicare Advance Beneficiary Notice of Noncoverage (ABN)

- 6.12 Payment Posting
- 6.13 Financial Agreement for Patient Responsibility
- 6.14 Claim Submission to Third-Party Payers
- 6.15 Charge Submission Turnaround Time
- 6.16 Charge Corrections
- 6.17 Open Claims
- 6.18 Denied Claims
- 6.19 Patient Communication on Insurance Balances
- 6.20 Refunds to Patients
- 6.21 Unapplied Payments
- 6.23 Patient Billing Inquiries
- 6.24 Waiver of Patient Responsibility
- 6.25 Financial Hardship
- 6.26 Returned Checks for Insufficient Funds
- 6.27 Payment Plans
- 6.28 Turning Accounts to Collections
- 6.29 Collection Agencies and Patient Disputes
- 6.30 Small Balances
- 6.31 Write-Offs
- 6.32 Bankruptcy

Section 7 Forms - Emergencies and Disaster Response

- Form 7.1 Hazard Vulnerability Analysis
- Form 7.2 Pre-Event Planning Checklist
- Form 7.3 Event Checklist
- Form 7.4 Post-Event Checklist
- Form 7.5 Practice Continuity and Disaster Preparedness Plan

Section 7 - Emergencies and Disaster Response

- 7.1 Emergency Equipment and Medication
- 7.2 Emergency Evacuation Plan
- 7.3 Fire Plan
- 7.4a Psychiatric Emergency Plan - General
- 7.4b Psychiatric Emergency Plan – Suicidal Crisis

Section 8 Forms - Patient Management

- Form 8.1 Patient Daily Sign-In Sheet
- Form 8.2 Authorization to Transfer Medical Records

Form 8.3 Financial Agreement (for services billed to insurance)
Form 8.4 General Medical Consent
Form 8.5 IV Therapy Patient Informed Consent
Form 8.6 New Patient Medical History Questionnaire
Form 8.7 Patient Dismissal Letter
Form 8.8 New Patient Registration Form
Form 8.9 Referral Tracking Form
Form 8.10 Patient Financial Policy

Section 8 - Patient Management

8.1 Communicating Test Results and In-Office Laboratory Reports
8.2 Marketing, Fundraising, Sale of PHI Under HIPAA
8.3 Marketing Policy
8.4 Patient Education
8.5 Patient Grievances
8.7 Patient Satisfaction
8.8 Prescription Ordering and Documentation
8.9 Prescription Refills
8.10 Procedure for Follow-Up
8.11 Procedure for Patient Scheduling
8.12 Steps to Terminate Patient Relationship
8.13 Tracking System for Diagnostic Reports
8.14 Video Monitoring Policy
8.15 Website and Social Media Marketing

Section 9 - IV Therapy

9.1 IV Therapy Protocol – Administration Procedures
9.1a IV Access – Pre-Insertion Care
9.1b IV Access - Peripheral Venous Cannula
9.1c IV Access – Midline Venous Catheters
9.1d IV Access - Central Venous Catheter
9.1e Central Port Access and Care
9.6 Management of Allergic and Anaphylactic Reactions
9.7 Patient Distress

Section 10 Forms - Workplace Safety

Form 10.1 Employee/Contractor Injury Report Form
Form 10.2 Accident Investigation Report Form for Supervisor
Form 10.3 Ten-Step Checklist for Exposure Control Plan Development
Form 10.4 Declination Statement of Hepatitis B Vaccine
Form 10.5 Sharps Injury Log
Form 10.6 OSHA Training Record and Checklist
Form 10.7 Acknowledgement of Receipt of OSHA Training
Form 10.8 Employee Acknowledgment of Exposure Control Plan

Section 10 - Workplace Safety

10.1 Sharps Disposal
10.2 Engineering and Work Practice Controls
10.3a OSHA Compliance Committee
10.3b OSHA Compliance Committee - Duties
10.4 Clinic Exposure Control Plan
10.5 Exposure Control Plan Administration
10.6 Exposure Determination
10.7 Universal Exposure Control Practices
10.8 Exposure Control Plan Review & Availability
10.9a Post-Exposure Evaluation and Follow-Up - Administration
10.9b Post-Exposure Evaluation and Follow-Up – Plan of Action When Exposure Incident Occurs
10.9c Post-Exposure Evaluation and Follow-Up – Plan of Action When an Exposure Incident Occurs
10.10a Biohazardous Waste

Section 10 – Workplace Safety (cont.)

10.11a Infection Control Competency Training
10.11b Infection Control Competency Training – Bloodborne Pathogen Training
10.12 Injection Safety
10.13 Injury Prevention
10.14 Housekeeping
10.15 Recordkeeping
10.16 Hepatitis B Virus (HBV) Vaccination

Section 11 Forms - Drugs, Chemicals, and Controlled Substances

Form 11.1 Controlled Drug Count Log
Form 11.2 Controlled Drug Dispensing Record
Form 11.3 Controlled Drug Waste Record

Section 11 - Drugs, Chemicals, and Controlled Substances

- 11.1 Controlled Substances
- 11.2 Inventory Rotation
- 11.3 Recall Response Plan
- 11.4 Use of Single-Dose and Multiple-Dose Containers

Section 12 Forms - Equipment, Supplies, and Inventory

- Form 12.1 Equipment Record Log
- Form 12.2 Equipment Repair Record

Section 12 - Equipment, Supplies, and Inventory

- 12.1 Infusion Equipment Requirements
- 12.2 Supply Procurement, Receipt, and Inspection
- 12.3 Purchasing Policy and Procedure
- 12.4 Request for Proposal
- 12.5 Vendor Accounts

POLICY >>>>>	1.1 Policy and Procedure Manual
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To [REDACTED]	
SCOPE: This [REDACTED] [REDACTED] [REDACTED] The IV Therapy Clinic will establish, distribute, and maintain a comprehensive policies and procedures manual [REDACTED] [REDACTED] py Clinic. IV therapy practices [REDACTED] [REDACTED] of the clinic.	
DEFINITIONS: Consult your immediate [REDACTED].	
RESPONSIBILITIES: The clinic manager [REDACTED] [REDACTED] [REDACTED]	
REFERENCES:	

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	1.2 Developing Policies and Procedures
Effective Date:	2/10/2019
Date Last Reviewed:	
PURPOSE:	
To establish safe, equitable, and	

SCOPE:

This policy applies [REDACTED]

RESPONSIBILITIES:

This policy [REDACTED]

QUESTIONS:

Please [REDACTED]
[REDACTED]

PROCEDURE:

1. Standard operating procedures (SOPs) are step-by-step instructions created for the [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] must be performed.

5. SOPs should be written by or with the help of the people performing that task.
6. SOPs should be [REDACTED] involved with the performance of the task.

POLICY >>>>	1.3 Policies and Procedures - Master Book Maintenance
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To ensure that this policy [REDACTED] [REDACTED] Therapy Clinic.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: The procedures [REDACTED] manual.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: The Clinic [REDACTED] policy.	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	
PROCEDURE: 1. When [REDACTED] [REDACTED] [REDACTED] [REDACTED] manual, by the Clinic Manager prior	

to implementation The steps for this process are described in 1.4 SOP Writing and Implementation.

Each

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] manual on an annual basis to ensure accurate and current information.

POLICY >>>>	1.4 Policies and Procedures - Writing and Implementation
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish guidelines for writing and implementing new policies and procedures.	
<p>SCOPE:</p> <p>This policy [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] for overseeing the creation of new SOPs and revision to existing SOPs.</p> <p>2. The Clinic Manager must assign all new SOPs names and numbers consistent with the numbering system in the master book.</p>	

3. Appropriate personnel [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4. Scope

5. Responsibility

6. Process/Procedures

7. Company information

8. Signatures

9. Authors

10. Responsible person(s)

11. Definitions

5. Each standard operation procedure should be placed in a category.
Examples of [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

i. Quality Assurance

j. Inventory Control

k. Reference Documents

6. After development of the SOP, the Clinic Manager will review and educate all personnel involved in the SOP and implement it at the appropriate time.



POLICY >>>>>	1.5 Policies and Procedures - Revision and Retirement
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish a mechanism to ensure accurate and up-to-date policies and procedures by making revisions based on [REDACTED] [REDACTED]	
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] result in disciplinary action up to and including termination of employment.	
REFERENCES:	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	
PROCEDURE:	

Revised SOP

1. SOPs may be [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] revision process.
3. All revised policies and procedures must be in writing and approved by the Clinic Manager **prior** to implementation.
4. After implementation, the revised SOP must be reviewed by personnel involved in the SOP and the Clinic Manager to determine if the revisions are permanent. When [REDACTED]
[REDACTED] for old versions of SOPs.

Retired SOPs

1. If procedures and/or equipment are retired from or no longer in use at the clinic, the corresponding SOPs should also be retired from the SOP master book. The [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] noted on the retired SOP.
4. Retired SOP policy numbers should not be reused.



5. Instructions

Indicate below

and/or provider directories.

6. Credential Information

Name	
------	--

Address: Street, City, State, Zip			
Other Names (Maiden, former, etc.):		Contact Number:	
████████████████████		██████████	
██████████ ████████████████████ ██████		██████████████████	
██████████████████		██████████████ ██████████	
██████████████		██████████████ ██████████	
██████████████████ ██████████		██████ of Graduation:	
Current Practice Name:		Current Practice Tax ID:	



Medicare Number [REDACTED]		[REDACTED]	
[REDACTED] [REDACTED]		[REDACTED] ice:	
Current Hospital Affiliations and Status (active, courtesy):			
Are there any changes to your current hospital affiliations? If yes, please describe:			













New [REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED] additional documentation.	
Practice Address: Street, City, State, Zip Country		New Practice Phone/Fax:	



Date first Medicare patient seen at this practice [REDACTED]		[REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] Living Facility, <input type="checkbox"/> Other If other, please specify:	
Effective Date of New Demographics/changes:		Checks made payable to:	
Billing Address:		Mailing Address	
Special Remitt [REDACTED] [REDACTED]		Are you currently a resident or fellowship program? Yes or No [REDACTED] [REDACTED] State, Zip	



--	--	--	--

If a resident or in a 			
 or No		If yes, please furnish the field of your psychology degree; attach a copy with this application	
Where would you like your remittance Notices or Special Payments sent? Street, City, State, Zip		Please provide the address to where your medical records are stored	
UPIN (if issued):			
Medicare 			
	I		
			
			
			
		 Number: State:	
Issue Date:		Expiration Date:	



<div style="background-color: black; width: 100px; height: 40px;"></div>	Number:	<div style="background-color: black; width: 40px; height: 20px;"></div>	<div style="background-color: black; width: 100px; height: 20px;"></div>
	<div style="background-color: black; width: 60px; height: 20px;"></div>	<div style="background-color: black; width: 40px; height: 20px;"></div>	<div style="background-color: black; width: 100px; height: 20px;"></div>
	<div style="background-color: black; width: 60px; height: 20px;"></div>	<div style="background-color: black; width: 40px; height: 20px;"></div>	<div style="background-color: black; width: 60px; height: 20px;"></div> Date:

Certification Information (if not licensed)

Certification Number	Issuing State	Effective Date	Expiration Date

Are you board certified? Yes or No		If yes, certificate number:	
		State:	



		Expiration Date:	
What is your availability?			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED] other languages? If so, please list.			
Will you file claims electronically? Yes or No		Will you use a billing [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]/Number:	





61. Bank Information for Electronic Funds Transfer

Bank Name:	
<div></div>	
<div></div>	
<div></div>	
<div></div>	
<div></div> Checking:	
Routing Number:	
Account Number:	

62. Have you ever [REDACTED] [REDACTED] [REDACTED] [REDACTED] documentation.

Are you enrolled with CAQH? YES ☐ NO ☐

USERNAME:

PASSWORD:



Form 2.1 Credential Data Form

Are you ☐ ☐ ☐ ☐

☐

☐ ☐ , Practice, or Group Association

Change Effective Date:	
Current Provider ID:	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

☐ Additional Service Location

Effective Date:	
Current Provider ID:	

☐ Other



<div></div>	
<div></div>	

Please choose your enrollment classification:

☐ Individual

☐ Group/Payee

☐

☐☐☐☐

☐☐☐☐

☐☐☐☐

☐☐☐ Group ☐

☐ Estate/Trust ☐ Chain ☐ Partnership ☐

☐ Other: _____

If using an authorized agent to submit EDI, complete the following:

Trading Partner Name:	
<div></div>	
<div></div>	
<div></div>	
<div></div> :	



Action	yes	no
Have [REDACTED]		
[REDACTED]		
[REDACTED] your Drug Enforcement Administration number (DEA Number) restricted, suspended, revoked, or otherwise limited or DEA license application refused?		
Have you ever had an agreement with Medicare or Medicaid that [REDACTED]		
[REDACTED]		
[REDACTED]?		
Has [REDACTED] but not limited, to suspension, restriction, denial, or revocation?		

Have you [REDACTED] [REDACTED]?		
Do you have an impairment that would interfere with your ability to provide care according to accepted standards of [REDACTED] [REDACTED]		
Has your participation in an insurance carrier sponsored program been suspended or revoked		
Are [REDACTED] [REDACTED], barbiturates, hypnotics, amphetamines, cocaine, benzodiazepines, or other controlled or illegal substances?		
In the last five years, have you had more than one malpractice [REDACTED] [REDACTED] (\$500,000) dollars?		

Checklist of Attachments—Must Be LEGIBLE

Please send items as they are obtained, instead of waiting until all are accumulated.

- _____ Copy of [REDACTED]
- _____ [REDACTED] or Graduate School Diploma—MD, DO, DPM, NP, PA, CRNA
- _____ Copy of Federal DEA certificate with CURRENT office address—receipt from Web site is acceptable (www.deadiversion.usdoj.gov)
- _____ Copy of (past and present) Malpractice Face Sheets—including tail coverage policies
- _____ Copy of [REDACTED]
- _____ [REDACTED]
- _____ [REDACTED]
- _____ [REDACTED], or proof of Board Qualified/Eligible
- _____ Copy of Internship and Residency Certificate with dates **or** letter from program director
- _____ Copy of Letter from Hospital showing approved privileges (courtesy or active)
- _____ Copy of Hospital [REDACTED]
- _____ [REDACTED]
- _____ [REDACTED] where provider has current privileges

Needed for NPPES Web site update, before billing can begin:

- _____ NPI Username and Password—if unknown, please call NPI Enumerator at 1-800-465-3203 to re-set password (User [REDACTED])
- _____ [REDACTED] and Medicaid provider numbers (if in the same State we are enrolling)

Provide these items if they are applicable:

- _____ Copy of [REDACTED]
- _____ [REDACTED]
- _____ [REDACTED]
- _____ [REDACTED] Certificate **or** letter of status
- _____ Copy of **local** business license, certification of occupancy, gross tax receipt number
- _____ Copy of CLIA [REDACTED] number
- _____ CME documentation with copies of certificates, including CPR, ACLS, BLS certificates

Income Guarantee and Independent Providers ONLY:

- _____ Copy of voided [REDACTED]
- _____ [REDACTED]
- _____ [REDACTED] other IRS document, noting EIN (**NA for Employed**)

____ Copy of [REDACTED]

____ [REDACTED] fictitious name is selected—(NA for employed)

Form 2.2 Employee Confidentiality Agreement

FOR GOOD [REDACTED]

[REDACTED] ges and consents that:

1. During my employment, there may be disclosed to me certain trade secrets of IV Therapy Clinic, [REDACTED]
[REDACTED]
[REDACTED] diagnosis, financial status, prescription or treatment information, personal data (address, phone, etc.).
2. I agree that I will [REDACTED]
[REDACTED]
[REDACTED] in violation of this agreement. Violation of this agreement any time during employment may result in termination and/or appropriate disciplinary actions.
3. Upon termination of my employment from IV Therapy Clinic, I shall return all documents and property of [REDACTED]
[REDACTED]
[REDACTED] materials relating in any way to IV Therapy Clinic business or in any way obtained by me during the course of employment. I further agree that I shall not retain any copies or notes of the forementioned.

CONFIDENTIALITY

All patient information is confidential, whether in electronic or paper form. Employees are required to protect this [REDACTED]
[REDACTED] necessary or as required or permitted by law.

Upon request, patients may access their own records. The medical record is considered

incomplete when the patient is in the office; therefore, a staff member will be available to answer any [REDACTED]

[REDACTED] receiving written permission from the patient.

All employees or contractors of IV Therapy Clinic will be required to sign the following confidentiality statement.

CONFIDENTIALITY STATEMENT

As an employee or contractor of IV Therapy Clinic, I agree to honor and maintain the confidentiality of all discussions, deliberations, records, care and treatment of all patients associated with this [REDACTED]

[REDACTED] be removed from the office, and that breach of patient confidentiality is considered an invasion of privacy and grounds for possible termination.

I understand that this office is authorized to take action as is deemed necessary to ensure confidentiality [REDACTED]. This includes legal [REDACTED] attempted breach of this agreement.

Printed Name:

Signature: _____

Date: _____

IV Therapy Clinic may [REDACTED]
[REDACTED] relief for any breach.

This agreement shall be binding upon me, my [REDACTED]
[REDACTED] successors, and assigns.

Signed this _____ day of _____

IV Therapy Clinic officer Employee

Form 2.3 Employee Time-Off Request Form

Employee Name: _____

Date: _____

First _____

Enter total number of hours for absence:

TYPE OF TIME-OFF	NUMBER OF HOURS

Jury Duty/Witness	
Unpaid time-off	

Please provide _____ time-off: _____

Paid Time Off: Paid _____ the first day of the month following the

employee's [] days of full-time employment. Paid time-off should be requested with a 2-week notice to the employee's immediate supervisor, in order to provide for adequate []

[], father- or mother-in-law, or grandparent)

Unpaid Time-off: Unpaid time may only [] available paid time-off is exhausted.

Employee Signature: _____

Supervisor's Approval: _____ Date: _____

Human Resources: _____ Date: _____

Form 2.4 Professional Development Training Request

(Please print)

Employee Name: _____ Date of Request: _____

☐ _____ ☐ 2-day Seminar ☐ Certification Course ☐ Other: _____

Title: _____

Organization: _____

Location: _____

Dates of _____

What specific knowledge or skill will you learn: _____

How will the _____?

Employee Signature: _____

(Employee: Please attach description of training and forward to your supervisor)

Clinic Manager Approval:

Clinic Manager _____
_____ course. Once approved, please forward to
Clinic Owner.

Clinic Manager's Signature: _____ Date: _____

Clinic Owner:

Clinic Owner will review _____.

Clinic Owner Signature: _____ Date: _____

Form 2.5 Job Requisition Form

Position/Title to Hire:

Department: _____ Hiring Manager:

This position is open due to: ☐ Employee Resignation ☐ Employee Terminated
☐ New Position

☐ Temporary or Seasonal Hire

Other:

Is the Job Description attached? ☐ Yes ☐ No ☐ Not Applicable

Hiring

_____:

Date: _____

Date position posted: _____

Date position filled: _____

How was this position filled: ☐ _____ Agency

Referred by:

Position filled by (Candidate's
name):

POLICY >>>>	2.1 Americans with Disabilities Act
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] uniform with our goals.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: It is the policy of IV [REDACTED] [REDACTED] [REDACTED] of a person's physical or mental disability. Management of IV Therapy Clinic shall be trained in [REDACTED], and policies [REDACTED] will be in effect when employees are hired, terminated, or counseled. Job descriptions will be written adhering to these policies. If an employee of IV [REDACTED] [REDACTED] of his or her supervisor or the Clinic Manager.	
DEFINITIONS: For any [REDACTED].	
RESPONSIBILITIES: This policy [REDACTED] [REDACTED] result in disciplinary action up to and including termination of employment.	

QUESTIONS:

Please consult your [REDACTED] with any questions about this policy.

POLICY >>>>>	2.2 Background Checks - General
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	
Approved by:	Clinic Manager
PURPOSE:	
To during the hiring process.	

SCOPE:

This policy applies to all individuals on the healthcare team.

POLICY STATEMENT:

IV Therapy [REDACTED] conducted by internal staff or a third-party agency on all job applicants. The type of information that can be collected includes, but is not [REDACTED]

[REDACTED] process is conducted to verify the accuracy of the information provided by the applicant. Falsification of any information provided in the [REDACTED] the background authorization form is grounds for immediate termination.

DEFINITIONS:

For any unclear [REDACTED] supervisor.

RESPONSIBILITIES:

This policy [REDACTED] engaged in employment with IV Therapy Clinic. Failure to comply with this policy could [REDACTED] up to and including termination of employment.

REFERENCES:**QUESTIONS:**

Please [REDACTED] with any questions about this policy.

PROCEDURE:

Any of the [REDACTED] obtain information for the completion of the background and criminal record check:

Education Records

Verification of the [REDACTED].

Employment History Verification

[REDACTED] position, dates of employment, and eligibility for rehire.

Criminal Records

A criminal records search is conducted in counties where the person has resided, worked, or [REDACTED] are reported.

Driving Records

Records from a state's department of motor vehicles will be used to verify identify and to report convictions of driving-while-intoxicated or driving under the influence.

Workers' Compensation Records

Check for history of fraudulent workers' compensation claims. After making a conditional job [REDACTED] *that is required of all applicants in the same job category.* Information can be used for verifying employment history, screening applicants that have a history of fraudulent workers' compensation claims, providing information to state officials as required by state laws regulating workers' compensation and "Second Injury" [REDACTED] others that could not be reduced to an acceptable level or eliminated by a reasonable accommodation.

Federal Court Records

Check of civil, criminal, and bankruptcy [REDACTED] or financial problems an applicant may have.

Licensure Records

Online verification of medical, nursing, and secondary provider (advanced practice nurses, nurse [REDACTED] or Board of Nursing. Check for disciplinary actions pending or assigned to each license and certificate.

Office of Inspector General's List of Excluded Individuals and Entities and the General Services Administration list of debarred contractors

A search to assure that [REDACTED] to any debarred candidates.

POLICY >>>>>	2.3 Background Checks – Written Authorization
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All [REDACTED] and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish requirements for written [REDACTED] checks.	

SCOPE:

This policy applies to all individuals on the health care team.

POLICY STATEMENT:

The clinic is [REDACTED]
[REDACTED] the safety of coworkers, patients, and/or the facility at risk.

DEFINITIONS:

Federal law [REDACTED] 6201 of the Patient Protection and Affordable Care Act recommends that background checks be performed on all staff members involved in patient care.

RESPONSIBILITIES:

All staff seeking employment or [REDACTED]
[REDACTED] and/or [REDACTED]
[REDACTED] authorization from applicants and employees to conduct a background check.

REFERENCES:

Refer to the EEOC [REDACTED]
[REDACTED] to background checks performed for employment purposes.

QUESTIONS:

Please consult your [REDACTED] or the clinic manager with any questions about this policy.

PROCEDURE:

The written authorization must:

7. Describe the scope of the background check, and inform applicants and employees that information received from the background check may result in adverse [REDACTED]
[REDACTED]
[REDACTED] action, such as rejection of the application or termination of employment.

The background [REDACTED]

[REDACTED]

[REDACTED] as abuse and neglect registries.

3. Statewide criminal history records w/ validated Department of Corrections search.
4. Nationwide Sex Offender Database.
5. Medical [REDACTED] government sanctions

If any [REDACTED]

[REDACTED] must be [REDACTED] least seven days in advance, along with a copy of the background check and the FTC's summary of rights under the FCRA.

After the adverse action is taken based on a background check report, the applicant or employee must be [REDACTED]

[REDACTED] of the company that provided the report, and certain additional information, including the individual's right to dispute the accuracy of the report and to obtain a free copy of the report from the report provider within 60 days.

POLICY >>>>>	2.4 Base Compensation
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] on the health care team.	
POLICY STATEMENT: It is IV Therapy Clinic's intention to pay all employees wages or salaries that are competitive with [REDACTED] in the marketplace in a [REDACTED] [REDACTED] may vary based on roles and responsibilities, and performance.	

POLICY >>>>	2.5 Benefits Eligibility
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All [REDACTED] /or statements
Approved by:	Clinic Manager
PURPOSE: To establish the timeline for benefits eligibility.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: Eligible employees of IV Therapy Clinic will become eligible to enroll in the clinic's benefit programs after completing [REDACTED] [REDACTED] not enroll within 30 days of his or her eligibility date will be unable to enroll in voluntary benefits unless a Qualified Life Event occurs or until the next Open Enrollment period.	
A qualifying life event, as defined by the IRS in Section 125 could be any of the following events: <ul style="list-style-type: none"> • A birth or adoption • Legal marital status change (marriage, legal separation, divorce, death of your spouse) • Change in the [REDACTED] • [REDACTED] • [REDACTED] work location that changes the eligibility of you or a covered dependent • Your child (children) meets (or fails to meet) the plan's eligibility rules due to events such as age, marriage, or student enrollment. 	

- You or a covered dependent gain or lose coverage due to a change of employment [REDACTED] status)

Enrollment due to a Qualified Life [REDACTED] within 30 days of the effective date of the Qualified Life Event.

Per IV [REDACTED]
[REDACTED] the corresponding applications. An employee should complete these applications within 30 days of his or her effective date of coverage. Once the applications have been received, Clinic Manager will notify the insurance carriers of the employee's enrollment decisions, and enter all applicable payroll deductions for benefits.

Outside of new hire [REDACTED]
[REDACTED] for each provider should also be completed.

POLICY >>>>>	2.6 Candidate Interviews
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish procedures for conducting candidate interviews during hiring.	
SCOPE: This policy applies to all [REDACTED] care team.	
POLICY STATEMENT: IV Therapy Clinic assesses candidates according to the following process:	
6. Conduct [REDACTED] [REDACTED]	
[REDACTED] [REDACTED] or work style, interpersonal skills, goals, and other factors.	
8. IV Therapy Clinic may administer personality and skills assessments for senior leadership and professional positions.	
9. Assess curriculum [REDACTED] [REDACTED] [REDACTED], as appropriate.	

POLICY >>>>>	2.7 Code of Conduct
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All [REDACTED] /or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] onment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: IV Therapy Clinic is [REDACTED] [REDACTED] [REDACTED]. The Code of Conduct is a vital part of how IV Therapy Clinic achieves its mission and vision.	
Employees of IV Therapy [REDACTED] [REDACTED] action and/or dismissal.	

POLICY >>>>>	2.8 Confidentiality Agreement
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To [REDACTED] environment uniform with our goals.	
SCOPE: This policy applies to all individuals [REDACTED].	
POLICY STATEMENT: IV Therapy [REDACTED] that each new employee be given a confidentiality statement to read, sign, and have witnessed. Due to the confidential [REDACTED], and the access employees may have to it, this is a necessary requirement. The confidentiality agreement is to be read, [REDACTED] [REDACTED] file.	

POLICY >>>>>	2.9 Corrective Action
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: Unacceptable behavior [REDACTED] [REDACTED], or (e) Suspension.	
The steps in IV Therapy Clinic's corrective action process are:	

11. *Verbal warning.* Employee will be [REDACTED]
[REDACTED] the employee's
personnel file documenting the verbal warning.

12. *Written warning.* Employee will receive a written warning advising of the
violation or [REDACTED]
[REDACTED] time. The employee will be asked to sign a
copy of the warning, which will be placed in the employee's personnel file. If
the employee refuses to sign, a note will be made on the copy prior to filing.

13. *Dismissal.* A variation of corrective action steps may be taken depending on
the [REDACTED]
[REDACTED] one verbal or written warning. In other
cases, the employee's failure to respond positively to progressive correction
action may [REDACTED]
[REDACTED]

POLICY >>>>>	2.10 CPR Certification
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish requirements for professional staff certification in CPR/Basic Life Support.	
SCOPE: This policy applies [REDACTED] care team.	
POLICY STATEMENT: It is the policy of the [REDACTED] [REDACTED] the need arise within the practice.	
DEFINITIONS: For any unclear [REDACTED] your supervisor.	
RESPONSIBILITIES: This policy applies to all employees and contractors of IV Therapy Clinic.	
QUESTIONS: Please consult your immediate supervisor or the [REDACTED] any questions about this policy.	
PROCEDURE:	

1. All employees/contractors actively involved in patient care must be biannually certified in Basic [REDACTED] (BLS) in accordance with the standards of the American Heart Association.
2. If not already [REDACTED]
[REDACTED] Clinic Manager or designated supervisor will schedule follow up recertifications. Ultimately, it is the responsibility of each employee to ensure that he or she obtains biannual BLS recertification.
3. Failure to obtain timely recertification may [REDACTED].

POLICY >>>>	2.11 Disciplinary Termination Policy
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policy for termination and discharge from employment with IV Therapy Clinic.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: It is the policy of IV Therapy clinic that all employees maintain acceptable standards of conduct and performance for a [REDACTED] Clinic. All IV Therapy Clinic staff are expected to conduct themselves professionally, to provide and receive constructive criticism, [REDACTED] expected to maintain positive demeanor when interacting with patients and coworkers, including [REDACTED] that fails to abide by the established standard will be made aware of disciplinary actions including dismissal. A supervisor will determine the disciplinary actions that may be taken.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy [REDACTED] [REDACTED] policy could result in disciplinary action up to and including termination of employment.	

REFERENCES:

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

Counseling

Employee violations of IV Therapy Clinic rules and policies and/or poor performance may result in a [REDACTED] [REDACTED] correct any misunderstanding and to find solutions to the problem. While it may be included, it is not [REDACTED] [REDACTED]

Written Warning Report

[REDACTED] of policies and procedures of IV Therapy Clinic and/or repeated poor performance will result in a written warning. The written warning report is prepared by the supervisor, [REDACTED] the employee, and is signed by both. The employee has the opportunity to make written comment on the report. The report will be placed in the employee's personnel record. [REDACTED] may require the [REDACTED] probation or terminated.

Disciplinary Probation

Repeated employee violations of [REDACTED] [REDACTED] not to exceed ninety (90) days. A probation notice will be given to the employee in writing and will include specifics of the employee's violation and/or noncompliance of policies and rules of IV Therapy Clinic, including job performance or conduct, and the specific performance criteria that [REDACTED] [REDACTED] if acceptable improvement has not been made. A disciplinary probation period should be taken very seriously as meeting the specified criteria for improvement of performance will be [REDACTED] employment.

Termination

IV Therapy Clinic may terminate the employment of any employee at any time with or without cause. An employee [REDACTED] [REDACTED] paid salary or wages through the last day of work, as long as the employee works the designated time frame. Management is

responsible for ensuring all keys have been returned and computer access has been terminated. The [REDACTED] scheduled pay date.

POLICY >>>>>	2.12 Employee Orientation
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] with our goals.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: To ensure the success of the employees and contractors, IV Therapy Clinic provides orientation to all [REDACTED] [REDACTED]. The employee or contractor will also review general office policies and procedures, their job description, and expectations.	

POLICY >>>>>	2.13 Employment Application
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work [REDACTED]	
SCOPE: This policy [REDACTED] care team.	
POLICY STATEMENT: All employment candidates must complete an application provided by IV Therapy Clinic. Any information provided on the [REDACTED] false will be cause for immediate dismissal, if the candidate is hired. Job application are [REDACTED] [REDACTED] no [REDACTED] [REDACTED] practice.	

POLICY >>>>>	2.14 Employment Eligibility Verification
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, [REDACTED] with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: IV Therapy [REDACTED] [REDACTED] to work. In accordance with federal law, information about a person's work eligibility must be verified within three days of the employee's start date. A person's employment [REDACTED] of his or her eligibility to work as deemed by federal law.	

POLICY >>>>>	2.15 Equal Opportunity Employment
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: It is the policy of IV [REDACTED] [REDACTED], national origin, ethnic background, military service, or citizenship and protected activity (i.e., opposition to prohibited discrimination or participation in the statutory complaint process). All personnel are reminded that each employee is, at all times, to be treated with courtesy by fellow [REDACTED] [REDACTED] above.	

POLICY >>>>	2.16 Establishing Salaries and Compensation
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policies for determining employee salaries and compensation.	
SCOPE: This policy [REDACTED] on the health care team.	
POLICY STATEMENT: In an effort to provide competitive compensation to employees, IV Therapy Clinic evaluates each position for [REDACTED] and compensation standards. Compensation includes the base salary, plus bonus and incentives, overtime pay for nonexempt [REDACTED] off, and insurance. Other benefits such as reimbursement for CME programs and expenses, [REDACTED] may also be included.	
DEFINITIONS: CME – Continuing Medical Education	
RESPONSIBILITIES: This policy applies to all employees and contractors of IV Therapy Clinic.	
REFERENCES:	
QUESTIONS: Please consult your [REDACTED] clinic manager with any questions about this policy.	

PROCEDURE:

The annual reviews will encompass:

1. IV Therapy Clinic will annually research and evaluate its salary and compensation [REDACTED] compensation, and benefits will be in alignment with the marketplace.
2. IV Therapy Clinic will annually evaluate various compensation models, as a part of [REDACTED] to derive the best-suited program for its employees. In an [REDACTED] IV Therapy Clinic's long and short-term business goals, considerations and comparisons of pay plans will occur as follows:
 - a. Emphasis on base pay over performance incentives
 - b. Opportunities to participate in profit sharing in an effort to strive for increased [REDACTED] for performance
 - d. Bonuses for earning additional certifications
3. The process of evaluating and designing compensation models will include: determining the costs of overtime, bonuses, employer's portion of payroll taxes, employer's [REDACTED] Therapy Clinic.
4. IV Therapy Clinic's compensation models and strategy will comply with applicable salary issues, such as:
 - a. Payment [REDACTED]
[REDACTED]
[REDACTED] as vacation pay, performance incentives, etc.
 - d. Ensure that payment does not violate any laws

POLICY >>>>	2.17 Medicare Provider Enrollment Process
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish procedures for Medicare provider enrollment.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] issued the following guidelines regarding the Medicare enrollment process. PROCEDURE:	

1. Use Internet-based PECOS to either enroll or make a change in Medicare enrollment.

2. Alternatively,

[REDACTED]

7. Submit all supporting documentation.

8. Sign and date the application.

9. Respond to fee-for-service contractor requests promptly and completely.

POLICY >>>>>	2.18 Introductory Period for New Employees
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To describe the 90 day [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] new employee's performance for a 90-day period to determine whether further employment in a specific position or with IV Therapy Clinic is appropriate. Employment both before and after the introductory period is at-will.</p> <p>After [REDACTED]</p> <p>[REDACTED] IV Therapy Clinic may release the employee at its discretion. The evaluation will be maintained in the employee's personnel record.</p> <p>After satisfactory completion of the 90-day introductory period, he or she will be classified as a regular employee.</p> <p>Upon [REDACTED] or she will be eligible to participate in IV Therapy Clinic's benefit programs on the first day of the month following 90 days of continuous employment.</p>	

PROCEDURE:

The review [REDACTED] period are as follows:

1. The Clinic Manager reaches out to the supervisor and informs them that the employee is nearing the [REDACTED]
[REDACTED]
[REDACTED] y, 60-day, etc.).
3. The supervisor completes the form and returns it to the Clinic Manager for review. All requests for salary increase or promotions must have CEO approval.
4. Following form review and approval, the supervisor will meet with the employee at least [REDACTED] her probationary period.

If the review is [REDACTED]
[REDACTED]
[REDACTED]

using the termination process.

If the supervisor feels that an additional 30-day period should be added to the probationary period, this should be discussed with the Clinic Manager. Performance during this period [REDACTED]

[REDACTED] days may be added in extreme circumstances.

After the additional time period, if there is still no improvement the employee should be terminated using the termination process.

POLICY >>>>>	2.19 Leave of Absence
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: IV Therapy Clinic [REDACTED] [REDACTED] off availability. The IV Therapy Clinic may consider a personal leave of absence without pay for up to a maximum of 30 days. Approvals will be considered on a case-by-case basis. To obtain a leave of absence, an employee should submit a written request to their immediate supervisor as far in advance as possible. Before the employee enters unpaid leave status, all available [REDACTED] [REDACTED], it is the employee's responsibility to contact the immediate supervisor 72 hours before returning to work. If the employee needs to extend the leave of absence, written request should be made no less than one week before the return to work date. IV [REDACTED] [REDACTED] to work on the previously approved date. If the employee does not return to work as originally scheduled, the employee will be considered to have voluntarily resigned from his/her position.	

POLICY >>>>>	2.20 Nature of Employment
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: The Employee Handbook has [REDACTED] [REDACTED], and memos that have been issued.	
Policies in this handbook are [REDACTED] [REDACTED] Employment-at-will means that either you or IV Therapy Clinic may end your employment at any time for any reason, with or without cause or notice.	

POLICY >>>>>	2.21 Nepotism
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
<p>PURPOSE:</p> <p>This policy serves as a guideline [REDACTED] or marriage so that it is done so based on merits and qualifications and not solely on kinship.</p>	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>An employee or contractor [REDACTED] or position to benefit or disadvantage another employee or contractor with whom they are in a familial relationship.</p> <p>DEFINITIONS:</p> <p>Nepotism in the workplace occurs when employers favor relatives in making employment decisions, [REDACTED] family members, with no consideration of the qualifications or merits of other job candidates or employees. Within the meaning of this [REDACTED] include relationships established by blood, marriage, or legal action.</p> <p>RESPONSIBILITIES:</p> <p>[REDACTED] contractor who has or acquires a familial relationship with another employee shall not have [REDACTED] authority over the other person. They may not audit or review in any manner the individual's [REDACTED], promoting or transferring any employee or contractor.</p> <p>REFERENCES:</p>	

Nepotism in Small Businesses by US Legal.

QUESTIONS:

 manager with any questions about this policy.

POLICY >>>>	2.22 No Distribution or Solicitation
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED]	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: IV Therapy Clinic has adopted a policy regarding distribution and solicitation during work time. In order to [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] to the violator. Corrective action will follow, if necessary.	
DEFINITIONS: Distribution- is defined as distribution of printed material on company property. Solicitation- is [REDACTED] [REDACTED] in work and does not include mealtime or break time	

Work areas- is defined as all areas with the exception of the break room.

POLICY >>>>	2.24 Performance and Salary Reviews
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: IV [REDACTED] [REDACTED] has an annual review process for providing formal performance feedback. Performance reviews will be used to recognize an employee's accomplishments as well as to identify areas for improvement. [REDACTED] evaluation and setting goals for the future. Formal reviews will be conducted annually with supervisors and managers with expectations [REDACTED] [REDACTED] positive and negative feedback is crucial to ensuring expectations are understood and that every employee has the best opportunity to succeed. The annual performance review process generally also includes salary or wage reviews. The [REDACTED] [REDACTED]. A signed copy of the review, including any information [REDACTED] [REDACTED] personnel file.	

--

POLICY >>>>	2.25 Performance Bonuses
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: [REDACTED] given to IV Therapy Clinic employees at management's discretion. Two factors will determine bonus availability and amounts including performance and profits of the practice and personal performance, No verbal agreement [REDACTED] [REDACTED] the employee are enforceable. The employee earns a bonus only if he or she is employed on payday and has not indicated his or [REDACTED].	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to all employees and contractors of IV Therapy Clinic. Failure [REDACTED] could result in [REDACTED] termination of employment.	

QUESTIONS:

Please consult your [REDACTED] with any questions about this policy.

POLICY >>>>>	2.26 Performance Improvement: Individual Provider
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] our goals.	
SCOPE: This policy applies to each professional member of the health care team.	
POLICY STATEMENT: This policy [REDACTED] [REDACTED] minimum of two measurable goals to be achieved within a 12-month period that will be aimed at making them a better clinician within their individual practice. Research has shown that the best performance is achieved when goals are specific, measurable, [REDACTED] [REDACTED] encourage growth through motivating the clinician provide value to the individual and to the profession.	
DEFINITIONS: Goal: A [REDACTED] [REDACTED].	
RESPONSIBILITIES: Annually, each [REDACTED] [REDACTED] over a 12-month period.	

REFERENCES:

Lunenburg, [REDACTED] of Management, Business, and Administration; Vol. 15, (1), 2011.

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

January of each year [REDACTED]

[REDACTED] 6 credits in a doctorate program by December 31 of this year"). The clinician will have the 12-month period in which to complete this goal. In December each clinician will meet with their manager to discuss if the goal has been [REDACTED] evaluation will be impacted positively (For example a merit raise).

POLICY >>>>>	2.27 Personnel Files
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish practices [REDACTED].	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: IV Therapy Clinic [REDACTED] [REDACTED] functions at IV Therapy Clinic has been assigned to the Clinic Manager. Personnel files will be kept confidential at all times and include some or all of the following documents: <ul style="list-style-type: none"> • Resume • Employment Application • Reference Checklist • W-4 [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] (if offered) • Personnel Policies Acknowledgement Form (Note: There should be a disclaimer immediately above the employee's signature line, preferably in boldface type, that nothing in the Employee Handbook changes the At-Will Employment relationship.) 	

- Records of Attendance
- Employment Letter
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED] Checklist
- Training Checklist
- Confidentiality Pledge
- Emergency Contact List

All medical records, if any, will be kept in a separate confidential file.

[REDACTED], accessible only to the designated employee responsible for maintenance.

An employee may access his or her own file at any time in the presence of a [REDACTED].

Personnel files are maintained for a minimum of three years following termination of employment.

DEFINITIONS:

For any [REDACTED] your supervisor.

RESPONSIBILITIES:

This policy applies to all [REDACTED]
[REDACTED] in disciplinary action up to and including termination of employment.

QUESTIONS:

Please consult your [REDACTED] with any questions about this policy.

POLICY >>>>	2.28 Personnel Records and Administration
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: The Clinic [REDACTED] [REDACTED] files will be kept confidential at all times. All medical records, if [REDACTED] confidential file.	
DEFINITIONS: For any unclear [REDACTED].	
RESPONSIBILITIES: This policy applies [REDACTED] [REDACTED] could result in disciplinary action up to and including termination of employment.	
REFERENCES:	
QUESTIONS: Please consult your [REDACTED] manager with any questions about this policy.	

PROCEDURE:

1. Establish [REDACTED]
[REDACTED] and secure place, accessible only to authorized personnel.
3. Place original copies of all appropriate documents (Offer of Employment, Employee [REDACTED]
[REDACTED])
4. Place copies of [REDACTED]
[REDACTED] file.
5. Review the contents of the file annually with the employee.

POLICY >>>>>	2.29 Provider Credentialing
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
<p>PURPOSE:</p> <p>This policy serves to [REDACTED] all staff employed by IV Therapy Clinic are properly licensed and credentialed for provision of services at the clinic as required by law.</p>	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>The clinic is [REDACTED] [REDACTED] assessment will be done at the time of hire and every two years thereafter.</p> <p>DEFINITIONS:</p> <p>Credentialing and privileging refer to a two-part process that establishes a health care provider's qualifications and authority to work in a clinical setting within a healthcare organization.</p> <ul style="list-style-type: none"> • Credentialing involves [REDACTED] [REDACTED] experience, professional and technical competence, or other qualifications. • Privileging is the process of granting permission to provide a specific scope of patient care services based on an evaluation of the [REDACTED] and performance. <p>RESPONSIBILITIES:</p> <p>It is IV Therapy Clinic's [REDACTED] [REDACTED] any required accreditation. The clinic</p>	

also complies with all federal and state regulations pertaining to licensure [REDACTED]
[REDACTED] All physicians, physician assistants, and nurse practitioners [REDACTED]
[REDACTED] to apply for privileges at the facility.

REFERENCES:

AANA Policy Considerations for Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists.

QUESTIONS:

Please consult your [REDACTED] with any questions about this policy.

PROCEDURE:

Basic [REDACTED] privileges for physicians, physician assistants, nurse practitioners, and certified [REDACTED]:

1. Current State Medical Licensure. Compliance with local, state, and federal

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] education, training or expertise in specialty areas.

11. Disclosure if certification, licensure, or clinical privileges has ever been denied, revoked, suspended, or under investigation.

12. Attestation of physical

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] not be limited to a chart review for completeness and a review of any incidents and outcomes.

The medical director of the clinic will approve privileges.

Basic [REDACTED] for registered nurses and other health care providers:

1. Current relevant State Licensure. Compliance with local, state, and federal

[REDACTED]
[REDACTED].

3. Copy of Curriculum Vitae.

4. Compliance with relevant requirements for basic life support and advanced life support.
5. Certification for role and pertinent education, training, or expertise in specialty areas.
6. Disclosure if [REDACTED]
[REDACTED]
[REDACTED] abilities to perform requested privileges.
8. Evidence of National Practitioner Data Bank query.
9. Three (3) letters of recommendation from peers.
10. Proctoring as appropriate.
11. An annual [REDACTED]
[REDACTED] and outcomes.

The Clinic Manager of the facility will approve privileges.

Privileges for all health care [REDACTED] scope of practice and local, state, and federal law.

POLICY >>>>>	2.30 Provider Recredentialing
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] uniform with our goals.	
SCOPE: This policy applies [REDACTED] healthcare team.	
POLICY STATEMENT: IV Therapy Clinic has issued the following guidelines regarding provider recredentialing. Recredentialing [REDACTED] [REDACTED] [REDACTED] law, and Medicare Conditions of Participation. The focus of recredentialing is the practitioner's performance and competence at a specific provider venue. Although similar information may be requested by the managed care health plan, recredentialing differs from [REDACTED] provider's professional behavior, competence, utilization, referral rates, and other factors are often reviewed by [REDACTED] [REDACTED]	

POLICY >>>>>	2.31 Recruitment
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To [REDACTED] environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: IV Therapy Clinic is [REDACTED] [REDACTED] race, color, age, gender, pregnancy, disability, genetic profile, religion, national origin, ethnic background, military service, citizenship, or any other factor protected by [REDACTED] [REDACTED], and suitable fit for the position.	
Supervisors or department heads should complete a Job Requisition Form when a new hire is needed and submit this to the [REDACTED] job description should be attached to the requisition. If the job description needs to be revised, the requesting party [REDACTED] [REDACTED] best way to begin the recruitment process, which may include engaging an outside agency or search firm, depending [REDACTED] and the opening.	

POLICY >>>>>	2.32 References and Supplemental Investigations
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work [REDACTED].	
SCOPE: This policy applies to [REDACTED] care team.	
POLICY STATEMENT: IV Therapy Clinic assesses [REDACTED] process:	
1. Conduct references checks with those identified by the candidates	
2. Require additional [REDACTED]	
[REDACTED]	
[REDACTED]	
b. Credit History	
c. Motor Vehicle Report	
d. Education [REDACTED]	
[REDACTED] Verification	
f. Office of Inspector General (OIG) Exclusion	
g. Securities and Exchange Commission (SEC) Database Search	

POLICY >>>>>	2.33 Suspension
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: An employee who commits any serious violation of IV Therapy Clinic policies at minimum will be [REDACTED] [REDACTED] may be terminated without any previous disciplinary action having been taken.	

POLICY >>>>	2.34 Time-Keeping
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED] environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: By law, IV Therapy Clinic is obligated to keep accurate records of the time worked by employees. A time-keeping [REDACTED] [REDACTED] reflect all regular and extra hours worked for the payroll period and must also include vacation, sick leave, personal time, holidays, etc. Each employee and contractor must fill out the appropriate electronic IV Therapy Clinic time record each week, and time [REDACTED] [REDACTED] -exempt employees must "clock in" or punch in at the start of their shift and "clock out" at the end of their shift. Employees and contractors are expected to clock in and out at their regularly [REDACTED]. When working offsite, such as in training programs at an off-site location, and the employee is unable to "clock in" or punch [REDACTED] [REDACTED] can be entered manually. Each employee is responsible only for his or her recordkeeping; employees are not to clock in or clock out for other [REDACTED] may result in corrective action, up to and including immediate discharge. Other procedures and requirements are as follows: <ul style="list-style-type: none"> • Employee must clock in and out for lunch. 	

- Failure to clock in/out or to communicate missed punches may be cause for corrective action.
- A pattern of [REDACTED] cause for corrective action.
- Clock in and out times will be rounded to the nearest quarter hour.
- Abuses of the [REDACTED]
[REDACTED] be cause for corrective action.

POLICY >>>>	2.35 Time Off, Holidays, Religious Observances, Jury Duty, Bereavement
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All [REDACTED] and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policy related to time off for employees.	
SCOPE: This policy applies to [REDACTED] [REDACTED] [REDACTED] [REDACTED] or more and have completed their 90-day probationary period will receive pay for the following holidays: <ul style="list-style-type: none"> • New Year's Day (January 1) • Martin Luther King, Jr. Day (3rd Monday in January) • President's Day (3rd Monday in February) • Memorial Day (last [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] in November) • Christmas Day (December 25) 	

Holidays on a Saturday will be observed on the Friday before the holiday, and holidays on a Sunday will be observed the [REDACTED]

[REDACTED]
[REDACTED] as PTO.

Religious Holidays: Equal [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] paid time off benefits according to the following schedule:

0-1 years employment = Not Eligible

1-2 years [REDACTED]

[REDACTED] per year

15+ years = 120 hours / 15 days per year

PTO may be used for sick leave or vacation. If possible, time off should be arranged in advance with the [REDACTED]

[REDACTED]
[REDACTED] and inclement weather

conditions. For those exceptions, at least one-hour notice should be given to the immediate supervisor. PTO may not be used for no-call/no-shows, and may be denied based on workload, performance, and other considerations. PTO begins accruing on January 1 and must be used by December 31 of the same year or it will be forfeited. Employees are encouraged to [REDACTED] off.

Bereavement Leave: Up to three (3) days of paid leave may be granted because of a death in the employee's immediate family. Immediate family includes, for the purposes of this policy: spouse, [REDACTED]
[REDACTED] with the deceased was such as to have been equivalent to a family relationship.

Jury Leave: Employees are encouraged to do their civic duty. Employees should notify his/her supervisor as [REDACTED] for jury duty.

QUESTIONS:

Please consult your immediate [REDACTED] with any questions about this policy.

POLICY >>>>	2.37 Work Hours
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: Employees are expected to maintain the work schedule agreed upon when hired at IV Therapy Clinic; however, [REDACTED] [REDACTED] need. Every effort must be made to provide employees sufficient notice when a change to their work schedule is needed. Employees whose shifts last at least five (5) consecutive hours, are entitled to an unpaid 45- to 60-minute meal break. [REDACTED] after the start of a shift. Generally, 30 minutes does not allow time for prolonged errands at lunch time or long waits for ordered [REDACTED] [REDACTED] clock out when they leave and clock in when they return, if the practice uses an automated time-card system. Break areas are [REDACTED] staff. All employees and contractors are encouraged but not required to stay onsite during their lunch hour. Staying onsite during breaks helps ensure [REDACTED] emergency arise.	

Working overtime is not [REDACTED]. Documentation must be provided to the Clinic Manager for the [REDACTED] and their purpose.

Non-exempt [REDACTED]
[REDACTED], if the time worked is more than 40 hours per workweek.

POLICY >>>>>	2.38 Workplace Searches
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] with our goals.	
SCOPE: This policy applies to [REDACTED] team.	
POLICY STATEMENT: To enforce IV Therapy [REDACTED] [REDACTED] question employees and/or inspect any personal property or any area from which IV Therapy Clinic conducts business including any leased spaces, [REDACTED] [REDACTED] from IV Therapy Clinic's office, property, worksites, or company-sponsored functions [REDACTED] [REDACTED], violated.	
IV Therapy Clinic may provide offices, desks, vehicles, computers or computer containers, electronic [REDACTED], tools, and other items for use by IV Therapy Clinic's employees. These items remain the property of IV Therapy Clinic at all times and [REDACTED] [REDACTED] has been, violated. Employees are expected to cooperate with IV Therapy Clinic's [REDACTED]	
Violations of this policy are subject to disciplinary action, including immediate termination at the discretion of IV Therapy Clinic.	
Employees with questions [REDACTED] the Clinic Manager.	



1.1 Disciplinary Action Checklist

ACTION	YES	NO	COMMENTS
1. Did the employee know of the policy or performance standard?			
2. Is the policy or standard reasonable, and is its enforcement reasonable under the circumstances?			
3. Have you reviewed all relevant materials including employee [REDACTED], policy statements, the employee's disciplinary history, evaluations, and attendance records? Are the documents in order?			
4. Have you interviewed all employees or third parties who may know of or were involved in the misconduct or performance issue?			
5. Do [REDACTED], when, why, and how of the violations?			
6. Have you approached the employee about the misconduct or performance issue?			
7. Have you given the employee a fair opportunity to explain/deny the misconduct or performance issue?			
8. Are you confident, based upon your interviews and document [REDACTED] know all the necessary facts (who, what, where, when, why, and how)?			
9. Is the disciplinary action consistent with the treatment of other employees who have been disciplined for the same or similar misconduct or performance issues?			
10. Is the [REDACTED]			
[REDACTED].			
B. Specific rule or objective violated.			
C. Number of prior warnings in all areas.			
D. Description of misconduct, if applicable, or comparison [REDACTED]			
E. Corrective action/penalty.			
F. Termination warning for future violations unless discharge.			
G. Date and signature of supervisor and the Clinic Manager			
H. [REDACTED] receipt.			

(continued)

Form 3.1 Disciplinary Action Checklist, *continued*

ACTION	YES	NO	COMMENTS
11. Has the proposed disciplinary action been reviewed [REDACTED] [REDACTED]			
[REDACTED] notice during a private conference with the employee (preferably with a second supervisor present)?			
13. Have you [REDACTED] [REDACTED] [REDACTED]			
[REDACTED] penalty given?			
17. Have you explained what penalty will result if the problem is repeated?			
18. Have you coached the employee on how to improve performance or conduct?			
19. If the employee is to be discharged, have you given the employee a [REDACTED] [REDACTED] [REDACTED] [REDACTED]			
[REDACTED] [REDACTED]?			

POLICY >>>>	3.1a Attendance
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED].	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: IV Therapy Clinic [REDACTED] [REDACTED] [REDACTED] employee clocks in, she/he will be expected to be productively engaged in IV Therapy Clinic business. If an employee needs to leave for an appointment or to run an errand, he/she will be expected to clock out. Asking another [REDACTED] back in upon return from their lunch break. If an employee is unable to report to work at their normal starting time, they must call their supervisor and state the [REDACTED] time would result in the deduction from the PTO of that employee for the duration of the absence or tardiness. Excessive tardiness or unplanned absences show a lack of respect for colleagues and will [REDACTED]	

Unless there are extenuating circumstances, an absence without notice may be deemed [REDACTED] cases and make a decision regarding termination or continuation of employment.

All planned time off must be requested at least one week in advance. Absences due to medical visits, funerals, [REDACTED] health care, religious observations, etc. should be planned with as much advance notice as possible.

IV Therapy Clinic views attendance as one of the most important facets of job performance. All [REDACTED] may result in disciplinary action or termination.

DEFINITIONS:

- **Absent:** [REDACTED] " when he or she is unavailable for work as assigned/scheduled and such time off was not scheduled/approved in advance as required by the attendance policy. Employees should contact their supervisor one 24 hours in [REDACTED] due to illness.
- **Tardy:** An [REDACTED] report to work 10-20 minutes before scheduled start time or (b) arrives to work past his/her scheduled start time. In addition, employees are expected to inform his or her manager [REDACTED] and continuing education classes.

RESPONSIBILITIES:

This [REDACTED] in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.

REFERENCES:

QUESTIONS:

Please consult your immediate supervisor or [REDACTED] this policy.

POLICY >>>>>	3.1b Attendance – Disciplinary Action
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] the attendance policy.	
SCOPE: This policy applies to all [REDACTED] team.	
POLICY STATEMENT: IV Therapy Clinic will [REDACTED] use a progressive disciplinary approach in taking action aimed at correcting an employee's violation of the attendance policy. An "occurrence" is [REDACTED] consecutive days of absence when an employee is out for the same reason. The progressive disciplinary process is outlined below: <ul style="list-style-type: none"> • First occurrence - verbal warning • Second occurrence - written warning upon. • Third occurrence – suspension or final warning. • Fourth [REDACTED]. Absences, tardiness, and early departures due to approved FMLA, Short-Term Disability, military obligation, jury duty, [REDACTED] as occurrences. Employee who receive two (2) occurrences during their introductory period, should receive a written warning. Employees with greater than two (2) occurrences in their introductory period [REDACTED] even if an employee's introductory period is extended.	

--

POLICY >>>>>	3.1c Attendance – Emergencies and Inclement Weather
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish the [REDACTED] emergencies or severe weather.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: 1) If inclement weather [REDACTED] they determine that they will not be able to arrive on time. Employees are expected to report [REDACTED] travel conditions have improved. 2) If inclement weather or other emergency causes IV Therapy Clinic to close its offices [REDACTED] or manager with questions regarding work cancelations or delays.	
DEFINITIONS: For any unclear [REDACTED].	
RESPONSIBILITIES: This policy applies to all individuals [REDACTED] [REDACTED] termination of employment.	
REFERENCES:	

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	3.2 Drug and Alcohol Policy
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: This policy [REDACTED] Clinic's expectations and requirements regarding the use of drugs and alcohol.	
SCOPE: In a [REDACTED] all employees, contractors, patients, and guests, IV Therapy Clinic maintains a work environment that is drug- and alcohol-free.	
POLICY STATEMENT: Employees and contractors shall not be involved with the misuse of prescription drugs or the unlawful use, [REDACTED] [REDACTED] shall not engage in the lawful use of alcohol or any controlled substance in any way that might impair their ability to perform assigned duties or which may otherwise negatively impact the business of IV Therapy Clinic.	
DEFINITIONS: For any unclear definitions, [REDACTED]	
RESPONSIBILITIES: It is the responsibility of the Clinic [REDACTED] [REDACTED] of each employee to uphold the policy, and to notify the Clinic Manager or designated individual immediately of any violation of the policy by any employee. Failure to comply with this policy could result in disciplinary [REDACTED] termination of employment.	

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:**1. Drug-free workplace guidelines**

- a. Any involvement with alcohol/drugs that adversely impacts the workplace or the work environment will not be tolerated and will be considered grounds for [REDACTED] effect or impairment related to the use of marijuana by any individual, even if such use is determined to be for medical purposes and even if that person is in [REDACTED] identification card issued by the Department of Public Health and Human Services.
- b. The use, distribution, or possession of controlled substances, alcoholic beverages, or the misuse/abuse of prescription medication while on the job, [REDACTED] in termination of employment and may result in criminal prosecution. Any illegal substances found will be turned over to the appropriate law enforcement agency.
- c. The use or [REDACTED] or in a vehicle owned by IV Therapy Clinic will result in termination of employment.
- d. If an employee reports to work or is on duty under [REDACTED] and/or drugs employment will be terminated.

2. Education

- a. IV Therapy Clinic recognizes the importance of a drug/alcohol free awareness program for employees. As part of the [REDACTED] awareness will be incorporated with IV Therapy Clinic's annual competency [REDACTED], as well as other means determined by IV Therapy Clinic.

3. Employee Assistance Program (EAP)

- a. [REDACTED] a result of a positive drug and/or alcohol test will be allowed to use the IV Therapy Clinic EAP for up to 6 months following their termination date. The [REDACTED] for information regarding the EAP program.

POLICY >>>>	3.3 Drug and Alcohol Testing
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED].	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: The procedures below [REDACTED] pre-employment, random, post-incident, or reasonable suspicion drug and/or alcohol testing.	
DEFINITIONS: For any [REDACTED] consult your supervisor.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with [REDACTED] action up to and including termination of employment.	
REFERENCES:	
QUESTIONS: Please consult your [REDACTED] any questions about this policy.	

PROCEDURE:

1. Initial Testing

- a. IV Therapy Clinic will test prospective employees to whom a conditional offer of employment has [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] for employment for one year.

Request by the applicant to delay the drug screening process is considered a refusal to participate in the drug screening process.

- iv. If an individual has a dilute result, IV Therapy Clinic will allow for one additional screening. A [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] and the individual will be ineligible for employment for one year.

2. Reasonable Suspicion Tests

- a. IV Therapy Clinic may require an employee to undergo drug or alcohol testing if there is reason to suspect an employee's skills are impaired on the job due to the use of drugs [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] and alcohol detection, and the Clinic Manager should be notified immediately.

- i. The Clinic Manager or designated individual will accompany the employee to the closest facility (which may include the nearest Emergency Department) for an employee drug and/or alcohol test.

- ii. Alcohol will be tested by a certified breath alcohol technician. An employee with an alcohol rating of [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] interpreted by a medical review officer (MRO) before they are reported to the employer.

- c. Alcohol testing must be done within two hours of making the determination that a test should be [REDACTED]

[REDACTED]
[REDACTED] be on un-paid suspension pending the test results.

- f. Refusal to submit to drug/alcohol testing is considered a positive test.
- g. A positive test result for drugs and/or alcohol will result in termination of employment.

3. Accident Investigations

- a. IV Therapy [REDACTED]
[REDACTED] injury, or property damage in excess of \$1,500. The testing will be subject to the same procedures as those based upon reasonable suspicion.

4. Test Results

- a. Applicants and employees whose specimens yield a positive initial result will be contacted by the [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] choice. This is a retest of the initial sample already given, NOT a new drug test. All retesting costs are the responsibility of the applicant/employee, unless the retest is negative, in which case the employer will pay the costs of the retest. Drug screening results will not be available for 24-48 hours after [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] Department of Transportation (DOT) regulations will be followed.

- f. Written notification of the drug screen results will be sent to the Clinic Manager. The employee receives a copy of the breath alcohol results at the time the test is conducted.

5. Confidentiality of Information

- a. All information, interviews, reports, statements, memoranda, and test results are confidential and may

[REDACTED]

when there is reason to believe the employee may have contributed to the accident.

POLICY >>>>>	3.4 Grievance Policy
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish a procedure for filing a grievance.	
SCOPE: This policy applies to all individuals [REDACTED].	
POLICY STATEMENT: IV Therapy Clinic [REDACTED] [REDACTED] staff should become involved if problems cannot be resolved.	
RESPONSIBILITIES: This policy applies to all [REDACTED] [REDACTED] action up to and including termination of employment.	
QUESTIONS: Please consult your immediate [REDACTED] clinic manager with any questions about this policy.	
PROCEDURE:	

If an employee has a grievance, the following steps should be taken (all steps in this process must [REDACTED])

[REDACTED]

[REDACTED] to the Clinic Manager when an employee reasonably believes he or she cannot follow the above procedure.

It is expected that you read and understand this policy and have the opportunity to ask for any clarification.

POLICY >>>>>	3.5 Internet Use
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish IV Therapy Clinic's policies on Internet use.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: Internet "surfing" will not be tolerated in the patient care area, including front office, business office, nursing stations, patient exam rooms or lab. If you would like to access the internet for personal reasons, you may do so in an unoccupied office space or break room during breaks [REDACTED] [REDACTED] [REDACTED] [REDACTED] email should only be done during break or lunch in the designated areas above.	
IV Therapy Clinic always has the right to monitor all internet activity on work computers to ensure internet security and patient confidentiality. Employees should be aware that during mandatory network security checks, random and intermittent snapshots of their computer screens and [REDACTED] [REDACTED] of employment.	

POLICY >>>>	3.6 Professional Appearance
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] and grooming.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: Employees and on-[REDACTED] [REDACTED] [REDACTED] for meeting standards of acceptable professional appearance and presentation are below: <ul style="list-style-type: none"> • Clothing must be kept clean, neat, and in good condition, without tears, wrinkles, or stains. • Apparel must be modest, tasteful, and job appropriate. • Shoes should be job [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED], and not hinder the employee's work. • Excessive use of cosmetics and strong fragrances should be avoided 	

- Body piercings other than pierced earlobes and tattoos must be covered at work.

POLICY >>>>>	3.7 Smoking Policy
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish IV Therapy Clinic's policy on smoking, tobacco use, and vaping.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: As a part of the continuing commitment to building a healthier community for the patients, employees, [REDACTED] [REDACTED] [REDACTED] are NOT allowed anywhere else on the property of IV Therapy Clinic. This policy applies to employees, contractors, vendors, patients, and visitors to the practice. <ul style="list-style-type: none"> Smoking is only allowed in the designated area marked as "Designated Smoking [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] kind of portable vaporizer or atomizer device that emits visible smoke or vapor, regardless of the contents. In addition to the actual clinic premises, this policy also applies to any off-site company meetings and events, and company vehicles. 	

--

POLICY >>>>>	3.8 Telephone and Cell Phone Policy
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: Telephones at IV Therapy Clinic are for business purposes and their use for personal calls should be [REDACTED] [REDACTED] [REDACTED] to be notified at work, the call should be routed from the front office to the employee.	
Cell phones should be kept on silent or vibrating mode while in the patient care areas, and texting should [REDACTED] [REDACTED]	
[REDACTED] [REDACTED], please consult your supervisor.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply [REDACTED] [REDACTED]	

QUESTIONS:

Please consult your [REDACTED] with any questions about this policy.

POLICY >>>>>	3.9 Violence in the Workplace
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish IV Therapy Clinic's policy on workplace violence.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: IV Therapy [REDACTED] [REDACTED] [REDACTED] that involve or affect IV Therapy Clinic or occur on IV Therapy Clinic property, will not be tolerated.	
Prohibited conduct includes, but is not limited to: <ul style="list-style-type: none"> • Inflicting or [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] acts motivated by, or related to, domestic violence or sexual harassment • Retaliating against anyone who, in good faith, reports a violation of this policy 	
Employees or contractors who violate this policy will be subject to disciplinary action, up to and including [REDACTED] [REDACTED]	

workplace environment are encouraged to report the incident to their supervisor or Clinic Manager. Investigations will occur for all reports and are kept confidential.

Form 4.1 Professional and Business Insurance Worksheet

TYPE	AGENT/CARRIER	POLICY NUMBER	RENEWAL DATE	NOTES
1. Medical Malpractice				
2. [REDACTED] [REDACTED] [REDACTED] [REDACTED]				
[REDACTED] [REDACTED] e. Fidelity Bond f. Business Interruption				
g. Equipment Breakdown 3. [REDACTED] [REDACTED] [REDACTED]				

Form 4.2 Office Security Checklist

QUESTIONS	YES	NO
1. Do you restrict access to office keys to those who actually need them?		
2. Do you keep complete, up-to-date records of the disposition of all office keys?		
3. Do you have adequate procedures for collecting keys from terminated employees?		
4. Do you restrict duplication of office keys, except for those specifically ordered by you in writing?		
5. Do you require that all keys be marked "Do Not Duplicate" to prevent legitimate locksmiths from making copies without your knowledge?		
6. Do you use a [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED] do you enforce a rule that keys must not be left unattended on desks or cabinets?		
14. Do you require that filing cabinet keys be removed from locks and placed in a secure location after opening of cabinets in the morning?		
15. Do you have procedures that prevent unauthorized personnel from reporting a "lost key" and receiving a replacement?		

QUESTIONS	YES	NO
16. Do you [REDACTED]		
[REDACTED]		
[REDACTED] [REDACTED]		
[REDACTED] [REDACTED]		
[REDACTED] to prevent unauthorized calls when the office is unattended?		
21. Do you provide at least one locked drawer in every employee's desk to protect purses and other personal effects?		
22. Do you secure all computers, fax machines, copiers, calculators, typewriters, adding machines, etc., with maximum-security locks?		
23. Do you have at least one filing cabinet secured with an auxiliary locking bar so that you can keep confidential [REDACTED]		
[REDACTED]		
[REDACTED] [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED] and cash each day so that you do not keep large sums in the office overnight?		

QUESTIONS	YES	NO
30. Do you clear all desks of important papers every night and place them in locked fireproof safes or cabinets?		
31. Do you frequently change the combination of your safe to prevent anyone from memorizing it or passing it on to a confederate?		
32. When working alone in the office at night, do you set the front door lock to prevent anyone else from getting in?		
33. Do you have the police and fire department telephone numbers in a handy place or posted?		
34. Do you check to see that no one remains in hiding behind you at night (especially in the rest rooms), if you are the last to [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED] check the watch clock tape or dial every morning to be certain the person is doing the job properly?		
40. Do you have a periodic security review made by a qualified security expert?		
41. Do you have a policy in place to either automatically or manually lock or shut down computers in work stations when not in use?		
42. Are computers password protected so that they are inaccessible without authorization, and are users required to change passwords every 90 days?		

QUESTIONS	YES	NO
43. Are [REDACTED]		
[REDACTED] at all times?		

POLICY >>>>>	4.1 Audits
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To provide [REDACTED] [REDACTED]	
<p>[REDACTED] [REDACTED]</p> <p>[REDACTED] [REDACTED] in handling audits by insurance carriers or regulatory agencies.</p> <p>DEFINITIONS: For any unclear definitions, please consult your supervisor.</p> <p>RESPONSIBILITIES: This policy applies to all [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>	

1. Third-Party Insurance

- a. The greeter immediately escorts the auditors to the Clinic Manager.
- b. The auditors are accompanied by the Clinic Manager to a quiet area away from customers/patients, etc.
- c. The Clinic Manager requests an explanation of the reason for the audit and requests to view [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] the auditors to the Clinic Manager.

- b. The auditors are accompanied by the Clinic Manager to a quiet area away from customers/patients, etc.
- c. The Clinic Manager requests an explanation of the reason for the audit and requests to view any available documentation authenticating the reason for the audit.
- d. The Clinic Manager may consult legal counsel for advice, as appropriate, on how to proceed.
- e. The Clinic Manager continues to follow HIPAA guidelines.
- f. The Clinic Manager follows the legal counsel's advice.
- g. No attempts to hide [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] checklists with the goal of identifying safety hazards and concerns, as well as verifying that IV Therapy Clinic is conforming to regulatory requirements.

POLICY >>>>	4.2 Building Security
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] <ul style="list-style-type: none">○ Upon request or termination of employment, keys or electronic key fobs are returned to the Clinic Manager.• Office Access<ul style="list-style-type: none">○ A master door code will be retained by the Clinic Manager to maintain the security of the [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] consult your supervisor.	

RESPONSIBILITIES:

This policy [REDACTED]
[REDACTED] result in disciplinary action up to and including
termination of employment.

POLICY >>>>>	4.3 Business Associate Agreements
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policy related to outside businesses that may handle protected health information in the course of [REDACTED]	
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Services ePHI – Electronic protected health information HIPAA – Health Insurance Portability and Accountability Act PHI – Protected health information; may include electronic PHI (ePHI)	
RESPONSIBILITIES: This policy applies to all [REDACTED] [REDACTED] [REDACTED] or the clinic manager with any questions about this policy.	
PROCEDURE:	

1. IV Therapy Clinic enters into agreements with Business Associates. The Business [REDACTED]

[REDACTED] uses and disclosures of PHI by the Business Associate

- b. Provide that the Business Associate will not use or further disclose PHI other than as permitted or required by the Agreement or as required by law
- c. Require the Business Associate to implement appropriate safeguards to prevent unauthorized use [REDACTED]

[REDACTED]

[REDACTED] PHI for amendments (and incorporate any amendments, if required) and accountings

- f. To the extent the Business Associate is to carry out a covered entity's obligation under the Privacy Rule, require the Business Associate to comply with the same requirements that apply to IV Therapy Clinic
- g. Require the Business Associate to make accessible to the DHHS, its internal practices, books, and records relating to the use and disclosure of PHI created or received by the Business Associate on behalf of the covered entity for purposes of determining the covered entity's compliance with the HIPAA Privacy Rule.
- h. If feasible, at the end of the contract, require the Business Associate to return or destroy all PHI created [REDACTED]

[REDACTED]

[REDACTED] subject to these same requirements.

3. An inventory of Business Associate Agreements will be maintained on file as verification of compliance with the Privacy Rule.



POLICY >>>>>	4.4 Business Associate Inventory
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish and maintain an [REDACTED] [REDACTED]	
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Rule.	
DEFINITIONS: Covered Entity – Any organization or person that meets the definitions outlined in the HIPAA Privacy Rule, and [REDACTED] [REDACTED] [REDACTED] (PHR). This may include:	

- Claims processing or administration; data analysis, processing, or administration; utilization review; quality assurance; billing; benefit management; practice management; and/or re-pricing
- Any other [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] of the covered entity.

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.

QUESTIONS:

Please consult [REDACTED] supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

IV Therapy Clinic will collect and maintain information on all Business Associates including the following information:

- Business [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Associate Agreement is part of a larger contract, license agreement, or other binding arrangement
- If part of a larger Agreement, the date the larger Agreement requires renewal
- Individual authorized to sign the Business Associate Agreement for the covered entity
- Original Business Associate Agreement location

A log of Business Associates will be maintained and kept current by the Clinic Manager or designated [REDACTED]
[REDACTED] it is easily accessible.

--

POLICY >>>>	4.5 Clinic Credentialing
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
<p>PURPOSE:</p> <p>This policy serves [REDACTED] is properly licensed and credentialed for the services it provides.</p>	
<p>SCOPE:</p> <p>This policy applies to the clinic as a whole.</p> <p>POLICY STATEMENT:</p> <p>It is the policy of IV [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] consult your supervisor.</p> <p>RESPONSIBILITIES:</p> <p>The Clinic Manager is responsible for ensuring clinic compliance with all local, federal, and state [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] supervisor or the clinic manager with any questions about this policy.</p>	

PROCEDURE:

Basic requirements for clinic operation standards:

1. Compliance with local business licensure with display of clinic business license, certificate of [REDACTED]
[REDACTED]
[REDACTED] clinic licensure.
3. Compliance with federal laws regarding clinic licensure.

POLICY >>>>>	4.6 Clinic Hours and Emergency Service
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish the hours of operation for the clinic and the after-hours emergency service.	
RESPONSIBILITIES: The Clinic Manager is [REDACTED] [REDACTED] [REDACTED] [REDACTED] may operate outside of these hours or on weekends at the discretion of the Clinic Manager. 2. An on-call provider is to be [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

POLICY >>>>	4.7 Performance Improvement Plan
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish an actionable plan for continuous improvement of clinic performance and patient care.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: The goal of this policy is [REDACTED] [REDACTED] [REDACTED] will be able to assess their current practices and recognize opportunities for improvement.	
DEFINITIONS: Performance Improvement: A process that defines what areas of any given setting need to be measured to ensure that the mission of the clinic is achieved in an effective manner. It further [REDACTED] will be collected and evaluated, and methods for implementing agreed upon process changes.	
RESPONSIBILITIES: The Clinic Manager will designate a Performance Improvement Director (PID). This individual will be [REDACTED] [REDACTED] by the PID. The topics of focus should include management of common side effects or complications that might be	

expected to occur with a **IV Therapy**. Other tracked information may be obtained from a variety of sources, such as adverse event reports, near misses, processes

“new” or “improved” means of providing **IV Therapy**.

Professional healthcare workers will focus primarily on issues related to patient care and safety, which may include:

- Patient selection
- Plan of care development
- Medication
- events

Non-patient care staff will be responsible for looking at processes related to the clinic’s daily operations to identify opportunities for improvement, which may include areas like:

- Scheduling
- Accounting

Once an opportunity for improvement is identified, all members of the team are expected to assist in information gathering and analysis if requested by the PID.

All members

actively involved in improving care on an ongoing basis.

REFERENCES:

Melnyk, Fineout-Overholt. Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice. Wolters Kluwer, 3rd ed., 2015.

QUESTIONS:

Please consult the [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] on the team to serve as the Performance Improvement Director (PID). This person should have experience in evidence-based practice and have access to current research study data findings.

2. The PID may form a committee as needed to assist with the duties of identifying issues to collect data on and to manage data collection.
3. Items that must be [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] remains secure and anonymous.
4. Anyone involved in the tracking must have clear communication indicating their role in the data collection.
5. The PID will review the data collected and determine its significance. If a negative trend is identified, then the PID will make a corrective action plan to address the issue. The new plan will be initiated and monitored over time to ensure that the issue has been remedied. The PID must also ensure that any new process [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] and progress of the Performance Improvement Plan to the Clinic Manager and respond appropriately to feedback.

POLICY >>>>>	4.8 Computer Workstation Protocol
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, [REDACTED] uniform with our goals.	
SCOPE: This policy [REDACTED]	
POLICY STATEMENT:	

IV Therapy Clinic requires all users of computer workstations (personal computers, [REDACTED])

[REDACTED] devices provided by the practice are for the express purpose of performing one's job.

2. Unless given written permission from authorized information technology personnel, users are not permitted to modify or install any software program or add [REDACTED]

[REDACTED] to remove any hardware devices from the practice.

5. Users are not permitted copy or duplicate any software unless for the purposes of performing their job nor allow anyone other than IT personnel to duplicate or copy software.

6. Users are [REDACTED]

[REDACTED] computer workstations when they have completed their work or leave their workstations.

8. Computer workstation screens should be placed in a manner that limits the visibility of any patient and business information to observers who aren't in close [REDACTED]

[REDACTED] practice, all employees will immediately return original equipment, software copies, and computer materials in their possession to the practice.

11. The IT department has the authority and capacity to monitor all PCs, printers, laptops, PDAs, [REDACTED]

12. All equipment or software owned or provided by IV Therapy Clinic are subject to the above [REDACTED]

[REDACTED] in a secure manner that complies with IV Therapy Clinic's obligation to protect electronic protected health information. Employees are expected to abide by these policies and procedures.

DEFINITIONS:

For any unclear definitions, please consult your supervisor.

RESPONSIBILITIES:

This policy applies [REDACTED]

[REDACTED]
[REDACTED] or the clinic manager with any questions about this policy.

POLICY >>>>>	4.9 Display of License
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: 1. All licenses and registrations pertaining to IV Therapy Clinic, both business and professional, [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

--

POLICY >>>>>	4.10 Electronic Communications Protocol
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED]	
[REDACTED] [REDACTED] the healthcare team. POLICY STATEMENT:	

IV Therapy Clinic requires all users of computer workstations (PCs, printers, laptops, tablets, smart phones, and scanners), email, and Internet access to comply with the [REDACTED]

[REDACTED]
[REDACTED] of violating any state and federal statutes and regulations or for illegal or criminal purposes is strictly prohibited and grounds for immediate termination and, if appropriate, referral to law enforcement authorities.

3. When conducting business on behalf of IV Therapy Clinic, only use of official email accounts for business-related correspondence is acceptable. The use of personal email accounts to represent oneself on behalf of the practice is not permitted.
4. Spam email or other [REDACTED]

[REDACTED]
[REDACTED] 164.312[e]) also includes addressable specifications for integrity controls and encryption. This means that the covered entity must assess its use of open networks, identify the available and appropriate means to protect ePHI as it is transmitted, select a solution, and document the decision. The Security Rule permits for ePHI to be sent over [REDACTED]

[REDACTED], whether or not encrypted, must include a disclaimer such as:

“This electronic message, including any attachments, is intended only for the use of the individual(s) to whom it is addressed, and may contain information that is privileged, [REDACTED]

, please delete/destroy all

electronic and hard copies of this electronic communication immediately and notify the sender that it was sent in error. Thank you.”

7. Accessing or [REDACTED]
[REDACTED] in using another employee’s credentials is strictly prohibited.
8. Any misuse of electronic communication may be cause for dismissal.

DEFINITIONS:

For any unclear definitions, please consult your supervisor.

[REDACTED]
[REDACTED] could result in disciplinary action up to and including termination of employment.

REFERENCES:

45 CFR §164.312 Technical safeguards

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	4.11 Clinic Facility Design
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
<div style="background-color: black; height: 15px; width: 150px; margin-bottom: 10px;"></div> <div style="background-color: black; height: 45px; width: 680px; margin-bottom: 10px;"></div> <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 10px;"></div> <div style="background-color: black; height: 15px; width: 250px; display: inline-block;"></div> supervisor or the clinic manager with any questions about this policy.	
PROCEDURE:	

1. Lighting

- a. Adequate, glare-free lighting is necessary throughout the clinic facility. Unshielded lighting, the presence of harsh shadows and annoying reflections, and insufficient illumination are to be avoided in the design of the clinic. Shielded fluorescent lights are particularly effective in providing sufficient lighting without direct glare. Studies have shown, placement of workstations facing windows or reflective walls are likely to produce visual fatigue, and therefore should be avoided.
- b. The Illumination Engineering Society recommends illumination levels for different types of work. For regular office work plus most types of clinic work, 70 to 100 foot-candles of illumination are recommended. For more intensive visual applications such as [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] or procedures.

2. Floors, Stairways, and Aisles

- a. Floors and stairways should be as durable and maintenance free as possible.
- b. Floors, stairways, and aisles should be kept dry and free from debris.
- c. Finishes [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] not be obstructed in any way such as from storage, equipment, telephone lines, or other wiring.
- h. File drawers or other storage doors should not open into narrow aisles or hallways.
- i. Doors should not open directly into passageways.
- j. Materials stored near aisles should be prevented from falling.

Note: Carpeting is not recommended for clinical areas.

3. Facility Description

The facility plan should include a description of the facility, including a detailed floor plan. The description [REDACTED]
[REDACTED] clinic area. This floor plan should include:

- a. The physical layout of rooms, with halls and passageways noted with their dimensions.
- b. Specific [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] (i.e., lighting, fire extinguishers, first aid kits, eye washes, oxygen, spill control materials, emergency showers, etc..)
- f. Location of chemical storage

4. Egress

The following procedures are required either by OSHA and/or by local building codes:

- a. Both regular exits and emergency exits should be clearly marked.
- b. [REDACTED]
[REDACTED]
[REDACTED] of a fire.
- d. All exit and Non-exit doors and storage rooms should be clearly marked to avoid exit confusion in the event of an emergency.
- e. If possible, there should be two exits from each clinic area.

5. Electrical

The typical clinic requires a large quantity of electrical power. Consequently, the likelihood of electrically related problems and hazards is increased. One must address both the electrical shock hazard to the facility occupants and the fire hazard potential. The following recommendations are basic to a sound electrical safety program in the clinic:

- a. Nothing shall be stored near breaker boxes including in front of or on either side. All the circuit breakers and the fuses should be labeled to indicate where they are connected. Fuses must be properly rated.
- b. Extension [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] made to determine that the total input average

will never exceed 15 amps. The amperage on electrical equipment is usually stamped on the manufacturer's plate.

- f. Extension cords should not be run through holes in walls or ceilings or through doorways or windows.
- g. Secure cord connections so there is no direct pull on joints of terminal screws.
- h. Cords should [REDACTED]

[REDACTED]

[REDACTED]

6. Ventilation, Heating, Cooling, and Indoor Air Quality

While specific sources of clinic-related emissions are generally controlled, such as with fume hoods and local exhaust ventilation. General room and building ventilation have a significant effect on the air quality in the clinic and associated offices.

The American Society [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] and thereby encourages their efficiency and productivity. Winter heating from 68°F to 74°F and summer cooling of 75°F to 78°F, with appropriate relative humidity, seems to provide the optimum indoor environment. Specific requirements of certain types of analytical equipment and computer operations may require different room conditions and separate systems may be indicated.

7. Sanitation Facilities, [REDACTED]

[REDACTED]

[REDACTED] stored or used, or where the potential for occupational exposure to blood or other potentially infectious materials is present.

Cross contamination between food items and hazardous materials is an obvious hazard that must be avoided.

Break areas and sanitation facilities, such as restrooms, must be distinctly separated from the main clinic areas. Employees are responsible for consistently washing hands, cleaning equipment. [REDACTED]

[REDACTED] (PPE) including lab coats, gloves, etc., must be removed prior to leaving clinical areas.

POLICY >>>>	4.12 Firearms and Other Weapons
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED], owned or maintained by the practice including company owned or leased vehicles. A license to carry does not supersede this company policy. Cause for termination. This policy is a zero-tolerance policy. Employees found with weapons on practice property will be terminated immediately. In addition, employees who refuse a search with cause, will be terminated immediately and escorted off the property. DEFINITIONS: Weapons may [REDACTED] [REDACTED] [REDACTED]	

This

result in disciplinary action up to and including termination of employment.

POLICY >>>>	4.13 Identity Theft Detection and Prevention
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish a set of practices to safeguard patient and account information against identity theft or fraud.	
SCOPE: This policy applies to [REDACTED] [REDACTED] [REDACTED] accounts. This policy and subsequent procedures are designed to mitigate reasonably foreseeable risks to patients and protect the organization from identity theft.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to [REDACTED] [REDACTED] cy could result in disciplinary action up to and including termination of employment.	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

Employees and contractors are required to comply with the following procedures:

1. Only [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] to:

- a. Personal identifying information provided by the patient is not consistent with other patient provided personal identifying information on file with the practice.
- b. Personal identifying information provided is associated with known fraudulent activity, as indicated by internal or third-party sources used by the practice, such as:
 - i. The address on a document is the same as the address provided on a fraudulent document
 - ii. The phone number on a document is the same as the number provided on a fraudulent document
- c. Personal identifying information provided is of a type commonly associated with fraudulent activity, as indicated by internal or third-party sources used by the practice, such [REDACTED]





[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] provided is the same as or similar to the account number or telephone number submitted by an unusually large number of other persons opening accounts or other customers.

- v. The person attempting to open the account fails to provide necessary personally identifiable information or fails to respond to a request for complete information on a document.

POLICY >>>>>	4.14 Internet Use Protocol
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	
	
	work environment uniform with our goals.
<p>SCOPE:</p> <p>This policy applies  the health care team.</p> <p>POLICY STATEMENT:</p>	

IV Therapy Clinic requires all users of computer workstations (PCs, printers, laptops, tablets, [REDACTED])

[REDACTED]

[REDACTED] in their role.

3. All internet data that is composed, transmitted, and/or received is considered property of IV Therapy Clinic and is recognized as part of its official data. It is therefore subject to disclosure for legal reasons or to other appropriate third parties.

4. IV Therapy Clinic [REDACTED]

[REDACTED]

[REDACTED] such software can be installed and used for business purposes.

7. Unacceptable use of the internet by employees includes, but is not limited to:

a. Visiting online sites that contain obscene, hateful, pornographic, unlawful, violent, or otherwise illegal material

b. Posting or transmitting [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] information outside of IV Therapy Clinic

g. Hacking into web sites

h. Posting or transmitting information that is defamatory to the practice, its products and/or services, colleagues, and/or patients

- i. Causing malicious software to be introduced into the practice's network and/or threatening the [REDACTED]

[REDACTED]

[REDACTED] of those of IV Therapy Clinic

DEFINITIONS:

For any unclear definitions, please consult your supervisor.

RESPONSIBILITIES:

This policy [REDACTED]
[REDACTED] in disciplinary action up to and including termination of employment.

QUESTIONS:

Please consult your [REDACTED] or the clinic manager with any questions about this policy.

POLICY >>>>>	4.15 Mandated Reporting of Child Abuse and Neglect
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All [REDACTED]
Approved by:	Clinic Manager
PURPOSE: To establish requirements for reporting child abuse and neglect.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: All staff of the IV Therapy Clinic strive to protect the well-being of minors. Therefore, employees must [REDACTED] [REDACTED] [REDACTED] [REDACTED] imminent risk or serious harm.”	
A child/minor is defined as a person who is less than 18 years of age. Abuse can be defined, but is not limited to, as the following:	

- a. A parent, guardian, or other adult who knowingly or intentionally hurts, or attempts to hurt, a [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] neglect and may include, but are not limited to, the following:

- a. Patient, family, or other person's report of abuse
- b. Witnessing threats to abuse or neglect a child
- c. Delay in treatment after injury
- d. Conflicting or [REDACTED]
[REDACTED]
[REDACTED] pain with urination or defecation, etc.)
- g. Inappropriate touching or physical closeness
- h. Inappropriate photography or videos of a child
- i. Operating a motor vehicle while under the influence of alcohol or drugs with a minor in the vehicle

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Any employee with [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] (P.L. 111-320)

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	4.16 Mobile Device Protocol
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT:	

IV Therapy Clinic requires that employees follow suitable security measures when using mobile devices to access business related data, patient health information, and/or other resources maintained by the practice.

1. Employee should [REDACTED]
[REDACTED]
[REDACTED] protected health information (PHI). Password settings must require a correct password to be entered in order to access the device after a period of inactivity.
3. No one other than an employee is allowed to use practice owned mobile devices for any purpose.
4. Other than [REDACTED]
[REDACTED]
[REDACTED] of a company-owned mobile device should be reported immediately to their supervisor and the IT department. (An incident report should also be completed.)
6. Storing PHI on mobile devices is strongly discouraged and should only be done if encrypted with appropriate security functionality in place.

Form 5.1 Electronic Security Incident Report

Description of Attempted or [REDACTED] _____

[REDACTED] Time: _____ Location: _____

Who discovered the security incident? _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] damages to practice's systems and electronic data: _____

Policy and Procedural changes implemented to avoid recurrence: _____

Security Officer Name: _____

Signature: _____ Date: _____

Form 5.2 HIPAA Security Policies and Procedures Checklist

	YES	NO
Does your practice [REDACTED]		
[REDACTED]		
[REDACTED] system security policies and procedures?		
Does your practice have assignment of security responsibility policies and procedures?		
Does your practice have workforce clearance policies and procedures, including authorization and/or supervision?		
Does your practice have [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED], including procedures for response and reporting?		
Does your practice have policies and procedures for contingency planning response to unexpected negative events?		
Does your practice have policies and procedures for evaluation of your security of ePHI?		
Does your practice have a [REDACTED]		
[REDACTED]		
[REDACTED] and guidelines for workstation use and security?		
Does your practice have policies and procedures for device and media controls?		

	YES	NO
Does your practice have access control policies and procedures?		
Does your practice have [REDACTED] [REDACTED] [REDACTED]		
[REDACTED] policies and procedures?		
Does your practice have electronic transmission of ePHI policies and procedures?		
Does your practice have a review process for business associate agreements that includes HIPAA security?		

Form 5.3 HIPAA Security Assessment (for internal use only)

CHECK YES OR NO:	YES	NO
A security officer or [REDACTED] [REDACTED] [REDACTED] to perform the duties as identified in the job description.		
The security officer/team has been trained on the security policies and procedures.		
RESPONSE AND REPORTING PROCEDURES		
The security officer/team [REDACTED] [REDACTED] [REDACTED] [REDACTED] actions are taken and documented.		
POLICIES AND PROCEDURES		
Security policies and [REDACTED] [REDACTED] [REDACTED] made available to applicable users and employees.		
Security policies and procedures undergo annual or other periodic review.		
Technical security [REDACTED] [REDACTED] [REDACTED] [REDACTED] addressable specifications or implementing alternatives		

CHECK YES OR NO:	YES	NO
are documented.		
Periodic technical and [REDACTED] with policies and procedures.		
COMPUTER AND NETWORK MANAGEMENT		
Network security mechanisms, such as firewalls, have been implemented.		
Virus detection systems have been installed. Virus signature files are routinely updated.		
Intrusion detection [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED] system for all hardware and software is implemented.		
Movement of all electronic devices, including hardware, is tracked within the practice.		
Data backup or storage is conducted before moving equipment. Inventory logs are periodically reviewed and updated. Workstation [REDACTED]		
[REDACTED] ePHI) transmitted over communication networks.		
Audit controls are in place to record and examine information systems containing ePHI.		
UPDATES AND MAINTENANCE		
Security requirements are identified for all new system designs. Risk assessments on all new or updated systems are performed. System documentation is modified as changes to systems occur.		

CHECK YES OR NO:	YES	NO
System maintenance plans are developed and implemented on a regular basis.		
Maintenance records [REDACTED] [REDACTED]		
[REDACTED]		
[REDACTED] before implementation.		
Distribution of new software is documented.		
Data backup and storage are performed before maintenance or updates.		
Risk determinations [REDACTED] [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED] of proper disposal is documented.		
Paper media is destroyed when it is no longer needed. Procedures for the re-use of media and devices that previously contained ePHI have been established.		
CONTINGENCY PLANNING		
A contingency plan for your organization has been developed, tested, and implemented.		
The [REDACTED] [REDACTED]		

CHECK YES OR NO:	YES	NO
Responsible parties have been provided detailed procedures and training for their assigned duties under the contingency and disaster recovery plans.		
A copy of both the contingency plan and the disaster recovery plan are in a secure location.		
Data [REDACTED] [REDACTED]		
[REDACTED]		
[REDACTED] of operations plan?		
Does your practice have a facility security plan?		
TRAINING AND EDUCATION		
Employees have [REDACTED]		
[REDACTED].		
RISK MANAGEMENT		
An initial risk analysis is conducted to assess potential risks and vulnerabilities.		
Risk assessments are performed and documented on a regular basis or when changes occur.		
Threat sources [REDACTED].		
Impact analyses have been conducted and documented.		
ACCESS CONTROLS		
Access controls are used for all sensitive systems, files, and directories.		
Password management procedures are used.		

CHECK YES OR NO:	YES	NO
Unique user identification for identifying and tracking individuals is assigned to each user.		
Remote [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]. User privileges are modified when an employee's job description or classification changes.		
Emergency access procedures have been established for accessing		
ePHI information during an emergency.		
Automatic logoff [REDACTED]		
[REDACTED]		
[REDACTED], and file encryption.		
PHYSICAL SECURITY		
Facility access control procedures have been implemented to limit physical access to ePHI and facilities where it is housed.		
Facility [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
Keys, keycards, and other access devices are assigned and logged. Keys or other access devices are required for sensitive areas such as server rooms.		

CHECK YES OR NO:	YES	NO
Unused keys and access devices are properly secured.		
Computers, fax machines, and printers are placed in areas that are not easily accessible to unauthorized persons.		
Portable systems such as laptops are properly secured.		
WORKFORCE SECURITY		
Authorization [REDACTED]		
[REDACTED]		
[REDACTED] sanctions to workforce members who do not comply with security policies and procedures.		
BUSINESS ASSOCIATES		
Business Associate contracts are in place with all business associates who create, receive, maintain or transmit ePHI (this is beyond the HIPAA privacy business associate contract).		
Satisfactory [REDACTED]		
[REDACTED]		
[REDACTED], other arrangements are made between practice and the business associate to keep data confidential.		
PRACTICAL SECURITY POLICIES AND PROCEDURES		
Does your practice have e-mail and ePHI policies and procedures?		
Does your [REDACTED]		
[REDACTED] ?		

CHECK YES OR NO:	YES	NO
Does your practice have portable device (tablets, smart phones, and flash drives, etc.) and ePHI policies and procedures?		
Does [REDACTED]		

Form 5.4

Patient Acknowledgment of Receipt of Notice of Privacy Practices

I have been [REDACTED]
[REDACTED]

Signature of Patient or Representative: _____

Date: _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] of Patient:

FOR IV THERAPY CLINIC'S USE ONLY

If acknowledgment of [REDACTED]
[REDACTED] and the reason you could not obtain it:

Form 5.5 Release of Medical Records Log

[illegible]

Date	Patient Name	<div></div>	<div></div>	<div></div>	<div></div> by (if necessary)

Form 5.6

Authorization for Use and/or Disclosure of Protected Health Information

IV Therapy Clinic

[Practice Address and Contact Information]

Chart Number: _____ Date of Birth (DOB): _____

Patient's Name: _____ Provider: _____

I hereby _____

I specifically authorize the release of information relating:

- Substance abuse (including alcohol/drug abuse)
- Mental health (_____)

• _____

_____ may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

This information is requested for the following purpose (check all that apply):

☐ Medical ☐ Legal ☐ Personal ☐ Other _____

Signature of Patient or Legal Guardian: _____

Date: _____

Witness: _____ Date: _____

Confidentiality Notice

_____ days.

Form 5.7

Authorization Checklist for Release of Medical Record Information

CORE ELEMENTS	YES/NO
<p><i>A valid authorization must contain at least the following core elements.</i></p> <ul style="list-style-type: none">• Specific description of the information to be used or disclosed.• Name (or other [REDACTED]) [REDACTED]	
[REDACTED] [REDACTED]	
[REDACTED] [REDACTED] [REDACTED]	
[REDACTED]	
<ul style="list-style-type: none">• Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided (45 CFR § 164.508(c)(1)).	
<p><i>In addition to the core elements of an authorization as noted above, the authorization must contain</i> [REDACTED]</p>	
[REDACTED] [REDACTED] [REDACTED] [REDACTED]	
[REDACTED] condition treatment, payment, enrollment, or eligibility for benefits on the authorization, including research-related treatment, and if applicable, consequences of refusing to	

CORE ELEMENTS	YES/NO
sign the authorization.	
<ul style="list-style-type: none">• Potential for information disclosed with this authorization to be subject to redisclosure by the recipient (45 CFR § 164.508[c][2]). <p><i>The authorization must be</i> [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p>	

POLICY >>>>>	5.1 Access Rules
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] is the technical process of creating the unique user identification and authentication process for a person who has been authorized to access information.</p> <p>Access controls are the technology that implements the access rules.</p> <p>Access rules identify persons or classes of persons who need access to PHI, the category or categories of PHI to which access is needed, and any conditions appropriate to such [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED].</p>	

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

The access protocols are as follows:

1. Business Office Access to Information Systems**a. Job function: Billing Clerk**

i. Application: Practice Management System

ii. Views: Claims

iii. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

i. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

a. Job Function: Registrar

i. Application: Practice Management System

ii. Views: Scheduling

iii. Privileges

(1) Create

(2) Read

(3) Write

b. Job Function: Registrar

i. Application: Health Plan

ii. [REDACTED]

[REDACTED]

[REDACTED]

3. Providers/Nursing

a. Job Function: Clinical services

i. Application: Electronic Health Record

ii. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]: Remote

4. Medical Records

a. Job function: Contract Transcriptionist

i. Application: Practice Management System

ii. Views: [REDACTED]

[REDACTED]

[REDACTED]

POLICY >>>>>	5.2 Data Backup
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] electronic protected health information (ePHI) and stores it off-site in a secure location. The data is readily accessible in the event it is needed. IV Therapy Clinic backs up ePHI prior to movement of hardware and electronic media and tests to ensure that it is an exact copy and readily accessible.</p> <p>DEFINITIONS:</p> <p>For any unclear definitions, please consult your supervisor.</p> <p>RESPONSIBILITIES:</p> <p>This policy applies to all individuals engaged in employment with IV Therapy Clinic. All IV Therapy [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] with any questions about this policy.</p>	

PROCEDURE:

1. The security official will:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] system that the backed-up ePHI maintains its integrity as an exact copy of the sourced data.

2. In addition, the practice conducts daily, weekly, monthly, and quarterly backups of ePHI and practice software and maintains backups in a secure location off-site.

POLICY >>>>>	5.3 Data From Other Facilities or the Patient
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish rules for handling data received from other facilities or from patients.	
SCOPE: This policy applies to [REDACTED] [REDACTED] [REDACTED] [REDACTED] from other sources occur, the source of the clinical data should be documented.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with [REDACTED] action up to and including termination of employment.	

POLICY >>>>>	5.4 Data Integrity: Access, Audit Trail, and Security
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish policies related to data integrity, access, auditing, and security.	
<p>SCOPE:</p> <p>This policy applies to all individuals on the healthcare team.</p> <p>DEFINITIONS:</p> <p>For any unclear [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] electronic health record (EHR). Access will be based on role and function. After a predetermined period of inactivity or employment termination, access will be automatically terminated.</p> <p>IV Therapy Clinic has established a system to record a log of all medical record actions and activities, including [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] EHR data from unauthorized internal or remote access or actions. The purpose of an electronic network security protocol is to preserve the integrity of EHR data and to protect patient privacy, consistent with facility and regulatory requirement, as well as accreditation standards.</p>	

POLICY >>>>>	5.5 Documentation of Privacy and Security Policies and Procedures
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish documentation requirements for the clinic's privacy and security policies.	
SCOPE: This policy applies to all [REDACTED] [REDACTED] [REDACTED] reasonable security measures to safeguard the confidentiality, integrity, and availability of all protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, other state and federal regulations, and other applicable regulation. IV Therapy Clinic will identify an information security officer to oversee the following initiatives to comply with [REDACTED] [REDACTED] [REDACTED] supervisor.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.	
REFERENCES:	

QUESTIONS:

Please [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] to understand regulatory and other requirements with respect to the security of PHI and other confidential or sensitive information.

- b. Conduct, document, and periodically review, a security risk analysis to determine the office's vulnerabilities and threats with respect to security requirements, in accordance with office governance.
- c. In conjunction with the office information systems vendors, develop and maintain an information security plan that identifies solutions for how these risk factors will be reduced. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] instructions for implementing that security solution.

- d. Retire any existing policy or procedure that contradicts newly created policy and procedure or governing laws, statutes, and regulations.
- e. Test the policy to ensure that it is understood by all and fits the office's environment.
- f. Obtain approval for the new or revised policy from the office's governing body.
- g. Train all members of the workforce on new policies and all applicable members of the workforce on new procedures.
- h. Retain [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] becomes available, or when there are new modified regulations. Otherwise, biannual review is required.

POLICY >>>>>	5.6 HIPAA and HITECH Privacy Compliance
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policies and [REDACTED] [REDACTED] for Economic and Clinical Health Act (HITECH Act).	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: To protect and [REDACTED] [REDACTED] information (ePHI), and electronic health records (EHRs). Staff members are responsible for complying with the clinic's privacy practices. The Clinic Manager will select a qualified individual to serve as the clinic's Privacy Officer (PO), [REDACTED] [REDACTED]	

1. Overseeing the [REDACTED]
[REDACTED]
[REDACTED] retention practices
4. Developing and conducting training to familiarize employees with HIPAA and HITECH Act privacy regulations
5. Establishing and applying appropriate sanctions for violations of privacy policies and procedures by employees or business associates of the clinic
6. Developing an [REDACTED]
[REDACTED]
[REDACTED] and internal policies and procedures and develop a corrective action plan to remedy the violation and prevent its recurrence.

DEFINITIONS:

For any unclear definitions, please consult your supervisor.

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic.

Failure to [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] or the clinic manager with any questions about this policy.

PROCEDURE:

1. Privacy Officer (PO)

The clinic will identify a PO to be responsible for developing and implementing privacy policies and procedures.

- a. The PO will report directly to the Clinic Manager and will be responsible for the [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] to ensure compliance documents are drafted, reviewed, and approved, including the Notice of Privacy Practices and

relevant updates, Acknowledgement Forms, Authorizations, Consents, and other forms as required.

- iii. Establish policies and procedures to ensure individual rights guaranteed by HIPAA and [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] /or new agreements that address business associate compliance requirements under HIPAA Security, Breach Notification, and Privacy Rules as is relevant to the service performed for the practice.
- vi. Keep up to date on the latest privacy and security developments and federal and [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] and accrediting bodies for matters relating to privacy and security.

- ix. Coordinate any audits required by the Department of Health and Human Services (DHHS) or any other governmental or accrediting organization concerning state or federal privacy laws or regulations.
- x. Notify individuals when protected health information has been used or disclosed in violation of the privacy practices.
- xi. Regularly [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] information to non-technical and non-legal staff for employee training.

2. Privacy Team (PT)

The practice [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].

- b. The PT will be responsible for working with the PO to complete all the requirements for compliance as established by the HIPAA Privacy Rule.

3. Policies and Procedures

The PO, assisted by the PT, will develop policies and procedures through one or more of the following strategies:

- a. The PT will review the Privacy Rule published in the Federal Register and build the practice's policies and procedures.

- b. Purchase [REDACTED]

4. Documentation

IV Therapy Clinic will maintain documents for six years after the date of their creation or last effective [REDACTED]

[REDACTED] they are in a secure storage facility. Documentation procedures include:

- a. Scanning documents to be stored electronically.
- b. Maintaining all acknowledgements signed by employees and patients.
- c. Maintaining all hard copy documentation in a secure storage facility, and back up electronic documentation locally and on a secure, remote (offsite) server.
- d. Allowing an agent of the DHHS to access clinic facilities, books, records, accounts, and other [REDACTED]

5. Training

IV Therapy Clinic will train all employees on Privacy and Breach Notification policies and procedures, as necessary and as appropriate for them to carry out their functions. Privacy, security and breach notification training must be completed both formally (once yearly) and in an [REDACTED] employees needing reminders of the privacy policies and procedures.

a. All employees, including providers, must participate in retraining on privacy policies and procedures related to the HITECH Act and the Breach Notification Rule, as well as new security regulations related to the safeguarding of PHI.

b. The PO will determine who needs additional training, the type of training that is appropriate, and [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] is paid in full

iv. Penalties imposed on individuals and employers for non-compliance

v. New business associate requirements

vi. New enforcement activities, including:

(1) State attorneys general are now empowered to conduct investigations of privacy violations

(2) [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] will sign an acknowledgement form that he or she participated in training, and is aware of and understands the practice's privacy policies and procedures.

f. If retraining is the result of a sanction, maintain a copy of the employee's acknowledgement form in the records.

6. Sanctions

IV Therapy Clinic will have and will apply appropriate sanctions against employees who violate its privacy policies and procedures or the Privacy Rule.

a. Be cautious about applying sanctions without first researching details to verify what really happened

b. The PO or designated individual must first review the privacy violation

c. For repeat privacy violations, consider the following sanctions:

i. First [REDACTED]

[REDACTED]

- iii. *Third violation:* Reminder placed in employee's personnel file with warning that repeat offense will result in time off without pay; additional retraining
- iv. *Fourth violation:* Suspension for three days without pay.
- v. *Fifth violation:* Employee's employment terminated.
- d. The policies and procedures also must indicate the practice reserves the right to skip steps, repeat steps, or impose other sanctions, as it deems appropriate.
- e. No sanctions are [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] victim reporting to a law
enforcement official

7. Communications

To prepare staff to know what to do and say in response to patient inquiries, complaints, privacy breaches, or security incidents, IV Therapy Clinic will create an environment in which [REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] comes together for a quick briefing on a problem.
- iii. Establish a point person to receive patient complaints.
- iv. Conquer the fear of conflict by using communication techniques and by practicing appropriate responses to questions that patients frequently ask.
- b. The two primary external audiences are business associates and patients.
 - i. Business associates (BA). The PO will talk to each BA about privacy and security regulations and also obtain signatures on BA Agreements.
 - (1) Regularly communicate with the business associates about privacy, breach notification, and [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] may not know the

answer. Don't guess. Unless trained to answer specific content, refer questions to the PO.

- (4) Include business associates in some of the internal e-mail reminders. Ask them if they'd like [REDACTED]

[REDACTED]. Ask select patients to participate in the HIPAA implementation efforts by giving you feedback on what we're doing. Request a signed confidentiality statement before they participate, and be cautious about what issues are brought to the patient advisory board.

- (2) Conduct a [REDACTED]

[REDACTED] paperwork" to patients or trivializing their privacy concerns.

- (4) Develop a list of frequently asked patient questions and preferred answers approved in advance by the PO.
- (5) Post wall charts or hang posters informing patients of their rights. This is an excellent pre-emptive strategy to address patient concerns.

- (6) A one-page patient [REDACTED]

[REDACTED] is addressable or required for the system.

8. Audit controls

The SO must make sure that employees are in compliance with the practice's technical safeguards pertaining to use of electronic systems and networks and access to and protection of electronic protected health information. Compliance means that use and access conform to the scope of each employee's responsibilities. As a result of the risk analysis, the SO [REDACTED]

[REDACTED] activity on a practice's electronic systems.

- b. [REDACTED] on a routine basis to make sure that activity is appropriate.
- c. Such activity includes, but isn't limited to employee logons and logoffs, file access, updates, edits, other system activities, and security incidents.
- d. Follow up on suspicious entries, such as unauthorized [REDACTED]
[REDACTED] resolve inappropriate activity.

POLICY >>>>>	5.7 HIPAA and HITECH Security Compliance
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
<p>PURPOSE:</p> <p>To establish policies and procedures that satisfy IV Therapy Clinic's obligations as a covered entity to [REDACTED] for Economic and Clinical Health Act (HITECH Act).</p>	
<p>SCOPE:</p> <p>This policy applies to all individuals on the healthcare team.</p> <p>POLICY STATEMENT:</p> <p>In order to meet the standards of the HIPAA-HITECH Security Rule for the protection of electronic protected health information (ePHI), IV Therapy Clinic will adopt reasonable and appropriate [REDACTED] whichever is later. We will periodically review and update these policies and procedures in response to environmental or organizational changes that affect the security of ePHI.</p> <p>DEFINITIONS:</p> <p>For any unclear definitions, please consult your supervisor.</p> <p>RESPONSIBILITIES:</p> <p>This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to [REDACTED]</p>	

REFERENCES:**QUESTIONS:**

Please [REDACTED] supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

1. Assigned [REDACTED]

[REDACTED]

- a. The compliance team reports to the Clinic Manager. The PO may request additional employees to serve on the compliance team.
- b. While the PO's primary responsibility is to protect the confidentiality of ePHI, he or she may [REDACTED]
 - i. [REDACTED] maintaining the budget allocated to the management of the privacy and security activities
 - ii. Maintaining an up-to-date inventory of hardware and software
 - iii. Developing and implementing policies, procedures, and guidelines to direct and carry out the objectives of the security program, including policies and procedures that govern:
 - (1) Ensuring the privacy and security of ePHI
 - (2) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] and security awareness training program
 - (9) Researching and recommending new security measures for the practice
 - (10) Maintaining [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] business associates who perform technical system maintenance activities and ensuring that they have received training on the policies as they relate to their involvement in the practice
- c. All new technology will be presented to the Privacy Officer for approval and for the privacy team to evaluate the impact on the system's integrity. Any new software must comply with applicable policies and procedures of the practice.

2. Risk Analysis

The practice [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] for the Electronic Medical Practice, as the framework

for evaluating [REDACTED]

[REDACTED] (FTC) identity-theft prevention and detection “red flags” rules.[†]

b. We examined technical and non-technical systems, including:

i. Hardware and software in use in the practice

ii. System interfaces inside and outside the practice

iii. Electronic [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] of identity in the systems

vii. E-prescribing capabilities of the EMR vendor, including certification

viii. Biometric authentication capabilities of the EMR vendor and the practice’s ability to use authentication tools

c. We also analyzed the weaknesses in practice workflow and procedures, and consulted prior risk [REDACTED]

[REDACTED] manage the impact of the attacks that occurred. The findings are included in the risk analysis report.

e. We then rated the likelihood of each risk, including potential contingencies and potential disasters, on a scale of 1 to 5, with 1 being least likely and 5 being highly [REDACTED]

[REDACTED], in migrating risk to an electronic medical record with an in-house lab, the Security Officer owns the task of ensuring that the vendor’s software will not hinder or harm information stored in the practice management system. All employees must seek the Security Officer’s permission before installing any new software.

g. A record of findings, risk owners, and mitigation procedures is filed with the system [REDACTED]

[REDACTED] need to control and mitigate those risks.

3. Sanction Policy

The practice has implemented a sanction policy to enforce compliance with the security and [REDACTED]

[REDACTED] termination of employment.

- a. All IV Therapy Clinic employees will receive training on the policies and procedures prior to adoption of new policies or modification of existing policies.
- b. As part of new employee orientation, all new employees will participate in a training session approved by the Privacy Officer.
- c. Sanctions for [REDACTED]
 - i. [REDACTED] event, the employee's supervisor and one member of the provider staff will have a private conversation with the employee and review the appropriate policy and procedure to be certain the employee understands the policy.
 - ii. Upon the second noncompliant event, the supervisor and office administrator will have a private conversation with the employee, and a letter of remediation will be placed in the employee's personnel file.
 - iii. [REDACTED]
[REDACTED] event, the employee will be terminated as an employee.

4. Information System Activity Review

The practice will safeguard ePHI and regularly review records of information activity, such as audit trails, system logs, access reports, and security incident tracking reports, for [REDACTED]

[REDACTED] this policy.

- a. Each supervisor is responsible for overseeing compliance of the practice policies and procedures by regularly reviewing records of information system activity for [REDACTED]

[REDACTED] data activities, and respond to potential system vulnerabilities.

- c. The [REDACTED]
[REDACTED] will review audit logs at least monthly, with preference for twice monthly, and at any unannounced time.

5. Authorization and/or Supervision

The practice will authorize access to ePHI according to the roles within the practice. We also will supervise employees who have access to confidential health information in verbal, written, and [REDACTED]

[REDACTED]

[REDACTED] the office by provider-level staff. We will update that checklist at least annually. The checklist is stored in the Security Officer's office.

- b. After completing the checklist and role-based analysis, the practice tied levels of authorization to job responsibilities and specified levels of authorization in job descriptions of employees.

- c. Provider-[REDACTED]

[REDACTED]

[REDACTED], all laptops will be accounted for, meaning either secured in the clinic or signed out to an authorized provider. This policy is described in detail in the physical safeguards.

- e. The Security Officer will ensure that each employee is trained and understands these responsibilities.

6. Workforce Clearance Procedures

At the Security Officer's discretion, a background check may be authorized for any new or existing employee who engages in activities that cause the Security Officer to question [REDACTED]

As part of the hiring procedures, we will:

- i. Require an employment application and confirm validity as necessary
- ii. Require proof of citizenship or resident alien status
- iii. Confirm employment history
- iv. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] that employees provide the practice with current written documentation for:

- i. Federal and state tax withholding
 - ii. Social Security number
 - iii. Changes in immigration status if not a US citizen
- c. Each new employee will meet with the security officer or designated individual, who will provide an in-person or online orientation to the policies and procedures and new [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] by the Security Officer or system administrator.

Each employee will sign an acknowledgement of receipt of clearances and immediately inform the Security Officer of any change in job responsibilities or in the event any clearance is lost or stolen.

- f. Upon notification that an employee has been terminated, the Security Officer will immediately cancel all clearances assigned to that employee.

7. Termination Procedures

It is the practice's policy to make every effort to preserve the relationship between employee and employer. [REDACTED]

[REDACTED]

[REDACTED] for access to ePHI, employee job responsibilities are analyzed and written into job descriptions based on risk analysis.

- b. All clearances, including passwords and user IDs assigned to each employee are documented. Each employee will sign an acknowledgment of receipt and understanding [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] reminded of the practice's sanction policy for any security incidents resulting from an unauthorized employee attempting to gain access to PHI, and of the potential criminal and civil penalties for a privacy breach or unauthorized disclosure of PHI.

- d. If an employee voluntarily terminates employment, an exit interview will be conducted. In the interview, the practice will:
- i. Explain that effective immediately, passwords and other authentication tools are no longer valid, authorizations are revoked, and audit reports will indicate when an attempt to access PHI has been denied.

- ii. Ask [REDACTED]

[REDACTED]

[REDACTED]

Each employee is responsible for complying with the policies and procedures for accessing workstations, transactions, programs, processes, and other mechanisms used in the practice. Outside vendors who require access must be subject not only to the business associate agreement, but also must be counseled by the Security Officer on the practice's security policies and procedures and the business associate's obligation to comply with the Security Rule.

- a. The Security Officer will collaborate with clinical supervisors in granting access so that the privacy and security policies are in agreement. The Clinic Manager and Security [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] and also will be counseled by the Security Officer on the

practice's confidentiality policies and procedures. Business associates' access may be modified as the need for access changes.

- a. The Clinic Manager will provide written authorization to each person with access privileges. In the practice, the Security Officer or IT administrator also will counsel hardware and software vendors as well as consultants with access to the practice's information systems on the terms of the practice's business associate's [REDACTED]

[REDACTED]

- [REDACTED] counsel any employee who alters, modifies, or in any way changes ePHI without authorization. Affected employees will receive sanctions according to the practice's sanction policy, up to and including termination.

- d. Establishing and modifying access will be part of the security reminders training process.

10. Security [REDACTED]

[REDACTED]

This is a level 4 risk for us, at least during the first 12 months, or until the workforce develops new habits. The Clinic Manager is the owner of this risk.

- a. The practice provides a security awareness training session each year, scheduled at an event that employees are expected to attend. Those who are unable to participate in the annual training are required to meet with the Security Officer in a follow-up session.
- b. The practice has posted security reminders throughout the physical location(s).
- c. As part of the monthly reminder campaign and also whenever passwords change, the Security Officer will send a reminder to each employee, which may include any of [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] laptops, tablet PCs, smart phones, and other portable devices that contain or transmit ePHI

- d. We encourage the employees to provide us with security topics, including making presentations on those topics.

11. Protection from Malicious Software

The practice will guard against, detect, and report malicious software, including software that has not yet compromised the system but is suspect. Tools to accomplish this include firewalls, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] with the electronic health record vendor and IT support staff, are the only members who can authorize installation of new software.

- b. The employees may not bring into the practice or download from the Internet any software without the express written authorization from the Security Officer.
- c. Virus and malware detection software approved and installed by the IT department will be used on all network-connected devices owned by IV Therapy Clinic; this software [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] part of the business operations. IV Therapy Clinic, at its discretion, may make available computers connected to the Internet, other than those used to manage ePHI records, for employees to check personal e-mails during breaks.

- f. The Security Officer will make employees aware of sanctions in place for those who violate policies and [REDACTED]

[REDACTED]

[REDACTED] mechanisms that allow us to see who is logging into the system and also to file a report on repeated unsuccessful attempts.

- a. The practice has established triggering mechanisms that immediately alert the Security Officer after three failed login attempts from the same user within a 24-hour period. To be reinstated, the user must consult with the Security Officer who will assign a new password.
- b. The practice will activate account lockout capabilities, except for provider-level staff who may [REDACTED]
[REDACTED], on a weekly basis, a report on system login activity.

13. Password Management

The practice will [REDACTED]

[REDACTED] on the capabilities and options embedded in or added to the practice's system access software.

- a. The alpha-numeric passwords will be compatible with those designed by the practice management and EHR systems. Passwords will not relate to the user's personal identity, nor will two members of the staff have the same password.
- b. The Security Officer and the employee (user) are the only persons who will have knowledge of the user's password. Each employee is responsible for protecting any [REDACTED]

- e. Passwords will be revoked immediately when an employee leaves employment with the practice.
- f. Users are required to report any compromise of their password to the Security Officer.

14. Security Incident Reporting

The [REDACTED]
[REDACTED] to report such incidents may result in sanctions, as appropriate.

- a. Upon notification of a security incident, the Security Officer will attempt to contain the [REDACTED]
[REDACTED] and data in a security incident report.
- c. The Security Officer maintain a current security incident log. Note that “reasonable” and “appropriate” are key words used throughout HIPAA’s Security Rule, and therefore, in [REDACTED]
[REDACTED] log. For example, it’s unlikely you’ll document each incident that a workstation is left unattended.
- d. The [REDACTED]
[REDACTED] on business and legal considerations, and in response to HITECH Act breach notification requirements. These considerations are to be determined with consultation from the practice’s legal and IT advisors.
- e. The Security [REDACTED]
[REDACTED] employees, and include these actions in the security incident report.

* All entities that transmit, process, or store payment card data must be compliant with PCI DDS. The new Data Security Standard Version 1.2 is effective October 1, 2008. See the PCI Quick Reference Guide: Understanding the Payment Card Industry, Data Security [REDACTED]
[REDACTED]_quick_guide.pdf.

† These rules apply to “creditors,” which health care providers are deemed to be if they allow “deferred payment for services, including when hospitals establish payment plans for patients unable to pay their bills or even when physician practices and hospitals collect billing [REDACTED] bill patients later for the balance they owe.”

POLICY >>>>>	5.8 Legal Medical Record Standards
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish standards for maintaining legal medical records at IV Therapy Clinic.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY [REDACTED] [REDACTED] [REDACTED] for the contents, maintenance, and confidentiality of patient medical records.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to [REDACTED] [REDACTED] in disciplinary action up to and including termination of employment.	
REFERENCES:	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

1. [REDACTED]

[REDACTED] to providers at each patient encounter. The records should facilitate the coordination and continuity of patient care; and allow providers the ability to have an effective, efficient, and quality review of patient care and services .

- a. All staff members with access to PHI must sign the IV Therapy Clinic Statement of Confidentiality.
- b. Each patient's PHI will be filed, stored, and inaccessible to the public, using a standardized and centralized medical group network tracking system. This system will not only ensure ease of retrieval, availability, and accessibility, but also [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] that facilitate effective and efficient quality review of patient care and services.

3. Patient Access Definitions

IV Therapy Clinic ensures its staff understands the Patient Access and Security Rules under HIPAA to ensure all PHI is secure.

- a. Patients will have an opportunity to consent to or deny the release of identifiable medical or other information, except as required by law.
- b. Patients will have the ability to review, inspect, and/or receive a copy of the PHI in their medical record.
- c. While patients may request to review and inspect their medical record at any time. Under the [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] records meet the following

identification requirements:

- a. All documents must be identified so that filing will be completed accurately.
- b. A patient label clearly identifying the patient should be placed on all documents to ensure they are placed in the correct patient medical record.
- c. The practice management system will generate labels with specified information that uniquely identifies each individual patient.

5. Patient Release of Protected Health Information

IV Therapy Clinic will protect the confidentiality, privacy, and security of all PHI in compliance with patient [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] Health Information

The IV Therapy Clinic will act upon a patient's request to amend PHI kept in their designated medical record that the patient believes is erroneous, according to the requirements of HIPAA Privacy Rule.

- a. Request for amendments to PHI must be acted upon within 60 days of receipt of request.

- b. If IV Therapy Clinic is unable to act on the request within the 60 day deadline, an additional 30 day extension is permissible, provided the patient is given a written

staff with guidelines to handle all patient complaints or allegations of confidentiality breach. The patient can be assured, IV Therapy Clinic will honor the patient's right to file a complaint and will not retaliate against them or deny them services based on filing a claim.

- a. IV Therapy Clinic's Notice of Privacy Practices informs the patients of their rights

Supervisor/Privacy Officer or appointed designated individual will take all complaints and/or allegations of non-compliance seriously and will thoroughly investigate the allegations to determine the course of corrective action, if any, that should be taken.

- c. Once the investigation is complete, within 60 days, the patient will receive written notification

It is IV Therapy Clinic's policy to ensure any authorized destruction of paper and electronic medical records is conducted properly and to ensure that during the destruction process, the patients' PHI is not improperly disclosed.

- a. As required by law, professional ethics, and accreditation requirements, IV Therapy Clinic

to the use of a reputable outside service that specializes in destruction of medical or other sensitive records.

- c. The IT department will ensure that prior to authorized disposal/recycling, any devices, hard drives, CDs, other media, or USB flash/thumb drives that may have contained or stored ePHI are disposed of or recycled are completely formatted (not

this task, but safety glasses should be worn.



POLICY >>>>>	5.9 Legibility and Display of Entries
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policy [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED] on the healthcare team.</p> <p>POLICY STATEMENT:</p> <p>IV Therapy Clinic requires [REDACTED]</p> <p>[REDACTED] liquid or tape, or otherwise obscuring the original text with anything other than the required strikethrough is never permissible.</p> <p>For example, the new entry should be stated as follows: "Clarified entry of [date], [rewrite the entry], [date of entry], and [signature of person making the entry]. In essence, the rewritten entry match the original entry. All entries to the record should be made in black ink to [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] consult your supervisor.</p> <p>RESPONSIBILITIES:</p> <p>This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.</p>	



POLICY >>>>>	5.10 Meaningful Use Audits
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] to participate in Electronic Health Record (EHR) Meaningful Use programs and to comply with established rules to receive EHR incentive payments for either the Medicare or Medicaid EHR Incentive Program. In addition to participation, the practice will implement procedures in preparation for audits conducted by the Office of the National Coordinator for Health Information Technology (ONC).</p> <p>DEFINITIONS:</p> <p>For any unclear definitions, please consult your supervisor.</p> <p>RESPONSIBILITIES:</p> <p>[REDACTED]</p> <p>REFERENCES:</p> <p>QUESTIONS:</p> <p>Please consult your immediate supervisor or the clinic manager with any questions about this policy.</p>	

PROCEDURE:

1. The Clinic Manager will be designated to ensure compliance with Meaningful Use (MU) attestation guidelines. The procedures are to:

- a. Save all supporting electronic or paper documentation for attestation
- b. Save supporting documentation for values entered in Clinical Quality Measures (CQM) modules
- c. Save [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] are submitted for attestation.

- a. Avoid reporting different numbers of unique patients for different MU measures
- b. Is the EHR certified for MU?
- c. Every attestation must be backed up by a report

3. Audit requests [REDACTED]

[REDACTED]

[REDACTED] will be retained for six years, post attestation.

5. Preparation to capture dated screenshots that document software functions will be made. Other support items will be researched and necessary steps taken to [REDACTED]

IV Therapy Clinic

5.11 Notice Of Privacy Practices

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

PLEASE REVIEW IT CAREFULLY

Effective Date: 08/01/2013

If you have [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

whom IV Therapy Clinic does business, i.e.,
“Business Associates.”

- iv. All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

2. THE PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical [REDACTED]

[REDACTED]

[REDACTED] applies to all of the records of your care and billing for that care that are generated or maintained by IV Therapy Clinic, whether made by IV Therapy Clinic personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your medical information that is created in their offices or at locations other than IV Therapy Clinic.

This notice will tell [REDACTED]

[REDACTED]

[REDACTED]

We are required by law to:

- a. Ensure that personally identifiable medical information is kept private
- b. Give you this [REDACTED]

[REDACTED]

MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information. Each category of use and disclosure is explained and examples are provided. Not every use or disclosure in a category will be listed. However, all of the methods in which we are permitted to use and disclose information will fall within one of these categories.

- a. **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, volunteers, or other personnel who are involved in your care at [REDACTED]
[REDACTED]
[REDACTED] any hospital or skilled nursing facility to which you are transferred or subsequently admitted.
- b. **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from IV Therapy Clinic may be billed by IV Therapy Clinic and payment may be collected from you, an insurance company, or a third party. Fo [REDACTED]
[REDACTED] nursing facility to which you are admitted, for their billing purposes.
- c. **For Health Care Operations.** We and the business associates may use and disclose medical information about you for health care operations. These uses and disclosure are necessary to operate IV Therapy Clinic and make sure that all of the patients receive quality care. For example, we may use medical information to review the treatment and services and to evaluate the performance of the staff in caring for you. We may also [REDACTED]
[REDACTED]
[REDACTED] we are doing and determine where improvements can be made to our services offered.

We may remove personally identifiable information from this set of medical information so [REDACTED]

[REDACTED] provider for its health care operations purposes if you have received care from that provider.

- d. **Treatment Alternatives.** We may use and disclose medical information to inform you about or recommend different treatment alternatives.

- e. **Individuals** [REDACTED]

[REDACTED] to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by letting us know that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

- f. **As Required or Permitted by Law.** We may disclose medical information about you when required or [REDACTED]

[REDACTED] **or Safety.** We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Individuals who appear to have the ability to prevent a threat will be provided limited information on a need-to-know basis.

4. SPECIAL SITUATIONS

- a. **Organ and Tissue Donation.** Medical information may be released to organizations handling [REDACTED]

- b. **Active Duty Military Personnel and Veterans.** Active duty members of the armed forces and Coast Guard may need to be assessed for fitness for duty; therefore, we must share certain information to the commanding officer or other command authority so that fitness for duty or a particular mission may be determined. We may also release medical [REDACTED] to determine benefit eligibility.

c. **Workers'**

medical information about you for public health activities without your consent. These activities generally include but are not limited to the following:

i. To report, prevent, or control disease, injury, or disability

ii. To

have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

vi. To report suspected abuse or neglect as required by law

e. **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law without your consent. These oversight

you in response to a subpoena or other lawful process from someone involved in a civil dispute.

g. **Law Enforcement.** We may release medical information to a law enforcement officer without your consent:

i. In response to a court order, warrant, summons, grand jury demand, or similar

at IV Therapy Clinic facilities

- h. **Coroners and Medical Examiners.** We may release medical information to a coroner or medical examiner without your consent. As an example, this may be done to identify a [REDACTED]

[REDACTED] law, without your consent, to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect national security.

- j. **Protective Services for the President and Others.** We have the right to release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

- k. [REDACTED] such disclosure in writing.

l. **Inmates**

If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official indicates to IV Therapy Clinic that such medical information is necessary: (1 [REDACTED]

[REDACTED] you. If you are in the custody of the Florida Department of Corrections (DOC) and the DOC requests your medical records, we are required to provide the DOC with access to your records.

5. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

a. **Right to Inspect and Copy**

You have the right to review and receive a copy of your medical records, unless your attending [REDACTED]

[REDACTED] licensed health care professional chosen by IV Therapy Clinic will review your request and the denial. The person conducting the review will not be the same person who denied your request. The decision of the reviewer will stand.

If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your medical [REDACTED] information, **a fee may be charged** for the costs of copying, mailing, or other supplies associated with your request, and the fee will be collected before providing a copy of the records. Upon agreement, we may provide you with a summary of the information instead of providing access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or [REDACTED] to pay and will collect the fees, if any, for the preparation of the summary or explanation.

b. **Right to Amend**

If you feel the medical information in your record is incorrect or incomplete, you may ask for an amendment to the information. You have the right to request an amendment for as long as the [REDACTED]

[REDACTED]

[REDACTED] person or entity that created the information is no longer available to make the amendment

- ii. Is not part of the medical information created or maintained by IV Therapy Clinic
- iii. Is not part of the information that you would be permitted to review and copy
- iv. Has been determined to be correct and complete

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that [REDACTED]

c. Right to an Accounting of Disclosures

You have the right to request a list of certain medical information disclosures we have made about [REDACTED]

[REDACTED], a written request must be submitted to IV Therapy Clinic's Privacy Officer and state if paper or electronic delivery is desired. No more than six years can be requested. The first list requested within a 12-month period will be free. For additional lists, a fee may be charged for the costs of providing the list. Yo [REDACTED] any costs are incurred. We may collect the fee before providing the list to you.

d. Right to Request Restrictions

Except where we are required to disclose the information by law, you have the right to [REDACTED] any and all authorizations previously provided to us relating to disclosure of your medical information.

IV Therapy Clinic is not required to agree with your request, with the exception of restrictions on disclosures to your health plan, as described below. If we agree, we will comply with your request [REDACTED]

[REDACTED] (3) to whom the limits should apply, such as disclosure to your spouse.

You may request that we do not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any IV Therapy Clinic [REDACTED]

[REDACTED] for a certain service, please let us know as early as possible in your visit.

e. Right to Request Confidential Communications

You have the right to request that we communicate with you via specific methods or at a specific location. For example, you can request that we only contact you at work or by mail, or using [REDACTED]

[REDACTED], make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

f. **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice or any revised notice. You may request a copy of [REDACTED]

[REDACTED] Clinic's Privacy Officer in writing.

6. **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for [REDACTED]

7. **INVESTIGATIONS OF BREACH OF PRIVACY**

We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressin [REDACTED]

[REDACTED] harm resulting from the breach.

8. **COMPLAINTS**

If you believe your [REDACTED]

[REDACTED] on filing a complaint with IV Therapy Clinic. All complaints must be submitted in writing. **There is no penalty for filing a complaint.**

9. **OTHER USES OF MEDICAL INFORMATION**

Uses and disclosures of medical information not covered by this notice may only be made with your [REDACTED]

[REDACTED] Clinic's Privacy Officer. If permission to use your information is revoked, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. You understand that we are unable to withdraw any previous disclosures made with your [REDACTED] t we are required to retain the records of the care that we provided to you.

POLICY >>>>>	5.12 Patient Request for Medical Record
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and [REDACTED] with our goals.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: It is the policy of IV [REDACTED] [REDACTED] test results, problem lists, medication lists, and medication allergies) upon request.	
PROCEDURE: <ol style="list-style-type: none"> 1. A patient requesting a copy of his or her medical record must submit a written request, with instructions on to whom it should be sent. 2. Upon receipt of [REDACTED] [REDACTED] [REDACTED] in a sealed envelope for security and given to the patient, with a signature noting receipt. 4. If the medical record is mailed, the file documents will be sent by registered mail to the designated individual, with return [REDACTED] [REDACTED] maintained to note the actions related to the medical record. 	

POLICY >>>>>	5.13 Performing a Billing or Coding Audit
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] audits.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: It is the policy of IV Therapy Clinic to perform coding/billing audits to identify risk areas such as coding, [REDACTED] [REDACTED] frequently, if appropriate, according to the following procedures.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to [REDACTED] [REDACTED] result in disciplinary action up to and including termination of employment.	
REFERENCES:	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

1. Identify who is performing the audit (staff, coder, outside consultant, etc....).
2. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] paid by specific payor, or use data based on the OIG top 10 denial report
4. Identify types of services that will be audited (e.g., random, payor, evaluation and management [E/M] levels, procedures).
5. Determine the type of audit tools to use (e.g., Marshfield Clinic, CMS audit tool, customized).
6. Identify the risk [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] of claims not accurately paid by the insurance carrier. Determine internal the follow-action necessary for each claim that is either unpaid or not appropriately paid to ensure claims are paid appropriately in the future.
9. Identify risk areas post-audit
10. Draft a [REDACTED]
[REDACTED] results and recommendations for improvement.

POLICY >>>>>	5.14 Purging and Destruction of Paper Records
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] paper medical records.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: IV Therapy [REDACTED] [REDACTED], plan, and procedure. This policy will apply to all records.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to [REDACTED] with IV Therapy Clinic.	
QUESTIONS: Please consult your [REDACTED] any questions about this policy.	
PROCEDURE:	

1. Before medical records are destroyed, the physician should review them to ensure he or she is comfortable the record will not be needed for patient care or to [REDACTED]

[REDACTED]
[REDACTED] laws to prevent identity theft.

3. The original record should never be given to the patient.

POLICY >>>>>	5.15 Purging ePHI
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policies and procedures for removal/destruction of electronic PHI.	
SCOPE: This policy applies to all [REDACTED] [REDACTED] [REDACTED] Therapy Clinic will purge and destroy electronic medical records in a consistent manner based on an established retention schedule, plan, and procedure. This policy will apply to all records.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply [REDACTED] result in disciplinary action up to and including termination of employment.	
QUESTIONS: Please consult your [REDACTED] any questions about this policy.	
PROCEDURE:	

1. The Medical [REDACTED]
[REDACTED] of the retention guidelines should be retained.
2. For PHI stored in electronic media, erasing can be carried out using software or hardware products to overwrite media with non-sensitive data; while purging can be [REDACTED]
[REDACTED]

POLICY >>>>>	5.16 Responding to Subpoenas or Court Orders
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE:	
This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT:	
<p>IV Therapy Clinic follows the general rule that providers may release a patient's medical records upon [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] of the subpoena. All procedures will be handled in accordance with the HIPAA Privacy Standard to safeguard protected health information (PHI) of the patient.</p> <p>Without the patient's individual authorization or a court order, the practice will only release PHI under legal processes accompanied by satisfactory assurances as set forth in the Privacy Rule. [REDACTED]</p> <p>[REDACTED] will consult legal counsel as soon as possible when executing this policy.</p>	
DEFINITIONS:	
For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES:	

This policy applies to all individuals engaged in employment with IV Therapy Clinic.

QUESTIONS:

Please consult [REDACTED] manager with any questions about this policy.

PROCEDURE:

1. Confirm validity of the Authorization

a. Must be [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] of the disclosure

v. Expiration date or event

vi. Signature of the individual or individual's representative

vii. Date

c. An authorization is defective if:

i. The expiration date is passed or the specified expiration event has occurred

ii. The form has not been completed as required

iii. The authorization has been revoked

iv. A false [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] involved in the care of the patient whose records have been subpoenaed or warranted for search with the following information:

a. Nature of the order (subpoena *duces tecum*, search warrant)

b. Specific actions required and timeline

3. Inform and instruct designated medical records manager concerning:

a. Nature of the order

b. Actions and [REDACTED]

[REDACTED]

[REDACTED] be brought to court, safeguards for maintaining integrity of PHI will include:

(1) Signing out card showing the record has been checked out (if original required)

(2) Placing the original record in a plain folder with consecutively numbered pages noted in ink in the lower right corner of the page (i.e., 1/20, 2/20, 3/20, etc..)

(3) Duplicating the paper document maintained in the chart

ii. Note in the log of charts

(1) Name of [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] material was delivered

(5) Whether the original (if paper) or copy was delivered

4. Notify legal counsel for possible filing of an objection to compliance with the subpoena if:

a. Invalid authorization is received

b. [REDACTED]

[REDACTED]

[REDACTED] or compliance considerations

POLICY >>>>>	5.17 Retention of Medical Records
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish policies and procedures for the retention of medical records.	
SCOPE:	
This policy [REDACTED]	
[REDACTED]	
[REDACTED] with federal and state regulations and the needs for patient care, research, and administration purposes (e.g., legal and compliance) regarding retention scheduled for the content of the legal health record.	
RESPONSIBILITIES:	
This policy [REDACTED]	
[REDACTED]	
QUESTIONS:	
Please consult your immediate supervisor or the clinic manager with any questions about this policy.	
PROCEDURE:	

1. A current [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] and procedures stating appropriate
methods of destruction for each storage medium on which information is
maintained.

POLICY >>>>>	5.18 Retirement of Medical Records
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policy on retirement of medical records.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: In general, all medical [REDACTED] [REDACTED] [REDACTED] will stipulate that the original provider still owns the records and the custodian of the records will not (1) destroy the records without permission, (2) alter the media (i.e., hard copy to microfilm), or (3) transfer the records to another provider. At minimum, the agreement will be to allow the original provider access to the records as necessary (e.g., for the defense of a claim). Further, the provider, or the [REDACTED] [REDACTED]	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to [REDACTED] result in disciplinary action up to and including termination of employment.	

--

POLICY >>>>>	5.19 Safeguarding PHI in Non-Electronic Form
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policies and procedures for the security of non-electronic PHI.	
SCOPE: This policy applies to all individuals on the healthcare team.	
POLICY STATEMENT: In compliance [REDACTED] [REDACTED] to protect personally identifiable health information transmitted or maintained in electronic media, or transmitted or maintained in any other form or medium, including paper, voice, and images.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: All IV Therapy Clinic employees and contractors are responsible for conducting their work in [REDACTED] [REDACTED] [REDACTED] [REDACTED] supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

We will conduct work as follows:

1. Conversations regarding patients will be held in private areas.

- a. Move into an office or empty examining room to discuss PHI about a specific [REDACTED]

[REDACTED]

[REDACTED] be securely stored, whether they are hand-written or computer-generated.

- a. Charts will be stored out of public view.
- b. Encounter forms and other chart documents will not be placed where patients may be able [REDACTED]

[REDACTED]

[REDACTED] safeguarded.

- a. Use will be monitored for appropriateness.
- b. An access code will be required for use of copy machines.

4. We will take precautions when faxing.

- a. Use of cover [REDACTED]

[REDACTED]:

- i. Verify the number dialed before pressing the send button
- ii. Program frequently used fax number into fax machines to avoid errors in dialing.
- iii. Review the transmission report to ensure the intended machine received it. If an error is suspected, [REDACTED]

[REDACTED]

[REDACTED] office hours, set fax machine to store these faxes in memory until you can securely print them upon your return.

5. Verify caller identity and authority.

- a. Make certain you know to whom you are speaking.

b. Before [REDACTED]

i. [REDACTED]

[REDACTED] father's insurance information, account number, the date of his last visit, and/or legal documentation that identifies her.

ii. You may share [REDACTED]

[REDACTED] facility to verify the caller's identity and authority. If suspicious about the treatment relationship, ask for more information about the patient or ask for a patient authorization.

6. Be careful when leaving messages.

a. Be sure to follow all directions a patient has given for confidential communications.

b. Only leave the minimum necessary information when leaving a message.

POLICY >>>>>	5.20 Storage and Retrieval of Paper Medical Records
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish policies [REDACTED]	
[REDACTED] [REDACTED] the healthcare team.	
POLICY STATEMENT: To protect of the integrity of patients' medical records, IV Therapy Clinic has established policies and procedures in compliance with HIPAA regulations.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

1. The Clinic Manager will designate a medical records clerk or librarian to coordinate the [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] indicating the staff member who has checked out the record.

- b. If the medical record is moved to a new location, the name entered on the log is the person responsible for tracking and returning the medical record to the library.

3. The medical [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] cabinets, a colored out guide is inserted to mark its place. The out guide has a log to be marked with the following information:

- a. Date file removed
- b. Who signed for it
- c. The location of the file

5. File storage units will be locked and the file room will be locked at close of business day.

Form 6.1 Example Payer Plan Profiles

IV THERAPY CLINIC			TAX IDENTIFICATION NUMBER (TIN):		
INSURANCE COMPANY	STATUS	PROVIDER NOTES	CREDENTIALING	EFFECTIVE DATE	RENEWAL DATE
Aetna	Effective—All [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] for the office's records. Please let me know if any additional information is needed.	00/00/0000	9/15/2013
CIGNA					
BCBS					
MEDCOST					
UNITED					

PROVIDER REPRESENTATIVE CONTACT	PHONE	NOTICE TO TERM OR RENEGOTIATE	FEE SCHEDULE	NON-LISTED NEW CODES	RECOUPMENT OF PAYMENTS
[Name of contact]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] MD	12 months

Form 6.1 Payer Plan Profiles

IV THERAPY CLINIC			TAX IDENTIFICATION NUMBER (TIN):		
[REDACTED]	[REDACTED]	[REDACTED]	CREDENTIALING	EFFECTIVE DATE	RENEWAL DATE

PROVIDER REPRESENTATIVE CONTACT	PHONE	NOTICE TO TERM OR RENEGOTIATE	FEE [REDACTED]	[REDACTED]	[REDACTED]

Form 6.2 Payer Organization Profiles

(Includes Specific Third-Party Organizations)

PAYER					COPAY	BENEFIT EXCLUSIONS

HOSPITAL	LAB	X-			REFERRAL BY PHYSICIAN PLAN (IDENTIFIED BY THE PRACTICE)

Form 6.3 Report of Suspected Fraud and Abuse

Description of possible violation: _____

When did it occur? Provide exact dates, if possible. _____

Who was _____

_____ else? _____

Are you aware of anyone else who might have information? _____

Date: _____

Name (optional): _____

Signature _____

Form 6.4 Petty Cash Reconciliation Form

Disbursements

Date Starting: _____ (A) Starting Balance \$ _____

NO.				

Total Transactions: (A) – (B) = (C)

\$ _____ – \$ _____ = \$ _____

Request _____

Date: _____

Form 6.5 Office Patient Account Billing Policy for Treatment of Automobile Injuries

Dear [Patient Name]:

RE: [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

City, State, Zip: _____

Phone Number: _____ Policy Number: _____

Policy Holder: _____

Adjuster: Phone: _____ Fax: _____

Claim Number: _____ Date of Injury: _____

Health [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Policy Number: _____ Group Number: _____

Policy Holder: _____

The Florida "No Fault Law" requires us to bill your auto insurance regardless of fault. Your auto insurance will subrogate reimbursement from the auto insurance of the person who is at fault. The claims must be submitted to the claims office of your insurance and not the agent as often the claims are not processed when submitted to the agent.

If your bill

[REDACTED]

[REDACTED] five days of your visit, your account will be considered self-pay.

Form 6.6 Charge Capture Checklist

Encounter forms must be accurate and complete in order to capture charges for provider services. [REDACTED]

Use the following checklist to aid in this task and to ensure compliance.

YES/NO	ACTION
	Did the provider or qualified health care professional [REDACTED]
	[REDACTED] or qualified health care professional complete paper or electronic charge documents at the time the service was rendered?
	Was a diagnosis made and was the selected code based on information available and the symptoms presented?
	Did [REDACTED] (PMS) for linking?
	Is the information legible?
	Is the information correct? Is the charge information complete?
	Is the information scannable?

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

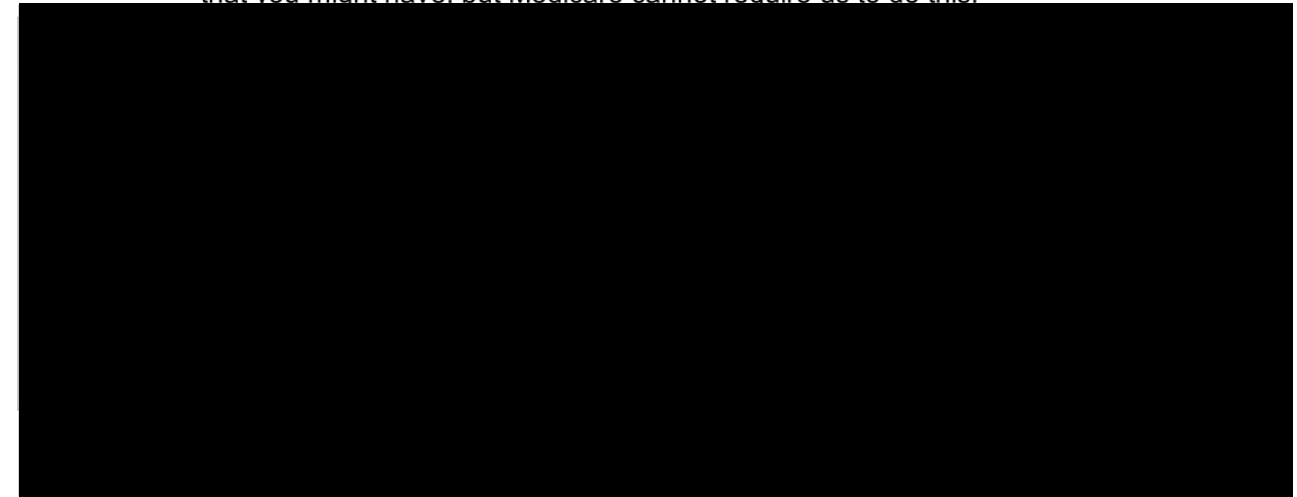
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.



This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

A. Notificante:

B. Nombre del paciente:

C. Número de identificación:

Notificación previa de NO-coertura al beneficiario (ABN)

Escoge una opción a continuación sobre si desea recibir D. _____ mencionado anteriormente.

Nota: Si escoge la opción 1 ó 2, podemos ayudarlo a usar cualquier otro seguro que tal vez tenga, pero Medicare no puede exigirnos que lo hagamos.

G. OPCIONES: Sírvase marcar un recuadro solamente. No podemos escoger un recuadro por usted.

☐ **OPCIÓN 1.** Quiero D. _____ mencionado anteriormente. Puede cobrarme ahora, pero también deseo que se cobre a Medicare a fin de que se expida una decisión oficial sobre el pago, la cual se me enviará en el Resumen de Medicare (MSN). Entiendo que si Medicare no paga, soy responsable por el pago, pero **puedo apelar a Medicare** según las instrucciones en el MSN. Si Medicare paga, se me reembolsarán los pagos que he realizado, menos los copagos o deducibles.

☐ **OPCIÓN 2.** Quiero D. _____ mencionado anteriormente, pero que no se cobre a Medicare. Puede solicitar que se le pague ahora dado que soy responsable por el pago.

No tengo derecho a apelar si no se le cobra a Medicare.

☐ **OPCIÓN 3.** No quiero D. _____ mencionado anteriormente. Entiendo que con esta opción no soy responsable por el pago y **no puedo apelar para determinar si pagaría Medicare.**

H. Información adicional:

Form 6.8 Insurance Benefits Authorization and Assignment

[Redacted]
[Redacted]
[Redacted]

[Redacted] y Clinic for medical benefits payable for these services. I understand that I am responsible for payment of all services rendered regardless of insurance coverage.

I accept the terms of this agreement.

Signature _____

Date _____

Form 6.9 Payment Options and Procedures At Check-Out

	/accounting copies.
Charge card	Make a copy of driver's license. Use electronic swipe system, and record approval number.
	copies.

Form 6.10 Deposit Transactions

Date: _____

[illegible]

INITIALS	PATIENT/SOURCE	AMOUNT	CASH	CHECK	CHARGE
Total Receipts					

Form 6.11 Treatment Financial Agreement

Dear _____:

It is the mission and the service to you that we make your treatment experience at IV Therapy Clinic as pleasant and transparent as _____

_____ Please remember that the provided cost from IV Therapy

Clinic is only an estimate. While we will do the best to give you the most accurate amount, there are many variables that could change the given amount prior to your visit.

Date of Service: _____ / _____ / _____

Type: ☐ In- Office Procedure ☐ Surgery ☐ Other

Location: ☐ IV Therapy Clinic ☐ Surgery Center ☐ Hospital

Specific Service: _____

****Additional services (anesthesia, devices, etc.) may be billed separately and are not included in this estimate****

Primary Insurance: _____ Secondary: _____	Additional Notes: _____ _____
WORKSHEET	
Balance on deductible:	
Copay:	
Allowable amount:	
% Insurance pays after deductible:	

<div></div>	
<div>, etc.):</div>	
Other:	
TOTAL Estimated Out-Of-Pocket:	

Date form completed:_____/_____/_____

Person completing: _____

IV Therapy Clinic will bill your insurance carrier for all treatment provided. The balance, if any, shall be your responsibility and is due upon receipt of a bill from IV Therapy Clinic. Please keep in mind that all provider fees are separate and distinct from [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] these terms.

Patient Name (Please Print) _____

Patient [REDACTED] _____ [REDACTED] _____

[REDACTED] Print) _____

Responsible Party Signature _____ Date _____

POLICY >>>>>	6.1 Automobile Accident-Related Injury Claims
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish safe, equitable, and effective work environment uniform with our goals.	
<p>SCOPE:</p> <p>This policy [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] telephone number of the insurance company and the agent handling the claim.</p> <p>4. Call the insurance agent to ensure that insurance coverage is in effect.</p> <p>5. When an attorney sends a patient for automobile accident-related injury treatment, record the attorney's name, address, and telephone number.</p> <p>6. Send the [REDACTED] the patient may receive.</p> <p>7. Before accepting an automobile injury case, understand these patients are often involved in litigation that can continue for up to three years.</p>	

--

POLICY >>>>>	6.2 Fee Schedule Administration
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] reviewed, adjustments are made using benchmarks or history of reimbursement within the practice.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to [REDACTED] [REDACTED] [REDACTED] [REDACTED] supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

1. Review fees each year based on new Medicare allowable fee schedules and updates to the negotiated fee schedules. In most cases, this would be at the beginning of each year.
2. To [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].
5. Identify the highest fee for each line-item expressed as a multiple of Medicare (excluding obvious outliers as a comparable).
6. Set the standard fee schedule above the highest fee. (Typically, codes in the same CPT code range are paid at a very similar rate. For example, all evaluation and management (E&M) codes might be paid at 175% of Medicare, laboratory services might be paid at 125% of Medicare, radiology might be paid at [REDACTED]
[REDACTED]
[REDACTED] 6.1 or 6.3) to develop fees as appropriate.

POLICY >>>>>	6.3 Structuring a Compliance Plan
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies [REDACTED]	
POLICY STATEMENT:	

IV Therapy Clinic [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] will comply with all governmental agencies and their laws and regulations as well as practice policies and procedures.

3. **Implementation and Scope:** IV Therapy Clinic will select a compliance officer and identify employees who are exposed to potential regulatory issues, to include medical record personnel, front desk personnel, the office administrator, clinical employees, and all third parties.

4. **Compliance** [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] outside party will review its billing, coding, and documentation at least once per year.

6. **Training Program:** IV Therapy Clinic will educate current and new employees relative to both the practice-specific and general compliance program.
7. **Discipline for Program Violators:** IV Therapy Clinic will ensure that all employees are aware of the discipline policy regarding violations of policies, standards, and [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] staff.

DEFINITIONS:

For any unclear definitions, please consult your supervisor.

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply [REDACTED]
[REDACTED]

REFERENCES:

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	6.4 Conducting an Internal Audit
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] policy for conducting internal audits:	

1. Internal [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] for or all claims/services from a particular payer.

b. Identification of risk areas or potential billing vulnerabilities.

4. The practice will monitor claim rejections and reductions of payment amounts as follows:

a. The person who posts insurance payments will review explanations of benefits on a weekly basis and report to the manager finds as follows:

i. Number of received denials

ii. Reasons for denials

iii. Corrective actions taken

iv. Whether this is a [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] (NPI) number is associated with the claim

c. Monitoring will also include:

i. Periodic utilization review that examines coding patterns of evaluation and management (E/M) services, procedures, and diagnoses

ii. Monitoring of referral patterns—both referrals going out of and coming into the practice

iii. Notation and review of high-dollar charge amounts as well as large payment adjustments from carriers. Periodic review of these areas may help the practice to correct irregularities before they become unmanageable problems

5. All existing [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] incident-to services to ensure providers are billing appropriately. Incident-to services are defined as

services or supplies that are furnished incident-to provider professional services in the [REDACTED]

[REDACTED] associates or contacts.

- c. Review of Explanation of Benefits (EOBs) for billing issues.
- d. Verify protocols are followed by monitoring front-desk and billing functions
- e. Conduct training and education for all new employees as well as ongoing training for staff.
- f. Use of Medicare newsletters and attention to directives.

DEFINITIONS:

For any unclear [REDACTED]

[REDACTED]
[REDACTED] result in disciplinary action up to and including termination of employment.

POLICY >>>>>	6.5 Internal Controls
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED]	
[REDACTED] [REDACTED] POLICY STATEMENT:	

IV Therapy Clinic has established the following policy for maintaining internal controls:

1. The staff member responsible for managing checks should record all payments received through the mail in the practice management (PM) system. Payments should be applied to the appropriate services.
 - a. Once posted or [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] in the practice deposits.
 - a. These monies should be given directly to the provider who maintains a log to track these payments as they are received.
 - b. Any income not related to patients' fees (e.g., copies of medical records) that are deposited into the practice operating account, must be recorded in the daily journal to reconcile charges and receipts and to prevent an overstatement of the collection rates at month- and year-end.
3. Procedures for [REDACTED]
[REDACTED] rotated.
4. Cash collections and cash disbursements functions should be handled by different staff members. The same staff members should not handle collections (accounts receivable [AR]) and disbursements (accounts payable [AP]).
5. Handling of cash should [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] prepares financial statements for the practice. All staff, including the practice administrator, should report to someone—even if it is to an outside consultant—to establish accountability.
7. All employees involved in handling cash for the accounting records must take periodic vacations. During their absence, another qualified staff member

should handle those job functions. Periodic, unannounced shifts in job responsibilities [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] the over-the-counter cash receipts.

- a. A pre-numbered duplicate receipt should be completed with one copy given to the patient for over-the-counter cash payments (not at the time of service).
- b. Encounter forms should be pre-numbered and prepared for each patient expected on a given day. Walk-in patients should be issued an encounter form in the proper numerical sequence to those issued for scheduled patients.
- c. At the end of each day, all encounter forms should be collected and placed in numerical sequence. Forms for no-shows should also be included. Account for all forms. Unused encounter forms should not be destroyed.
- d. Over-the-counter collections (e.g., cash, check, and credit card payments) should be totaled separately from mailed receipts. Attach the calculator tape to the batch of [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] forms listed above may not be applicable to practices with electronic health record (EHR) systems.

DEFINITIONS:

For any unclear definitions, please consult your supervisor.

RESPONSIBILITIES:

This policy

[REDACTED]

REFERENCES:**QUESTIONS:**

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	6.6 Petty Cash
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish a policy [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]nted and balanced (if possible, by a staff member other than the petty cash custodian) at the time of fund reimbursement.</p> <p>3. Staff member personal checks should never be paid out of the petty cash fund, nor should IOUs be placed in the petty cash fund.</p> <p>4. A check to "Petty Cash" should be written regularly for the sum of all receipt of petty cash forms and receipts. This documentation should be stapled to the petty cash reconciliation form for verification.</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

POLICY >>>>>	6.7 Managing Incoming Cash
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED]	
[REDACTED] [REDACTED] team. POLICY STATEMENT:	

IV Therapy Clinic has established the following policy for managing incoming cash:

1. Daily [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] system (PMS) close-out balance for each day, in order to verify that all funds received on a particular day were deposited.
2. Insurance and explanation of benefits (EOB) statements should be reviewed and balanced against the accompanying payments.
3. Each individual payer payment should be separately listed on the deposit slip to serve as an audit trail and as proper documentation for posting the receivable.
 - a. Utilize the [REDACTED]
[REDACTED]
[REDACTED] the total amount to be deposited.

4. If the vendor for the PMS offers electronic payment transfers, this service should be used t [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] be researched and claim resubmitted.

6. Daily reports from the PMS should be used to confirm the amount of cash payments received from patients. They should also be used to verify, on a given day, the deposit amount of checks and cash collected.

A simple cash flow [REDACTED]
[REDACTED]

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply [REDACTED] result in disciplinary action up to and including termination of employment.

REFERENCES:**QUESTIONS:**

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	6.8 Bill Paying
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] discounts should be reviewed on incoming invoices, and then approved and processed for payment. Many invoices have a payment due date, usually within 30 days. Invoices for payment received that is not due for 20 days should not be paid until near the end of that period, unless the creditor/supplier offers a discount for early payment.</p> <p>2. Secure a working capital loan for operational peaks and valleys. Most banks will usually require that a working capital loan be completely repaid for at least a [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
REFERENCES:	

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	6.9 Charge Capture and Diagnosis Coding
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] to the patient. Verifiable documentation of these services will be in the patient's medical record.</p> <p>The practice has established the following procedure for determining correct procedure codes, levels of service, and other regularly used claims methods to ensure that this policy is observed [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.</p> <p>QUESTIONS:</p>	

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

1. The diagnosis [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] will be made available to the practice billing staff or the third-party billing service.

4. Financial incentives will not be offered to billing staff of the practice or consultants working on behalf of the practice to encourage the submission of claims without regard to whether the claims meet applicable coverage criteria for reimbursement or accurately represent the services rendered.

Compliance [REDACTED]

[REDACTED]

[REDACTED] verify the accuracy of the standards and criteria used by the practice's billing staff to determine procedure codes and levels of service; ensure that the billing staff or third-party billing service is instructed to follow established procedures for obtaining advice regarding coding questions.

3. Ensure forms are up to date and contain accurate and complete

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] for Medicare and Medicaid Services (CMS) requirements relating to bundling of surgical procedures is reviewed under the auspices of the CMS national correct coding initiative (NCCI), which edits the procedure codes reported on reimbursement claims.

When considering whether services must be bundled or billed together under one charge rather than broken out and billed separately (i.e., fragmented), billing staff should refer to the CMS' Global Surgery Fact Sheet and Correct Coding Policy Manual for Medicare [REDACTED]

[REDACTED] of the practice to ensure that the individuals responsible for billing Medicare for practice services are have knowledge of and follow NCCI requirements.

Using Modifiers: CPT Modifiers are used as appropriate to provide clarification about services rendered.

POLICY >>>>>	6.10 Charge Capture, Encounter Forms, Data Entry
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	
[REDACTED]	effective work environment uniform with our goals.
 SCOPE: This [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED], please consult your supervisor. RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment. REFERENCES: QUESTIONS: Please consult [REDACTED] [REDACTED]	

PROCEDURE:

Charge Capture

1. Charge capture includes gathering the following information for every encounter [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

g. Date of services(s)

h. Date of injury

i. Procedure codes

j. Diagnosis code(s)

k. Additional information as needed to process the charge

l. Insurance coverage

m. Outstanding balance

n. Return visit

o. Follow-up visit

p. Referral to other providers, tests, etc.

2. General administrative charges and charges for depositions, testimony, and

[REDACTED]

[REDACTED]

[REDACTED] health record (EHR) notes are provided to the billing office the same day or the next day.

5. Nursing or billing staff double check for accurate and complete information.
6. Incomplete forms and notes should be returned to the provider or qualified health care professional for completion, and must be completed within 48 hours.
7. The encounter forms are cross-referenced against the appointment schedule daily.

Encounter Forms

Charge tickets use

[REDACTED]

[REDACTED] the layout is set up in a logical order that is universally accepted by insurers.

Annually, encounter forms and other financial tools will be reviewed for design, efficiency, and ease of use based on input from providers and billing staff, to ensure efficiency and prevent lost revenue. The review will encompass the following:

- a. Update procedure and diagnosis codes
- b. Update of procedures that can be billed in addition to the service provided (refer to the *Current Procedural Terminology* [CPT] codebook).
- c. List all levels of [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Include four- and five-digit extensions for commonly used diagnosis codes.
- f. Check to ensure the following items are included:
 - i. Place to identify next appointment
 - ii. Identify time for recall appointments
 - iii. Consecutive numbering to provide an audit trail for daily reconciliation.

- g. Verify non-office charge tickets are provided for use for inpatient, outpatient, and emergency room services at the hospital to ensure charge capture to the business office.

Data Entry

1. Documentation is gathered daily to be posted.

- a. All of the encounter forms are cross-referenced against the appointment schedule daily to ensure all charges are captured and billed appropriately.
- b. In addition to services such as immunizations and injections, verify that ancillaries [REDACTED] record of services performed to charges billed (for example, a logbook is maintained in the lab). Ideally, the PMS will do this automatically.
- c. Verify that surgeries correspond to the operating room log. Confirm admissions and discharges by comparing the hospital census against charges.

d. Daily cash log.

When payments are received in the mail or via patient portal, ensure each payment is applied to a specific office visit/procedure, or if it cannot be linked to a specific visit or ticket, the payment is automatically entered starting with the oldest office [REDACTED]

[REDACTED]

[REDACTED] a corresponding encounter form/ticket issued.

- f. Check the laboratory or ancillary service log to ensure all laboratory and ancillary services have been charged.

2. Review each document to ensure it is complete. If information is missing, the appropriate department should be notified.

3. Enter and verify [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] billing staff and front desk, and make the bank deposit.

8. Verify and close the day's activity reports.



POLICY >>>>	6.11 Medicare Advance Beneficiary Notice of Noncoverage (ABN)
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: [REDACTED] [REDACTED] [REDACTED] [REDACTED] service, and c. Medicare may not consider it medically reasonable and necessary for this patient in this particular instance. 1. IV Therapy Clinic provides an Advance Beneficiary Notice (ABN) only to beneficiaries enrolled in Original (Fee-For-Service) Medicare in order to allow the beneficiary to make an informed decision about whether to receive services or accept financial responsibility for those services if Medicare does not pay. The ABN serves as evidence that the beneficiary knew prior to receiving the [REDACTED].	

2. Without the issue of a valid ABN to the beneficiary when required by Medicare, the [REDACTED]

■ The ABN may also be used as an optional (voluntary) notice to inform beneficiaries of their financial liability prior to providing care that Medicare *never* covers. Medicare does not require the issue of an ABN in order to bill a beneficiary for an item or service that is not a Medicare benefit and is never covered. Beneficiaries should not be asked to sign the notice or to choose an [REDACTED]

[REDACTED] associated with the issuance of each ABN. Some situations may require a higher volume of ABN issuance; however, the use of each ABN must be supported by proper evidence, in order not to violate the routine notice prohibition.

5. ABNs are issued to:
 - a. The Medicare beneficiary, or
 - b. The Medicare [REDACTED]

[REDACTED]. (The hard copy may be scanned for retention as part of the patient's electronic health record (EHR)).

8. Medicare considers issuance of an ABN effective when the notice is:
 - a. Issued (preferably in person) to and comprehended by a suitable recipient,

- b. The approved, standardized ABN is complete with all required blanks filled,
- c. Provided far enough in advance of potentially noncovered items or services to allow adequate time [REDACTED]

[REDACTED]

[REDACTED] or her representative after he or she selected one option box on the ABN.

9. In circumstances when issuing an ABN in person is not possible, it may be issued though the following means and according to Health Insurance Portability [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] with ABN use.

GA Waiver of Liability Statement Issued as Required by Payer Policy, Individual Case. Use this modifier to report when you issue a mandatory ABN for a service as required and the ABN is on file. A copy of the ABN need not be submitted, but it must be available upon request.

GX Notice of Liability Issued, Voluntary Under Payer Policy. Use this modifier to report when you issue a voluntary ABN for a service that Medicare never covers because it is statutorily [REDACTED]

[REDACTED]

[REDACTED] to deny payment of the item or service due to a lack of medical necessity and no ABN was issued.

DEFINITIONS:

For any unclear definitions, please consult your supervisor.

RESPONSIBILITIES:

This policy [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] at www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html.

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	6.12 Payment Posting
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review	
	environment uniform with our goals.
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>IV Therapy Clinic has a manner, with posting protocols as follows:</p>	

1. Payment from payers comes in the form of electronic remittances and paper explanations of benefits (EOBs).
2. Electronic payments are [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] to the appropriate staff member for posting manually.
 - c. The remittance is posted into the patient account system.
 - d. The staff member balances the batches assigned.
 - e. The business office manager is provided a summary of all batches reconciled to the daily deposit.
4. Fee schedules of the various negotiated managed care plans contracts are stored in the practice [REDACTED]
[REDACTED]
[REDACTED]
5. Balancing. The deposits must balance and all monies appropriately accounted for and posted correctly on a daily basis. This is necessary to ensure that all deposits, either manual or direct, have been recognized and that all postings are accurate and balance to these deposits.
6. Zero [REDACTED]
[REDACTED]
[REDACTED] accurate.
 - b. If the zero payment is correct, an appropriate adjustment is taken.
 - c. Necessary appeal steps are taken as outlined in the payer's provider manual or managed contract if the zero payment is an error.
7. Denied claims.
 - a. Denied claims [REDACTED]
[REDACTED]
[REDACTED] the denials to determine the correct

coding, and [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] to patients without secondary insurance.

To generate uniform billing and uniform cash flow, statements are generated regularly as follows:

- a. A-G Week 1
- b. H-M Week 2
- c. N-S Week 3
- d. T-Z Week 4

9. Forms of [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] identity theft and/or in case the PMS is hacked.

DEFINITIONS:

For any [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] engaged in employment with IV Therapy Clinic.

POLICY >>>>>	6.13 Financial Agreement for Patient Responsibility
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] payment of patients' portions for services rendered.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of [REDACTED] [REDACTED]	

1. The scheduler completes all information regarding the surgery or procedure (see Form 6.11).
2. The scheduler contacts the third-party payer (or consults its website) for authorization(s), expected payments, and expected patient balance. The form is reviewed with the patient.
3. The patient is [REDACTED]
[REDACTED] and pay prior to the service.
4. A discount or waiver of patient financial responsibility or payment plan may be arranged at the discretion of IV Therapy Clinic.
5. The agreement is maintained in the patient's account record.

POLICY >>>>>	6.14 Claim Submission to Third-Party Payers
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies [REDACTED] [REDACTED] [REDACTED] corrections are made in response to clearinghouse reports. Finally, corrected claims are resubmitted to payers. Follow-up to ensure that payers are prompt is the next step in the billing process.	
DEFINITIONS: For any unclear definitions, please consult your supervisor. [REDACTED] [REDACTED] in disciplinary action up to and including termination of employment.	
REFERENCES:	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

1. Claims [REDACTED]

[REDACTED] system. Claims are placed into batches; batches are scrubbed for edits. Claims are submitted through an electronic process to ensure that the appropriate procedure and diagnosis codes are linked, by the payer's definition, to ensure proper reimbursement.

- a. Immediately resolve all discrepancies.
- b. Contact the provider regarding the charge if necessary.
- c. Resolve all edits to [REDACTED]

[REDACTED]

[REDACTED] The electronic clearinghouse then sends back a report indicating that the claims were successfully transmitted to the payer and which claims the payer was unable to accept, with the specific error identified.

- a. Exceptions reports are generated from the submission and addressed the same day.
- b. The business office manager maintains and monitors an electronic log of suspended claims to ensure that suspended claims are promptly resolved.

3. Secondary claims

If the patient has a secondary insurance policy, secondary claims are submitted for the [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] within 24 hours by

claim submission.

4. Patient responsibility

After 30 days, the full balance of primary claims submitted to third-party payers with [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- b. If the patient beneficiary under a capitated plan receives a service that is a non-covered service or excluded under his or her policy, the patient is responsible for the charge and is billed according to the clinic's protocols for patient billing.

POLICY >>>>>	6.15 Charge Submission Turnaround Time
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] [REDACTED] to submit charges for in-office visits, within 24 hours, and inpatient and facility charges, within 48 hours, to ensure capture of all charges and timely billing. <ul style="list-style-type: none"> b. Billing staff members are required to enter charges within one business day from of date of service or one business day from the date charges are received from provider, whichever is earliest. c. Every encounter form/ticket/visit should be accounted for and balanced at the end of each month. 	

POLICY >>>>	6.16 Charge Corrections
Effective Date:	2/10/2019
Date Last [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] work environment uniform with our goals.
SCOPE:	
This policy applies to all individuals on the health care team.	
POLICY STATEMENT:	
IV Therapy [REDACTED] [REDACTED]	
PROCEDURE:	

1. Charge corrections may occur due to the following errors, among others:

- a. Posting to the wrong account
- b. Charging an incorrect amount
- c. Reposting [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

of the patient's account explaining the charge correction, and ensure it is dated and initialed by the staff member.

- b. If applicable, scan supporting documentation into the patient's account.

POLICY >>>>>	6.17 Open Claims
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] below procedure for handling open and denied claims.	
PROCEDURE: 1. Follow up on balances due on a monthly basis at minimum, according to aging reports of insurance balances, starting at 1-30, 31-60, 61-90, and 91+ days. 2. Revisit [REDACTED] [REDACTED] [REDACTED] [REDACTED] or at least weekly, depending on the specialty. Determine why the claim was denied. 5. Check with the payer to find out the most up-to-date online options for claim status.	

POLICY >>>>>	6.18 Denied Claims
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED] on the health care team.</p> <p>POLICY STATEMENT:</p> <p>In order to secure payment for medical services rendered that are submitted for payment by a third-party payer, IV Therapy Clinic has a policy for all resubmissions or appeals of denied [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

1. Upon [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] (including reason/explanation codes)

d. Interest payments

2. If applicable, send claim to the medical coder for review and determination of the correct coding.
3. Submit an appropriate appeal or corrected claim to secure payment.
4. Request [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] to be reviewed by a practicing, board-certified specialist representing your practice area.

6. File complaints with state insurance commissioner for claims that are delayed beyond state-required time frames.

7. Inform [REDACTED]
[REDACTED]
[REDACTED].

POLICY >>>>>	6.19 Patient Communication on Insurance Balances
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED] the health care team.</p> <p>POLICY STATEMENT:</p> <p>It is the policy of IV Therapy Clinic to communicate with patients about insurance balances as a part of the billing statement. Using the note section, the patient will be informed of the amount the insurance company has paid and the balance that is now due from the patient. The text areas on the statement form will be used in an effort to relay as much [REDACTED]</p> <p>[REDACTED]</p>	

POLICY >>>>>	6.20 Refunds to Patients
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] he next visit. Refund of payments can occur after 30 days, allowing for any unpaid claims to be processed.</p> <p>10. All balances may be refunded for episodic care if the patient is not anticipated to return to the office within 30 days. Episodic care is defined as one-time care or non-continued care, as opposed to continuing or ongoing care for a returning or existing patient.</p> <p>11. Make a [REDACTED].</p>	

POLICY >>>>>	6.21 Unapplied Payments
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	[REDACTED]
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED] for handling unapplied payments.	
<ol style="list-style-type: none">1. Run reports on a monthly basis at minimum, preferably daily, to ensure that all payments are identified and applied to any open tickets available.2. All unapplied payments should be at zero balance and cleared out at the end of the month.3. All [REDACTED] [REDACTED]	

POLICY >>>>>	6.23 Patient Billing Inquiries
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED]	
<div style="background-color: black; width: 100px; height: 20px; margin-bottom: 10px;"></div> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>It is the policy of IV Therapy Clinic to respond to billing inquiries as follows:</p> <ol style="list-style-type: none"> 1. Inquiries regarding billing must be answered within 48 hours of receipt. 2. Content of [REDACTED] <div style="background-color: black; width: 100%; height: 40px; margin-top: 10px;"></div> <div style="background-color: black; width: 100%; height: 40px; margin-top: 10px;"></div> <div style="background-color: black; width: 100%; height: 20px; margin-top: 10px;"></div> <p>[REDACTED] by front desk staff, if appropriate.</p> <ol style="list-style-type: none"> 5. Billing staff will always handle larger balances. 	

POLICY >>>>>	6.24 Waiver of Patient Responsibility
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED] the health care team.</p> <p>POLICY STATEMENT:</p> <p>IV Therapy Clinic has established a policy to treat all patients fairly and equitably when collecting account balances. The practice will not waive, fail to collect, or discount copayments, coinsurance, deductibles, or other patient financial responsibility in accordance with [REDACTED]</p> <p>[REDACTED]</p>	

POLICY >>>>>	6.25 Financial Hardship
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] to respond to financial hardships its patients may experience. Financial hardship is typically based on economic scale using published poverty guidelines. The patient may be required to provide proof of income to include tax returns or similar documentation. Those qualifying as uninsured will receive a [REDACTED] % discount for all services.</p>	

POLICY >>>>>	6.26 Returned Checks for Insufficient Funds
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED]	
[REDACTED] [REDACTED] on the health care team. POLICY STATEMENT: IV Therapy Clinic has established a returned-check policy as follows:	

1. A financial policy must be signed by patients when they become a patient of the practice [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] will no longer be accepted as a form of payment.

6. Furthermore, the patient is notified that the practice will prosecute all individuals who fail to satisfy their debt and who have presented with fraudulent checks in [REDACTED]

[REDACTED]

[REDACTED] circumstances, this process can be overridden with the consent of the Clinic Manager.

POLICY >>>>>	6.27 Payment Plans
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE:	
To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE:	
This policy applies to all individuals on the health care team.	
POLICY [REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]; one for the patient and one for the practice.	
3. The practice's copy will be maintained in the billing manager's office in a locked cabinet.	
4. Each payment plan will include the following information:	
a. Name of patient and guarantor	
b. Total amount due	
[REDACTED]	
[REDACTED]	
[REDACTED] timeframe	

POLICY >>>>>	6.28 Turning Accounts to Collections
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED]	
[REDACTED] [REDACTED].	
POLICY STATEMENT: IV Therapy Clinic has established a policy to ensure that all accounts are paid in a timely manner. [REDACTED], an account is deemed as uncollectible, it will be referred to a collection agency, under the following conditions:	

1. The patient's check is returned by the bank, and the patient has made no effort to replace it, after 10 days or other deadline given in the returned check letter.

[REDACTED]

[REDACTED], without success

- b. Patient has failed to follow through with agreed-upon financial arrangements
3. The account is submitted to a collection agency with provider approval.
4. A certified final letter is sent to notify the patient that the account has been forwarded to collections and that the patient's relationship with the practice will terminate 30 days from receipt of the letter. The patient is notified that the practice will be available in [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] record and patient account.

POLICY >>>>>	6.29 Collection Agencies and Patient Disputes
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] uniform with our goals.
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>It is the policy of IV Therapy Clinic to ensure that all patients' accounts are paid in a timely manner. If after exhaustive efforts an account is deemed as uncollectible, it will be referred a [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] system (PMS) vendor regarding referral to a collections vendor that works with the PMS system. This will ease the process for turning over collections. Also, some practices may choose not to refer discussions about accounts in collections with the patient to the agency, depending on the practice specialty and the patient demographics.</p>	

POLICY >>>>>	6.30 Small Balances
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] effective work environment uniform with our goals.
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: IV Therapy Clinic has established the following policy for the handling of small balances of patient accounts. If a small balance [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] to write off any balance.	

POLICY >>>>>	6.31 Write-Offs
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] [REDACTED] after the minimum standard of collection has not resulted in payment of the debt outlined in payment and debt collection plans. Therefore, write-offs should only occur under the following situations: a. Bad debts sent to a collection agency b. Bad debts not sent to a collection agency but deemed uncollectable 2. If there is an authorization to write off the account, it must be written, signed, and [REDACTED] [REDACTED] [REDACTED] visits or provider services are offered.	

POLICY >>>>>	6.32 Bankruptcy
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, [REDACTED]	
[REDACTED] [REDACTED] care team.	
POLICY STATEMENT: It is the policy of IV Therapy Clinic to comply with the bankruptcy laws of Florida in the collection of accounts of patients who have filed for bankruptcy protection. At the same time, the practice has a policy to protect itself from financial loss. Upon receipt of bankruptcy, [REDACTED] [REDACTED] be noted in the practice management system (PMS).	
2. Include copies of bankruptcy notices in patient chart (scan if using EMR) to document that the patient filed bankruptcy on the practice in the past.	
3. Stop the statement process for the specific charges.	
4. Charges are [REDACTED] [REDACTED] are still the patient's responsibility.	

Form 7.1 Hazard Vulnerability Analysis

DISASTER/ [REDACTED]	[REDACTED]	[REDACTED] [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] meningitis				
	Earthquakes				
	Tornadoes				
	Lightning				
	Severe wind				
	Hurricanes				
	Floods				
	[REDACTED] [REDACTED]				
	[REDACTED]				
	[REDACTED]				
	[REDACTED]				
	Winter precipitation				
	Contaminated food outbreaks, including <i>Salmonella</i> , botulism, and <i>E. coli</i>				

DISASTER/ HAZARD					
	such as gas leaks or laboratory spills				
	Hazardous materials releases from major highways or railroads				
	Radiological releases from nuclear power stations				
	Dam failure				
	Power failure				
	Water				
	attacks				

DISASTER/ HAZARD TYPE	EXAMPLE	PROBABILITY RATING	IMPACT ON PRACTICE	IMPACT ON COMMUNITY	TOTAL
	Suicide				

Form 7.2

Name/Title: _____

Instructions: This list is intended to help you remember key components of planning and can be used to track your progress toward a complete emergency plan for your practice. While planning, review this list at least monthly so “In Progress” items are not delayed and are moved to the “Completed” column in a timely manner.

I. _____

_____ documents in a secure place

C. Identify assignments

D. Training plan in place

II. Equipment

A. Itemized inventory (photos if needed, check with your insurance carrier)

B. Complete supply list

C. Backup capabilities in an offsite data center and/or cloud storage to provide redundancy and access to electronic PHI (ePHI).

III. Space

A. Emergency locations identified

B. Backup location identified

IV. _____

_____ licenses

C. Plan for billing if usual system is not functioning or available

D. Plan for paying staff if usual system is not functioning/available

E. Cash reserves and credit plan in place

V. Patients

A. Emergency information, such as an emergency medical identification card, is given to all patients

B. Created [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] and record information

E. Up-to-date list of outstanding diagnostic studies

VI. Communication

A. Emergency plan given to all employees

B. Backup communication system(s) in place

Organization Address: _____

Name/Title: _____

	COMPLETED DATE	IN PROGRESS
If Advance [REDACTED]		
[REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
[REDACTED] and consultations to endure follow-up as soon as possible.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
C. Inform staff of action plan.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Update answering service/Web site information with current emergency information.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If Evacuated		
A. Activate backup communication system.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Coordinate decisions [REDACTED] [REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
[REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Inform patients, as per your plan, especially most vulnerable patients.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Secure facility.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	COMPLETED DATE	IN PROGRESS
F. Secure or [REDACTED].	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. Alert financial, insurance, and other agencies as needed.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H. Establish temporary record system, if needed.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If In-place		
A. Activate plan.	<input type="checkbox"/>	<input type="checkbox"/>
B. Coordinate decisions with the hospital, health department emergency management system.	<input type="checkbox"/>	<input type="checkbox"/>
C. Contact patients on the patient [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED] information as needed.	<input type="checkbox"/>	<input type="checkbox"/>
E. Communicate with staff not on site, as per your plan.	<input type="checkbox"/>	<input type="checkbox"/>

Form 7.4 Post-Event Checklist

Organization Name: IV Therapy Clinic

Organization Address: _____

Name/Title: _____

	COMPLETED DATE	IN PROGRESS	N/A
I. Personnel			
<div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
<div></div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
II. Equipment			
A. Conduct inventory to identify losses and replacements needed.	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
III. Space			
A. Identify damages and	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>

	COMPLETED DATE	IN PROGRESS	N/A
C. [REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
[REDACTED]			
[REDACTED] [REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
[REDACTED] to re-establish appointment schedule.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Identify any gaps in diagnostic testing information and arrange for follow-up or repeat testing.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Integrate any emergency or temporary patient records into permanent patient files.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
VI. Plan			
A. Review all actions and identify needed plan improvements.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Form 7.5



Address: _____

(City, State, Zip Code) _____

Telephone Number: _____

If this location is not accessible, we will operate from location below:

Address: _____

_____ crisis manager and will serve as the practice spokesperson in an emergency:

Primary Emergency Contact: _____

Telephone Number: _____

Alternate Number: _____

E-mail: _____

If the person is _____



Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire: _____

Insurance Provider: _____

☐ **BE INFORMED**

The following natural and man-made disasters could impact the practice:

- _____
- _____
- _____
- _____

☐ _____

_____ and crisis management:

- _____
- _____
- _____
- _____
- _____

☐ **WE** _____

_____ and the building management will participate with the emergency planning team:

- _____
- _____
- _____
- _____
- _____

☐ **THE** _____

_____, staff, and procedures we need to recover from a disaster:

Operation		Staff in Charge		Action Plan

☐

_____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ _____

_____ Account Number: _____

Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

_____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials/Service Provided: _____

☐ [REDACTED] [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] and site maps.

- Exits are clearly marked.
- We will practice evacuation procedures _____ times a year.

If we must leave the workplace quickly:

1. Warning System: _____

We will [REDACTED] [REDACTED]

[REDACTED] _____

[REDACTED] _____

[REDACTED]

[REDACTED]

[REDACTED]

5. _____ is responsible for issuing the all-clear.

☐ **SHELTER IN PLACE PLAN FOR** (Insert Address) **LOCATION**

- We have talked to coworkers [REDACTED]

location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.

- We have located, copied, and posted building and site maps.
- We will practice shelter procedures _____ times a year.

If we must take shelter quickly:

1. Warning System: _____

We will test the _____

6. _____ is responsible for issuing the all-clear.

☐ **COMMUNICATIONS**

We will _____

_____ the following way:

☐ **CYBER SECURITY**

To [REDACTED]

[REDACTED]

[REDACTED] use back-up computers at the following location:

☐ **RECORDS BACK-UP**

_____ is responsible for backing up the critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records, and computer back-ups are [REDACTED] _____

[REDACTED]

[REDACTED] for continuity in the following ways:

☐ **EMPLOYEE EMERGENCY CONTACT INFORMATION**

The following is a list of the coworkers and their individual emergency contact information:

☐ **ANNUAL REVIEW**

We will review and update this practice community and disaster plan in _____.

POLICY >>>>>	7.1 Emergency Equipment and Medication
Effective [REDACTED] [REDACTED]	
[REDACTED] [REDACTED]	
[REDACTED] [REDACTED]	
[REDACTED] [REDACTED]	
[REDACTED] [REDACTED]	
<p>PURPOSE:</p> <p>This policy will ensure that proper emergency equipment will be easily accessible during an emergency. To ensure staff is prepared to handle an emergency and are knowledgeable about the necessary equipment.</p>	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p>	
<p>POLICY STATEMENT:</p> <p>The emergency equipment and medications kept on hand should reflect the spectrum of anticipated emergencies in the patient populations, the skills of the practitioner, and the distance to the nearest emergency department. All staff must be familiar with the location of emergency equipment and if appropriate trained on its use. Providers must maintain current certification [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] with IV Therapy Clinic.</p> <p>Failure to comply with this policy could result in disciplinary action up to and including termination of employment.</p>	
<p>REFERENCES:</p> <p>Toback S. Prepare your office for a medical emergency. Contemp Pediatr 2002;19:107.</p>	

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

Triage & Assessment

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- Headlamp
- N95 Respirator

Resuscitation Equipment

- Ambu® DuraClear® Disposable Face Mask, no valve, Toddler
- Ambu® Spur® II Adult, with patient valve, O2 bag reservoir and disposable face mask [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED] tubing

Intravenous Fluids and Drug Delivery

- Vanishpoint® Syringes
- 0.9% Sodium Chloride for Injection (1000mL)
- IV administration tubing
- IV catheters
- Tape, hypoallergenic paper
- Tourniquet, latex free

Trauma

- [REDACTED]
- [REDACTED]
- [REDACTED] swabstick
- Alcohol wipes
- Gauze sponges
- Instrument package
 - Mayo-Hegar needle holders, 5 1/4"
 - Curved mayo scissors, 6 3/4"
 - [REDACTED]
 - [REDACTED] forcep

- Scalpel
- Sutures
 - Prolene, 4-0 (1)
 - Vicryl, 2-0 (1)
- Cold Pack
- Eye Wash

Materials

- Quick Reference Card

■ [REDACTED]

[REDACTED]

■ [REDACTED]

■ [REDACTED] Airways

- Endotracheal tubes
- CO2 detector
- Laryngoscopes
- Hand-held suction unit with Yankauer tip
- Magill forceps

Anaphylaxis, Allergy & Asthma Medication Tray

- Albuterol inhaler
- Solu-Medrol 125mg AOV 25 mg/2 mL, 125 mg/2 mL
- [REDACTED]
- [REDACTED]
- [REDACTED]-injector (Adult) 0.3mg
- Epinephrine 1:1000 1mL, 1mg/mL ampule (2)

Cardiac Medication Tray

- Adenosine 3mg/mL, 4mL vial
- Amiodarone 50mg/mL, 3mL vials (2)
- Aspirin tablets 325mg (2 pack) (2)
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- Verapamil 2.5mg/mL, 2mL vial

Miscellaneous Medication Tray

- Ammonia inhalant (3)
- Dextrose 25% (Pedi) 250mg/mL, 10mL PF syringe
- Dextrose 50% (Adult) 500mg/mL, 50mL PF syringe
- [REDACTED] vial

•	
■	
■	
■	

POLICY >>>>>	7.2 Emergency Evacuation Plan
Effective Date:	2/10/2019
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish safe, equitable, and effective work environment uniform with our goals.	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> • Bomb threats • Extended power outages • Natural disaster <p>All employees must evacuate the premises whenever an actual or potential condition exists which threatens the safety of occupants.</p> <p>DEFINITIONS:</p> <p>For any unclear definitions, please consult your supervisor.</p> <p>[REDACTED]</p> <p>[REDACTED] in disciplinary action up to and including termination of employment.</p> <p>REFERENCES:</p>	

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

NOTE: The actions outlined in these procedures are undertaken ONLY if it is safe to do so and individual health and safety is not threatened!

1. In the event of an emergency or the need for an evacuation, a loud announcement should be made to do so. In the case of a fire, the nearest fire pull station must be activated.
2. Turn off equipment and secure confidential or restricted data, in paper or electronic form. Log out of all information systems that contain PHI. Secure essential data and cash register contents. If time permits, close windows prior to [REDACTED]

[REDACTED]

[REDACTED] point on the sidewalk at the sound of a fire alarm or at the direction of emergency personnel or senior manager.

5. Take valuables and clothing, in case re-entry to the building is delayed.
6. Before leaving the office, the Clinic Manager obtains the clinic's emergency employee list and clipboard prior to leaving the office.
7. It is the responsibility of all employees to assist individuals with disabilities in need of help.
8. It is the responsibility of all employees to assist visitors in safely leaving the building.
9. In order to [REDACTED]

[REDACTED]

[REDACTED] immediate danger, windows can be opened by staff, fans and/or HEPA filters should be turned on if available. The manager/s and/or Operations staff should notified ASAP, and then the area evacuated.

12. One senior manager will be assigned to guard the entrance of the building to prevent anyone from entering until the "All Clear".
13. First Responders will determine when there is an "All Clear" before anyone will be allowed into the building.

[REDACTED]

[REDACTED]

[REDACTED]ual fire alarm pull station and how to activate it.

3. Know if any co-workers, students or visitors will require assistance in exiting the building and be prepared to provide whatever assistance is necessary. The evacuation needs of individuals with disabilities should be discussed with the provider on duty in advance. Staff and faculty with mobility impairments should know where the nearest EMERGENCY REFUGE AREA in their building is located.

4. Know what your w [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] evacuations and drills, a roll call will be taken.

6. Know how to turn off machinery and equipment in your work area that may create additional safety hazards if left running for an extended period (e.g., medical equipment, coffee makers, ovens, etc.).

POLICY >>>>>	7.3 Fire Plan
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: The purpose of [REDACTED] [REDACTED] [REDACTED] assist them in recognizing, reporting, and controlling fire hazards.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: The fire safety policy of this office is to act in a manner to preserve life, prevent panic and the spread of fire in every event of fire or disaster. All employees must be [REDACTED] <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] and responsibilities • Fire exits • Fire extinguishers (and sprinkler system) • Fire zones and applicable space requirements • Fire and smoke containment 	
DEFINITIONS: For [REDACTED] [REDACTED]	

Fire safety is everyone's [REDACTED]
[REDACTED]

[REDACTED] their life, but to ensure the safety of patients and staff the office maintains these requirements:

1. All employees will participate in an annual fire extinguisher training class. A record of individual training is to be maintained in the Clinic Manager's office.
2. Fire drills are conducted by building management at least annually. Everyone will [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] training of office personnel on fire safety and prevention topics.

REFERENCES:

QUESTIONS:

Please consult your [REDACTED] with any questions about this policy.

PROCEDURE:

1. If a fire occurs in your area, all individuals in immediate danger should be evacuated quickly. All office exits are to be distinctly marked and illuminated. Building exits are also to be distinctly marked and illuminated.

2. All infusions [REDACTED]
[REDACTED]

[REDACTED] Therapy should be evacuated using a wheelchair or other assistance as safety permits.

4. Keep all corridors clear of any equipment, supplies, or debris.

5. Fire exits should not be obstructed or blocked at any time.

6. Close the [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] of spreading. The fire extinguisher can be used to put out fires associated with paper, drapes, computer equipment, wiring, wood, oil, paint, gasoline, and solvents. Do not attempt to extinguish a fire that is moving and/or growing

b. To use fire extinguishers correctly, remember the acronym, P.A.S.S.:

i. P = [REDACTED]
[REDACTED]
[REDACTED].

iv. S = SWEEP from side to side until the fire appears to be.

8. The Office Lead shall contact the Fire Department to notify them of the incident after the fire is extinguished successfully.

9. If the fire is moving or quickly spreading, the individual who found the fire shall be responsible [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] policy. Employees shall assist any non-ambulatory or elderly patients upon evacuation. In the case of a fire, elevators should not be used for evacuation. Non-ambulatory or elderly patients should be assisted in the stairwell by employees.

11. Upon evacuation, the [REDACTED]
[REDACTED] every entrance of the building.



POLICY >>>>	7.4a Psychiatric Emergency Plan - General
Effective Date:	2/10/2019
Date Last Reviewed:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
<p>[REDACTED]</p> <p>[REDACTED] / IV Therapy and determine suitable emergency management.</p>	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>Patients whose [REDACTED] [REDACTED] [REDACTED] care.</p> <p>DEFINITIONS:</p> <p>What is an Emergency Psychiatric Condition?</p> <ul style="list-style-type: none"> • Severely disoriented • Imminently threatening harm to self or others • Severe inability to function • Otherwise [REDACTED] <p>[REDACTED] from hopelessness to imaging "not being here", to specific plans for self-harm, or to acting on suicidal plans.</p>	

Suicide attempt: A, potentially injurious behavior with intent to die as a result of the behavior; might [REDACTED]

[REDACTED]

[REDACTED] put in place when suicide risk has been identified.

Safety Room: Place where items that a patient could use to harm or kill themselves are removed or minimized.

1:1 Continuous Visual Observation: A patient care provider remains in the room with the patient to provide direct patient observation.

Constant Observation: Eyesight of the patient is maintained at all times, including when toileting, with the ability to respond immediately. Can be maintained by a variety of techniques, including [REDACTED]

[REDACTED]

[REDACTED] an attempt or started/prepared to attempt greater than 3 months ago, or who are profoundly depressed.

Low Suicide Risk: Persons with suicidal ideations but deny a plan and had no attempts nor started/prepared to attempt suicide at any time in the past year and deny being profoundly depressed.

No Assessed Suicide Risk: Patients who deny suicidal ideations and had no attempts nor started/prepared to attempt suicide at any time in the past year and who deny being profoundly depressed.

[REDACTED]

[REDACTED] result in disciplinary action up to and including termination of employment.

REFERENCES:

Caput, S. & Woodring, K. (2011). Assessing the Risk: Suicidal Behavior in the Hospital Environment of [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Patient Safety Goal 15.01.01. 2017. Retrieved from https://www.jointcommission.org/assets/1/6/NPSG_Chapter_HAP_Jan

The Joint Commission Sentinel Event Alert 56: Detecting and Treating Suicidal Ideation in All Settings (2016). Retrieved from [https://\[REDACTED\]](https://[REDACTED])

[REDACTED] /suicide/definitions.html

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

Where Patients Go Depends on the Problem

1. Life or limb threat = ER

- Suicidal
- Homicidal

[REDACTED]

[REDACTED]

3. Patient in crisis = Crisis Care

4. Inter-personnel issue = Crisis Care

NOTIFY attending mental health provider.

POLICY >>>>>	7.4b Psychiatric Emergency Plan – Suicidal Crisis
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] work environment uniform with our goals.

SCOPE:

This policy applies to all individuals on the health care team.

POLICY STATEMENT:

The procedures below should be implemented when a patient is experiencing a suicidal crisis.

DEFINITIONS:

For any [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] clinic manager with any questions about this policy.

PROCEDURE:

Protocol for a suicidal emergency:

1. A patient threatens suicide



2. Ask the patient if they have a suicide plan



**3. If the patient has a credible plan or is evasive in answering
(See Credible Plan Questions)**



4. Tell the patient that his/her suicidality is taken seriously and that they will be sent to the emergency department (ED) or local crisis center for emergent psychiatric evaluation.



5. Notify the charge nurse and have a staff member sit with the patient while ambulance is called.



6. A staff member needs to be with the patient at all times while waiting for the ambulance.



**7. [REDACTED]
[REDACTED]
[REDACTED]**



[REDACTED] patient and shares history.



9. Enter a brief note in the electronic health record (EHR) documenting the reason for sending the patient to the ED or crisis center.



10. Plan for follow-up to coordinate care.

“Credible [REDACTED]

[REDACTED] harming yourself?

b. How seriously are you considering harming yourself?

c. Do you have a plan?

d. What is [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]?

i. Are you using drugs or alcohol to excess now?

j. Have you used drugs or alcohol to excess in the past?

k. Have you ever tried to kill or harm yourself in the past? If so, when and how?

l. Have any family members tried to kill themselves?

m. Do you have other people that you are closely connected to? Do you feel supported by these people?

n. Have you had serious depression or other mental health problems in the past?

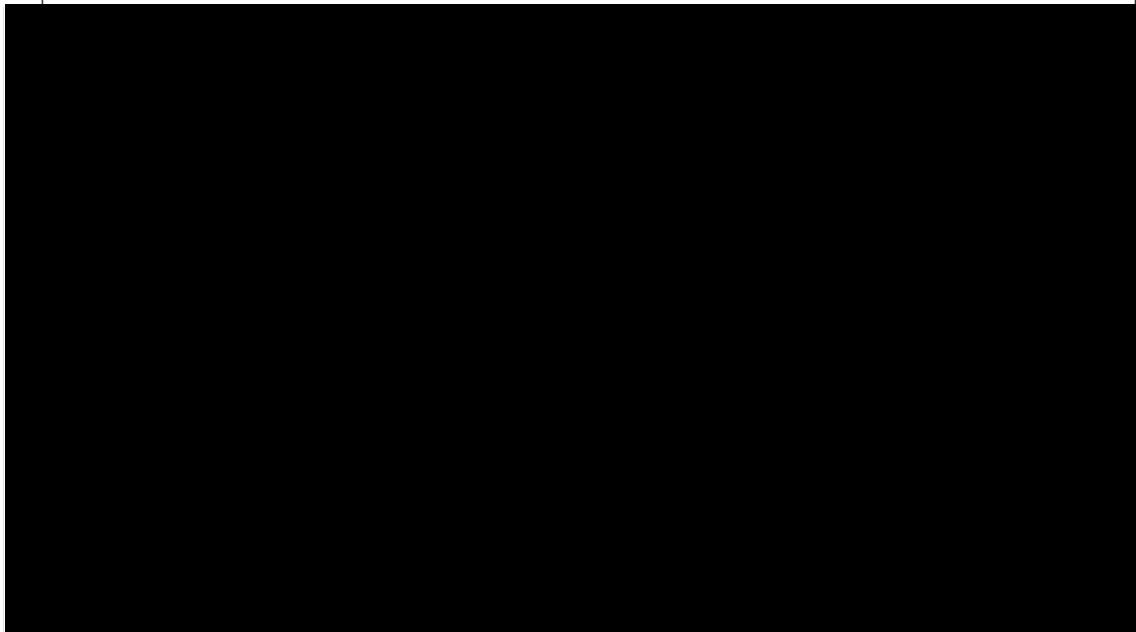
Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____



Urgent Care Services Address _____

Urgent Care Services Phone _____

4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:

Form 8.1 Patient Daily Sign-In Sheet

Date: _____

[illegible]

Form 8.2 Authorization to Transfer Medical Records

I

[Redacted]

[Redacted]

Patient's printed name

Date

Signature

Form 8.3 Financial Agreement (for services billed to insurance)

Patient: _____

_____ Business Phone: _____ Other: _____

Description of services: _____

Fee for services \$ _____

Estimate of insurance benefits \$ _____

Payment _____

☐ _____

☐ _____ of the first (_____) appointment. The remainder is to be paid within 15 days after the insurance company has paid its portion.

In the event the account should become delinquent for a period of thirty (30) days, I hereby acknowledge that I will be responsible for all the balance, interest, court costs, and/or attorney fees.

I hereby certify that I have read and received a copy of the forgoing disclosure statement this__ day of____,_____.

Signature: _____, Responsible Party

Form 8.4 General Medical Consent

I, _____, have agreed to the following procedure(s) or treatment(s)

to be done in the _____

_____ thoroughly explained to me, including any benefits and risks.

Name of the treatment: _____

Risks discussed: _____

Person _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(Cannot be the provider)

Form 8.5 IV Therapy Patient Informed Consent

It is [REDACTED]!

Copy/paste informed consent of choice by triple-clicking this sentence and pressing Ctrl+V (Command+V on Mac)

Form 8.6 New Patient Medical History Questionnaire

Name: _____ Age: _____ Date: _____

Other concerns you would like to discuss with the provider: _____

List all current _____ prescribed it):

List all over-the-counter medicines, vitamins, and food supplements that you take:

Allergies:

Sensitivities:

_____ you have had (include year, surgeon, hospital):

Describe hospitalizations/illnesses not included above (include year, hospital):

Have you ever been diagnosed with any of the following? (circle all that apply)

bleeding problem

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ADHD

hallucinations

liver disease

hepatitis

mental health crisis

schizophrenia

other (please list) _____

WOMEN

Age at first period _____ Date of last normal period _____ No. of pregnancies _____

No. of live births _____ Birth control method _____

ALL

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

arthritis _____

glaucoma _____

asthma _____

allergies _____

stomach problems _____

tuberculosis _____

high blood pressure _____

List any other diseases that run in your family and specify your relationship to each family member listed.

[redacted]

tetanus shot _____

flu shot _____

EKG _____

TB test _____

HIV test _____

sigmoidoscopy _____

chest X-ray _____

pneumonia shot _____

hepatitis vaccine _____

rectal exam _____

blood test _____

_____ much? _____ hours/week

Do/did you smoke? _____ How much? _____ packs/day No. of years _____ Year you quit _____

Do/did you drink alcohol? _____ How much? _____ drinks/week No. of years _____

Year you quit _____ Previous or current problem with alcohol? _____ AA? _____

Do/did you use (circle): caffeine (incl. coffee) artificial sweeteners marijuana cocaine chewing tobacco diet pills

Ride a motorcycle/bicycle? _____

Describe your diet. _____

_____ problems. _____

Describe any problems with your stomach, intestines, colon, digestion, or bowel movements. _____

Describe any bone, muscle, or joint problems. _____

Describe any hormone problems. _____

Anything else? _____

Please sign and date: _____

Form 8.7 Patient Dismissal Letter

[Insert Practice Letterhead]

Date

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted] date of this letter.

Please secure the care of another provider. If you do not know of another provider, please call your health plan to locate a provider who is able to provide care. To assist you in receiving continuity of care, we will make records available to the new provider that you designate after receiving your [Redacted]

[Redacted]

[Redacted]

[Redacted] transition or need the help, please call the office. Again, we will be available to you for the next 30 days. After that time, the office will not be in a position to serve you. We extend to you best wishes for your future health and well-being.

Sincerely,

[Provider]

Form 8.8 New Patient Registration Form

Please Print

[REDACTED]								
[REDACTED]								
[REDACTED]		(Middle)	(Last)	Name Normally Used (Nickname)				
Address (Number)		(Street)		(Apt. No.)				
City		State	Zip	Social Security No.		Home Phone		
Date of Birth		Age	[REDACTED]	[REDACTED]	[REDACTED]			
[REDACTED]		[REDACTED]		City		State	Zip	
Business Phone (Including Extension)				Patient's Driver's License No.				State
Other Providers You See								
How Did [REDACTED]								
[REDACTED]								
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		[REDACTED]	State	Zip	Business Phone (Ext)		
INSURANCE INFORMATION								
Primary Insurance Company Name			Group No.			ID/Certificate No.		

Form 8.9 Referral Tracking Form

Recording Period: From _____ To _____

[illegible]

PATIENT NAME	REFERRAL			THANK-YOU SENT

Form 8.10 Patient Financial Policy

Thank you for choosing IV Therapy Clinic as your health care provider. The goal is to build a successful provider-patient relationship with you. Your understanding of the patient financial policy and your responsibility [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] not to an insurance company. Insurance is a contract between you and your insurance company. We will bill your primary insurance company as a courtesy to you, with the requirement that you assign benefits, allowing the insurance company to pay the provider directly. To properly bill your insurance company, we require that you provide all insurance information including primary and secondary insurance, as well as any change of insurance information.

- You are expected to present an insurance card at each visit. Copayments and past due balances are due at time of check-in unless previous arrangements have been made with a Financial Counselor. You may pay by cash, check, money orders, or credit cards.
- Coinsurance, deductibles, and payments for non-covered services, and any other portion of these services not paid by [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED] plan. You are responsible for understanding your benefit plan and for knowing its requirements for referrals to specialists, preauthorization of procedures, etc. It is your responsibility to pay for non-covered services.

After insurance claims are paid, remaining balances are payable in full within the regularly scheduled [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] insurers on your behalf. We will provide you with a receipt to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you. You are responsible for any balance on your account.

- Payments of past due balances must be made prior to a scheduled appointment.

Self-pay Accounts

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Established patients will be provided treatment for work-related injuries and automobile accidents. The patient is responsible for providing timely billing information for treatment of these injuries.

- *Work-related injuries* require the patient to provide at the first visit the employer's name and phone number so [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] for the charges. Otherwise, the patient is responsible for the charges.

Missed Appointments

If you [REDACTED]
[REDACTED]
[REDACTED] other patients.

Returned Checks

A returned check charge of \$25 will be payable by cash or money order along with the fee for insufficient funds rendered by [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] agency.

POLICY >>>>	8.1 Communicating Test Results and In-Office Laboratory Reports
Effective Date: 2/10/2019	
Date Last [REDACTED] [REDACTED]	
[REDACTED] [REDACTED]	
[REDACTED] [REDACTED] policies and/or statements	
Approved by: Clinic Manager	
PURPOSE: To establish how the clinic processes test and lab reports.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] of IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.	
REFERENCES: Section 458.331(1)(m), Florida Statutes [REDACTED] [REDACTED] [REDACTED]	

PROCEDURE:

1. Keep chronological copies of all lab results for a minimum of seven years.
2. Each patient should be notified of their test results. It is the provider's [REDACTED] the patient.
3. The patient should be informed he or she should receive a report with the results and should call the office for a report if the office does not call within 3 days.
4. Emphasize th [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] the practice's needs. For example, some clinics use different colored slips (printed in duplicate) for different tests. The electronic medical record (EMR) will allow more consistency in the filing of all medical information including all test results.

POLICY >>>>>	8.2 Marketing, Fundraising, Sale of PHI Under HIPAA
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish guidelines for the use of protected health information for marketing, fundraising, or [REDACTED]	
[REDACTED] [REDACTED] on the health care team. DEFINITIONS: HIPAA – Health Insurance Portability and Accountability Act PHI – Protected health information POLICY STATEMENT:	

1. In compliance with the Omnibus Rule, protected health information (PHI) will not be sold without the patient's individual prior authorization.

a. Marketing: The HIPAA Omnibus Rule places more stringent limitations on marketing [REDACTED]

[REDACTED], and refill reminders are permitted, as long as the compensation is reasonably related to the cost of the communication.

b. Fundraising: A limited set of circumstances are provided by the Omnibus Rule in which a [REDACTED]

[REDACTED] exchange for PHI.

2. Prior to releasing PHI for marketing purposes, the privacy or security officer will review the message content and determine if the message is considered marketing or communication to decide what authorizations are needed to release the PHI. A method for overseeing the administration of authorizations will be set forth [REDACTED]

[REDACTED] from the patient.

c. Signed authorizations will be scanned and stored electronically as directed by privacy or security officer.

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.

QUESTIONS:

[REDACTED] supervisor or the clinic manager with any questions about this policy

POLICY >>>>	8.3 Marketing Policy
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT:	




IV Therapy Clinic considers marketing an ongoing effort of the practice. The following are [REDACTED]

[REDACTED]

[REDACTED] be treated as a person.

- b. It is less costly and generates greater revenue to retain patients rather than recruit new patients.
 - c. Services are experienced only when they are delivered.
 - d. Communication means focusing on the patient, interacting with the patient, and paying attention to the patient's needs and statements.
2. High professional standards are to be maintained in all advertising and promotional efforts.
3. Every effort will be made to develop and maintain patient satisfaction, delivery of [REDACTED]

[REDACTED]

POLICY >>>>>	8.4 Patient Education
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	
	
PURPOSE: To establish policy on patient education materials.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT:	

It is the policy of IV Therapy Clinic to provide patient education regarding his/her disease or illness and to provide written instructions before and after a procedure or surgery. Coupled with verbal instructions, written instructions and printed [REDACTED]

[REDACTED], the title of the handout or film, the patient's level of understanding of what was discussed and any return demonstrations. For example, "Patient viewed the film titled 'Newly Diagnosed Diabetic' and was provided with the handout 'How to Give Insulin Injections.' Patient verbalized understanding [REDACTED]

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.

POLICY >>>>	8.5 Patient Grievances
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish a [REDACTED] [REDACTED]	
<div style="background-color: black; width: 50px; height: 15px; margin-bottom: 10px;"></div> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <ol style="list-style-type: none"> 1. All complaints and issues regarding IV Therapy Clinic will be made in writing to the responsible personnel. The grievance will include the party's plan for [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] documented completely and patient agreement or disagreement with the decision will be noted. 5. Documentation of all details of the grievance, verbal or otherwise, will be placed on the Patient Grievance Form. 	



POLICY >>>>>	8.7 Patient Satisfaction
Effective Date: [REDACTED]	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	

SCOPE:

This policy applies to all individuals on the health care team.

POLICY

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] mobile check-in, digital appointment reminders, medical reminders, price comparison tools, etc.

- c. Use various mediums to educate and engage patients. Provide in-person customer support (i.e., handouts, one-on-one instruction, etc.) for those who prefer it and virtual support (videos, web site, web links, etc.) for patients who prefer that approach.
- d. Welcome each patient with a smile. Ensure desks are uncluttered and food and beverages are out of sight.
- e. Patients should not be kept waiting more than 15 minutes. When running behind schedule, consider texting patients to alert them.
- f. Be proactive—go beyond the transaction. Acknowledge and apologize for difficult [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

POLICY >>>>>	8.8 Prescription Ordering and Documentation
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	■
■	■
■	■
■	■ uniform with our goals.
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>■</p> <p>■</p> <p>■</p>	

- A [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED] eRX is sent to the pharmacy of the patients choice while the patient is still in the office to prevent prescriptions from being lost in cyberspace.
- Renewal of prescriptions is never completed over the telephone without provider authorization.
- Staff members are never allowed to prescribe.
- All data regarding medication is documented in the patient's medical record.
- Notes should be placed in the medical record, if pharmaceutical samples are given to the [REDACTED]

- [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED] should obtain a detailed medical history and a medication history that may note possible adverse reactions to any past medications.
- The provider depends on the patient to provide up to date and accurate information about all medications that have been prescribed since the last visit. The best [REDACTED]
[REDACTED]

[REDACTED]

- There should be a designated area in the medical record to document patient drug allergies. In a paper record, some method to highlight or draw attention to this area should be used. .

- In the EHR, drug allergies will be recorded in a designated section and

- Medication education should not be delegated to an employee. Providers should provide this education.

- Patients should be instructed on the administration of the medication and advised of potential side effects.

- Providers must be aware of the rate of absorption of medication when taken with something other than water or on an empty stomach.

- Patients may

- A medication review appointment should be set for patients for follow-up.

- Vital signs should be checked and documented along with the patient's verbal statement on how they were affected by the medication.

Administration of Medication by Office Personnel

- If medications (e.g., antibiotics, etc.) are stored in the office, care must be taken to maintain an accurate record of the quantities remaining on hand.

- All persons responsible for administering medication should annually participate in a

office standards and regulations.

- An injection site-chart should be available wherever medications are administered.

Written Prescriptions

- To prevent alteration of prescriptions, security paper and two-part prescription (tamper-resistant) pads should be used.
- [REDACTED]
- [REDACTED]
- The office staff should be instructed, when in doubt, to question the provider about what he or she wrote.

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.

[REDACTED]

[REDACTED]

POLICY >>>>	8.9 Prescription Refills
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] will be followed for the benefit of the patient and the protection of the practice.	
DEFINITIONS: EHR – electronic health record	
RESPONSIBILITIES: [REDACTED] result in disciplinary action up to and including termination of employment.	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

1. All requests for prescription refills will be routed to the provider's nurse who will obtain the following information from the caller.

- a. Patient Name

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] the pharmacy will be notified of the refill request upon authorization from the provider.

3. Caller's request for prescription refill will be noted in the patient's chart (or EHR).
4. The request for refill will be reviewed by the provider for authorization.
5. If authorized, the [REDACTED]

[REDACTED]
[REDACTED]. This action is noted in the patient's chart or EHR.

POLICY >>>>>	8.10 Procedure for Follow-Up
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 680px; height: 15px;"></div>	
<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 285px; height: 15px; display: inline-block;"></div> on the health care team.	
<p>POLICY STATEMENT:</p> <p>It is the policy of IV Therapy Clinic to contact patients within 48 hours after they have received an in-office treatment and/or procedure in order to address follow-up questions, identify signs of complications, and to provide instructions for appropriate [REDACTED]</p> <ul style="list-style-type: none"> I [REDACTED] I [REDACTED] follow-up, with appropriate means of monitoring the patient's progress, according to clinical protocols. 	
<p>DEFINITIONS:</p> <p>For any unclear definitions, please consult your supervisor.</p>	
<p>RESPONSIBILITIES:</p> <p>This policy applies to all [REDACTED] [REDACTED] action up to and including termination of employment.</p>	

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>	8.11 Procedure for Patient Scheduling
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	[REDACTED]
[REDACTED] [REDACTED]	
[REDACTED] [REDACTED]	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy [REDACTED] [REDACTED] [REDACTED] or the clinic manager with any questions about this policy.	
PROCEDURE:	

IV Therapy Clinic uses the following procedures during scheduling the patient's appointment:

1. Using the [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] be prepared to pay when he or she is in the office.
3. The patient is offered the first available time or the time most convenient for the patient, according to availability.
4. An appropriate amount of room time is blocked off the visit and/or procedure.
5. If this is a new [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] contact and mailing information so that they may be sent registration paperwork, patient financial responsibility documents, and a practice brochure. They will also be asked to confirm insurance and copayment information. During the call, the financial policies of the practice are communicated verbally as they relate to collection of copayments.
7. Staff members are asked to use terminology with patients that is easy to understand [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] is gathered, all information is confirmed. The conversation should be closed by repeating the appointment time and date.
10. The scheduler thanks the patient for contacting the office.
11. After completion of the call, the scheduler prepares the information packet to be mailed to [REDACTED]
[REDACTED]



POLICY >>>>>	8.12 Steps to Terminate Patient Relationship
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED] on the health care team.</p> <p>RESPONSIBILITIES:</p> <p>This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.</p> <p>QUESTIONS:</p> <p>Please [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] Clinic to comply with the following steps to terminate the patient-provider relationship:</p>	

- a. Giving the patient written notice, preferably by certified mail, return receipt requested;
- b. [REDACTED]
[REDACTED]
[REDACTED] provider (a provider may want to extend the period for emergency services);
- d. Providing resources and/or recommendations to help a patient locate another provider of like specialty; and
- e. Offering to transfer records to a the new provider upon signed patient authorization to do so.

POLICY >>>>>	8.13 Tracking System for Diagnostic Reports
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish [REDACTED] uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY [REDACTED] [REDACTED] [REDACTED] [REDACTED] tests ordered, and the date of the order <ul style="list-style-type: none"> • The name of the lab or imaging center processing the test order • The date results were received and how those results were communicated to the patient (electronically, telephonically, or by letter) 	
DEFINITIONS: For any [REDACTED] [REDACTED] [REDACTED] Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.	
QUESTIONS:	

Please consult your immediate

[REDACTED]

[REDACTED]

POLICY >>>>	8.14 Video Monitoring Policy
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE: To provide guidelines related to the monitoring or continuous observation of patients on a video monitor. This is not applicable to patients being monitored via video in an ED behavioral health room.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: 1. The provider is responsible for the assessment, planning, and evaluation of care for patients who require an increased level of monitoring. 2. The individual [REDACTED] [REDACTED] [REDACTED] equipped rooms within the clinic.	
DEFINITIONS: One to One Monitoring (1:1): A caregiver remains in the room with the patient to provide direct [REDACTED] [REDACTED]	

Video Monitor [REDACTED]
[REDACTED]

a total of 12 patients at one time.

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of [REDACTED]
[REDACTED]

[REDACTED] or the clinic manager with any questions about this policy.

PROCEDURE:

1. General Information:

- a. Video [REDACTED]
[REDACTED] discontinued by the provider.
- b. Video monitoring will be utilized **in addition to** hourly rounding, safety checks, bed alarms, and alternative safety measures. There should be no interruption in daily patient care when the patient is placed on video monitoring.
- c. If a patient on video monitoring leaves the nursing unit at any time for a test or procedure, the patient will be accompanied at all times.
- d. The video [REDACTED]
[REDACTED] appropriate breaks by a staff member who is competent in video monitoring.
- f. Patient assignment from unit will be communicated with the VMT at beginning of each shift. Any changes in staff assignments will be communicated to the VMT.

2. The provider is [REDACTED]
[REDACTED]
[REDACTED]

i. [REDACTED] that present safety risks for patient and/or others.

ii. Medical safety restraints (if in behavioral restraints and visual surveillance is needed, the patient must have a patient safety attendant).

iii. Delirium/restlessness

iv. History of falls or has already fallen during admission

v. Consideration of fall risk assessment

vi. Communication deficits

vii. Unilateral [REDACTED]
[REDACTED]

[REDACTED] requiring Moderate Risk suicide precautions (see "Care of the Suicidal Patient).

x. Patients considered to be potentially aggressive/violent

xi. Patients on [REDACTED]
[REDACTED]
[REDACTED] i.e. IV's, NGT, Foley, telemetry monitor, O2)

b. Patients who are excluded from video monitoring:

i. Patients considered high suicide risk

ii. Patients in behavioral restraints.

iii. Patients [REDACTED]

[REDACTED] visual surveillance.

v. Activation of the STAT alert alarm more than 3 times in 30 minutes

vi. Ineffective re-direction, Actual or Potential:

(1) Actual: Patient continues to pull at IV, put leg over side of bed, or get out of bed, etc., resulting in numerous attempts of redirection and/or calls to the clinical staff for intervention or clinical staff requests re-assessment of appropriateness of visual surveillance.

(2) Potential: [REDACTED]

[REDACTED] seen.)

c. Communicating to the VMT to notify them of the need to initiate monitoring

d. Notifying charge/Lead RN of decision to utilize video monitoring.

e. Providing patient/family/representative with video monitoring education (including respect for patient's privacy, communication, and monitoring process), answering any [REDACTED]

[REDACTED] all staff that patient is currently on video monitoring, i.e. door signage

g. Completing patient report for video monitoring upon initiation. RN will communicate any pertinent information with VMT as needed.

h. Documenting patient behavior assessment, in the medical record every shift at minimum, and [REDACTED]

[REDACTED] ensure other departments know the patient is a safety risk and should be accompanied at all times by a staff member.

j. A patient in a semi-private room that has visual surveillance in the next bed should have their privacy respected by pulling the privacy curtain in front of the camera view: allowing monitoring of only the patient requiring visual surveillance.

3. Provider will be responsible for:

a. Respecting [REDACTED], but not limited to personal hygiene and treatments.

- b. Informing [REDACTED]
[REDACTED] are complete, so the monitor will be turned back on.

4. The VMT will be responsible for:

- a. 24-hour monitoring of all patients being visualized on the monitors.
- b. Visualizing [REDACTED]

[REDACTED]

[REDACTED], the Video Monitoring Technician's first line of action is to notify the Clinic Manager (gatekeeper) if camera or system is not working properly. The gatekeeper will then contact the patient's caregivers of the downtime. Patient safety is first priority, and clinical staff is notified immediately if a visual of the patient is lost.

5. Safety Alerts:

- a. If the VMT observes concerning behaviors, they will take one or more of the following actions at their discretion:
 - i. The VMT [REDACTED]
[REDACTED]
[REDACTED] priority and the staff members notified of the safety alert are expected to respond immediately if available.

6. The discontinuation of video monitoring:

- a. If VM was initiated per RN assessment, not PROVIDER order, RN to consider the following prior to discontinuation:
 - i. Improvement of [REDACTED]
[REDACTED]
[REDACTED] monitoring has ended.
- c. RN will communicate to VMT that video monitoring will be stopped.
- d. RN will notify charge/lead RN that video monitoring has been stopped

POLICY >>>>	8.15 Website and Social Media Marketing
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled	
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT:	

IV Therapy Clinic considers the use of social media a viable means of communicating with the patients and for marketing the services of the practice. To ensure the highest degree of professionalism, the policy is as follows:

1. Patient

[REDACTED]

[REDACTED]
[REDACTED] that privacy settings are not guaranteed measures for maintaining privacy and that once information is posted online, it will likely be permanent. Therefore, we will also regularly monitor our online presence to ensure that the personal and professional information representing us is accurate and appropriate. We will also, to the greatest extent possible, [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] in accordance with professional ethical guidelines just as we would in any other context.

4. We recognize that actions online and content posted may negatively affect the reputation among patients and colleagues, may have consequences for the medical careers, and can undermine public trust in the medical profession.

POLICY >>>>>	9.1 IV Therapy Protocol – Administration Procedures
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
DEFINITIONS: EID: Electronic infusion device VAD: Vascular access device	
[REDACTED]	
[REDACTED] result in disciplinary action up to and including termination of employment.	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	
PROCEDURE:	

1. Obtain and review provider's order for:

a. [REDACTED]

b. Ensure there is no allergy or previous adverse reaction to prescribed medication/solution.

2. Verify patient's identity using two (2) independent identifiers, like full name and date of birth.

3. Complete hand hygiene.

4. Check medication/solution for expiration or beyond-use dates; inspect for leaks, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] check by 2 clinicians for high-risk medications in accordance with organizational procedures.

7. Prepare EID.

a. Obtain appropriate administration set.

b. Spike solution container/prime administration set/insert into EID according to manufacturer's directions for use while ensuring to maintain sterility of the spike.

c. Attach filter [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

a. Never forcibly flush any VAD with any syringe size. If resistance is met and/or no blood return noted, take further steps (e.g., checking for closed clamps or kinked sets, removing dressing, etc.) to locate an external cause of the obstruction.

b. Flush 1 to 2 mL then aspirate for a blood return, observing for the color and

[REDACTED]

[REDACTED] flow rate and other required information (e.g., volume to be infused), start the EID.

11. Monitor infusion site and assess patient for any adverse reaction(s) (e.g., peripheral IV infiltration, reactions such as rash, urticaria).

NOTE:

[REDACTED] ensure ongoing plan in place for continued monitoring as appropriate.

13. Discard used equipment and supplies appropriately.

14. Engage in hand hygiene.

15. Verify

[REDACTED]

POLICY >>>>>	9.1a IV Access – Pre-Insertion Care
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] uniform with our goals.
<p>SCOPE:</p> <p>This policy is applicable to all healthcare professionals caring for patients with a venous access devices (VAD) and address insertion, access, maintaining patency, venous [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] below the level of the axilla.</p> <p>Central Venous Catheter (CVC) - A CVC is a catheter placed in a large central vein such as the superior or inferior vena cava. Ideal tip placement is the distal [REDACTED]</p> <p>[REDACTED]</p>	

REFERENCES:

QUESTIONS:

Please [REDACTED]
[REDACTED]

[REDACTED]

Principles of Pre-Insertion Care

Patient Assessment and Device Selection

It is essential to choose the right device for the individual patient and the intended use

Assessment [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] access for dialysis

- g. Hematology profile, including complete blood count (CBC) and clotting (INR)
- h. Patient preference and lifestyle
- i. Allergy status

Patient Consent

In non-[REDACTED]
[REDACTED]
patient's notes.

Insertion Site Preparation

Needle-phobic patients may benefit from a topical anesthetic cream, such as EMLA (Lidocaine-[REDACTED]
[REDACTED]

[REDACTED] sites should be cleaned with

soap and water then dried thoroughly prior to disinfection of the skin.

POLICY >>>>>	9.1b IV Access - Peripheral Venous Cannula
Effective Date:	2/10/2019
Date Last [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED] of peripheral venous access.	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>Peripheral [REDACTED] [REDACTED]</p> <p>[REDACTED] [REDACTED] your supervisor.</p> <p>RESPONSIBILITIES:</p> <p>This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] [REDACTED] or the clinic manager with any questions about this policy.</p>	

PROCEDURE:

Insertion of a Peripheral Venous Cannula

1. Obtain and review provider's order for:

a. Appropriateness of prescribed infusion solution or medication for the patient's age, health status, medical diagnosis, acuity, VAD type and tip location, dose, frequency, and route of administration

b. Verify [REDACTED]

[REDACTED] guidelines.

5. Check all expiration dates on equipment/materials.

6. Ensure the patient is lying down or sitting in a reclining position with their arm supported.

a. Throughout the procedure, continually observe the patient in order to detect pallor/sweating which may indicate vasovagal response. Patients experiencing this effect often report tunnel vision, shaking, and feeling cold, but may not report any symptoms before losing consciousness.

b. If the patient does feel [REDACTED]

[REDACTED] for the purpose.

9. Inspect cannula before insertion to ensure the needle is completely inserted into the plastic cannula and that the needle tip is not damaged.

10. Perform hand hygiene per clinic policy. Aseptic technique should be continually used throughout the procedure.

11. The wearing of correctly fitting disposable gloves is recommended.

12. Prepare [REDACTED]

15. Anchor the vein by applying manual traction on the skin a few centimeters below the proposed cannulation site – this stabilizes the vein. With the bevel of the cannula facing upward insert the needle (and cannula) into the vein.

16. If there is any sign of swelling, hematoma, pain or resistance the vein wall may be ruptured. If this occurs, the tourniquet must be released and the cannula and needle must be immediately removed and pressure applied with cotton wool.

17. Wait for the first flashback of blood in the flashback chamber of the needle and as soon as [REDACTED]

[REDACTED] to the vein above the cannula tip and withdraw the needle from the cannula and apply the connector/adaptor.

21. With a semi-occlusive or transparent dressing, secure the hub of the cannula in place.

22. If any redness, tenderness or swelling is observed around the cannula site after insertion of the cannula, the cannula should be removed and re-sited.

If Infusion [REDACTED]

4. Dispose of clinical waste appropriately at point of use.

Removal of a Peripheral Venous Cannula

1. Perform hand hygiene per clinic policy.
2. The [REDACTED]
[REDACTED] the peripheral venous cannula in place.
4. Hold a piece of dry sterile gauze over the insertion site and as you remove the cannula, immediately apply firm pressure to the site for approximately 2-3 minutes or long enough to ensure that there is no subcutaneous leakage of blood. If the patient is on any anticoagulation or aspirin therapy this process may take [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] that it is complete and undamaged.
7. At the end of the procedure, carefully dispose of all equipment in the appropriate sharps bin and disposable plastic bags.
8. Make a record of the procedure and all relevant documentation.

Additional Information

1. Document the date, time, and the name of the person carrying out the cannulation procedure in the patient's medical record.
2. Document all equipment/supplies used for this procedure (e.g., type of cannula, type of connection/adaptors, infusion set, etc.)
3. If [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] with clinic infection control policies. Dispose of all biohazardous material properly.

Patient-focused risks associated with PVCs

The use of peripheral venous cannulation and the administration of drugs and solutions [REDACTED]

[REDACTED], and a sound knowledge of the equipment can minimize the occurrences and severity of complications. It is important to document and appropriately manage complications that occur.

Staff- [REDACTED]

[REDACTED] h blood should be considered potentially infectious and handled accordingly.

POLICY >>>>	9.1c IV Access – Midline Venous Catheters
Effective Date:	2/10/2019
Date Last Reviewed:	Date
	Manager
PURPOSE:	
To establish procedures for insertion, maintenance, and removal of midline catheters.	
SCOPE:	
This policy applies to all individuals on the health care team.	
Midline Catheters – General Considerations	
Definition:	
Catheter Tip Location: The tip of a midline catheter shall reside distal to the axillary vein. Using external anatomic landmarks, the catheter tip should reside below the shoulder, distal to the deltoid muscle.	
Indications for Midline Use: In conformity with new CDC Guidelines, in the absence of a clear indication for a central line, a midline catheter should be placed whenever IV therapy is likely to exceed 6 days. Additionally, since the published average dwell time for short peripheral IVs is 44hrs, a midline should be placed in all “hard stick IVs” (i.e., those to have frequent blood draws.	

Contraindications to Midline Use: A midline catheter should NOT be used for the following indications

1. Continuous [REDACTED]
[REDACTED]
[REDACTED] /L
4. All infusates requiring central venous access

For the above administrations, a central venous catheter should be used, PICC or CVC.

IMPORTANT: All midlines are cleared by FDA for “less than 30 day” usage; however, the CDC guidelines allow for dwell times in excess of 30 days, if there is no evidence of infection or other complication.

MIDLINE INSERTION CONSIDERATIONS

1. Sterile technique and maximum barrier protection shall be used during midline [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] directions for use.

5. An X-ray is not required for confirmation of midline tip placement.
6. Use BioPatch or equivalent around insertion site. Cover using acceptable sterile dressing.

7. Midline [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] approved end-cap (i.e., mechanical valve).

MIDLINE CARE & MAINTENANCE

Flushing: Always flush using positive pressure, push/pause technique. Flush midline with 10-20 mL of [REDACTED]
[REDACTED] parenteral nutrition, or blood products (20 mL flush after blood infusion).

Locking: Midline catheters, unless continuously infusing, should be locked using preservative-free normal saline, unless otherwise specified by order of a provider. Always clamp tubing [REDACTED]

[REDACTED] catheter dressing changes.

Discontinuation: Discontinue midline using aseptic technique. Upon discontinuation, hold pressure against the site until hemostasis is assured. Then cover site immediately with sterile petroleum based ointment and sterile dressing.

BLOOD [REDACTED]

[REDACTED] mL syringe, using aseptic technique. If accessing mechanical valve, be certain to have scrubbed valve for 15 seconds with alcohol prior to accessing.

4. Flush initially with 10 mL preservative-free normal saline.
5. Gently draw back syringe.
6. If no blood returns, [REDACTED]

[REDACTED] 3-5 mL, then withdraw amount required for specimen collection.

9. Upon completion, flush with 20 mL preservative-free normal saline.

TIPS: Gentle traction on the catheter hub or on the securement device may draw catheter tip away from vessel wall and allow for free flow.

SPECIAL C [REDACTED]

1. Midline catheter shall be placed and removed only by a qualified practitioner, certified ([REDACTED])
[REDACTED]
[REDACTED] or additional venipunctures shall be done on the extremity accessed for midline placement.
4. Use of syringes smaller than 10 mL is prohibited.

POLICY >>>>>	9.1d IV Access - Central Venous Catheter
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish procedures for insertion, maintenance, and removal of central venous access.	
SCOPE:	
This policy [REDACTED]	
[REDACTED]	
[REDACTED] lines such as a PICC, IJ, SCV, Quinton, Cordis, Swan-Ganz, femoral venous catheter, cooling catheter, temporary dialysis catheter, UAC, UVC; or tunneled such as a Hickman, Broviac, or Groshong.	

The type of line does not determine if it is a central line, it is where the line terminates. A central line is any intravascular catheter that terminates at or close to the heart or in one of the great [REDACTED]

[REDACTED]
[REDACTED] in employment with IV Therapy Clinic.
Failure to comply with this policy could result in disciplinary action up to and including termination of employment.

REFERENCES:

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this [REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- i. [REDACTED] ports
 - ii. To administer large amounts of fluid quickly
 - iii. Need for safe delivery of medications/solutions
 - iv. Vasopressor administration
 - v. Central venous monitoring

2. Orders

a. All [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] lines (tunneled or non-tunneled):

- i. If line is in use upon arrival, verify for patency, continued use.

3. Use, Maintenance, and Access

- a. Continuation of a central access must be assessed/reassessed at a minimum of every 24 hours.

b. Access

- i. Always scrub the hubs on the IV system with CHG swab (preferred) or 70% isopropyl [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- i. [REDACTED] of spiking the IV bag with tubing. If the setup is pre-primed for a prospective patient, it must be used within 1 hour of spiking and the IV bag and tubing must be labeled with the date, time and initials of the person setting it up.

- (1) Exception: "hazardous to handle" IV medications which are prepared in the Pharmacy Clean Room with primed tubing. USP/ASHP/NIOSH support both the preparation of these toxic items in a contained environment (priming in the clean room to decrease exposure to staff and the environment) and 24 hour to 7 day stability following manipulation in the clean room, depending on the product.

- ii. Change all tubing [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- i. [REDACTED] (includes central lines, dialysis, PICC, tunneled and implanted ports).

- ii. Place needleless connectors on all hemodialysis lines.

- iii. Change connectors with the tubing and as needed.

4. Site Care and Dressing

- a. Assess all intravascular device insertion sites a minimum of every shift for signs of infiltration, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] the exit site, pain

- b. Do not submerge the catheter under water. Showering is permitted only if the catheter and connecting device (e.g., injection cap) can be covered with an impermeable cover to prevent moisture on the catheter and connecting device.

- c. Dressing change frequency

- i. Dressings shall be changed immediately if they become loose, soiled and/or

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] placed unless use is contraindicated by allergy or age <35 weeks (gestational age) AND <2 weeks of life.

- e. Label dressing with date change AND change due date.

- f. Dressing disruption management/notification

- i. Notify the provider when 2 or more unplanned dressing changes have occurred

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5. Complications

- a. Appropriate monitoring for complications will be part of the daily documentation.

6. Patient Education

- a. Staff shall provide

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

or use foam before they touch your line.

- iv. Watch for staff to use the line safely - everyone should clean the port each and every time before entering the line with a syringe or other tube.
- v. Ask staff every day if you still need the line.

- vi. Let your nurse or provider know if the area feels sore or you notice redness.
- vii. If you need to go [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] for knowledge of adherence to access and maintenance best practices.

- c. Nursing training and competency requirements for use, maintenance, and removal.
- d. Specialty lines (e.g. implanted) require training at the unit level by the users prior to use.
- e. IV team training and competency
 - i. All RN staff will complete training and competency for insertion, care and maintenance of a PIV, and for care and maintenance of midline catheters, [REDACTED]
[REDACTED] identification and management of all vascular access devices.

8. Training and Competency – Provider

- a. Providers who are involved in managing lines shall be educated in infection prevention measures upon hire, annually thereafter and when involvement in these procedures is added to an individual's job responsibilities.
- b. Staff will [REDACTED]
[REDACTED]

POLICY >>>>>	9.1e Central Port Access and Care
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED] caring for implanted central ports.	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>RESPONSIBILITIES:</p> <p>This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] or the clinic manager with any questions about this policy.</p> <p>PROCEDURE:</p> <p>Use and Maintenance Instructions</p> <p>Site Preparation</p> <p><i>Always inspect and</i> [REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> 1. [REDACTED] 1. [REDACTED] swabs • Sterile gloves 	

Procedure

1. Explain procedure to patient. Warn of needle prick sensation. Sensation of needle insertion [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] times.

Note: Follow established hospital or institutional policy for changing IV tubing and accessing cannula. The Center for Disease Control (CDC) or Oncology Nursing Society (ONS) [REDACTED]

[REDACTED]

[REDACTED]

| [REDACTED]

| [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] hand.

- b. Triangulate port between thumb and first two fingers of non-dominant hand. Aim for center point of these three fingers.

3. Insert needle perpendicular to port septum. Advance needle through the skin and septum until reaching bottom of reservoir.

4. Verify correct needle placement by blood aspiration.

5. Always [REDACTED]

[REDACTED]

[REDACTED]

Equipment

- Non-coring (Huber) needle
- Syringe, 10 mL or larger

Procedure

1. Perform aseptic site preparation.
2. Locate port septum by palpation.
 - a. Locate base of port with non-dominant hand.
 - b. Locate [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] of reservoir.
4. Verify correct needle placement by blood aspiration.
5. Flush each septum separately with sterile normal saline following injection.
6. Perform heparin lock procedure separately on each septum.

Bolus Injection Procedure

Equipment

- Non-coring (Huber) needle
- 10 mL [REDACTED]
[REDACTED]

- [REDACTED]
[REDACTED]
[REDACTED] set and 10 mL syringe filled with sterile normal saline. Expel all air and clamp extension.
3. Aseptically locate and access port.
 4. Flush port with 10 mL sterile normal saline. Clamp the extension set and remove the syringe.
 5. Connect syringe containing the drug to extension set. Release clamp and begin to administer injection.
 6. Examine the injection site for signs of extravasation; if noted, immediately discontinue the injection and initiate appropriate intervention.
 7. When the injection [REDACTED]
[REDACTED]
[REDACTED]

Note:

[REDACTED]

[REDACTED]

- [REDACTED] normal saline

- Non-coring (Huber) needle
- IV pole
- IV pump (if ordered)
- Transparent dressing
- Antibacterial ointment
- 2 in. x 2 in. (5 cm x 5 cm) gauze pads

Procedure

Review

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] transparent dressing to help prevent inadvertent dislodgement.

5. Open clamp and flush port with sterile normal saline. Clamp extension set and remove syringe.
6. Connect fluid delivery system (IV set or infusion pump as indicated).

Note: To provide additional security during pump infusion, tape all tubing

[REDACTED]

[REDACTED] set and then remove the fluid delivery system.

9. Flush after each infusion with 10 mL sterile normal saline to help prevent interaction between incompatible drugs.

10. Perform heparin lock procedure.

Blood Draw Procedure

Equipment

- Extension set with clamp
- Non-coring [redacted]
- [redacted] normal saline
- 20 mL syringe (2)
- Sterile normal saline

Procedure

Review Site Preparation and Accessing Implanted Ports sections before proceeding with this section.

1. Explain procedure to patient and prepare injection site.
2. Aseptically locate and access port.
3. [redacted]

[redacted]
[redacted]
[redacted]
[redacted]
[redacted] sample tubes.

8. Perform heparin lock procedure.

Heparin Lock Procedure

To help prevent clot formation and catheter blockage, implanted ports with open-ended catheters [redacted]

[redacted]

[redacted]

FLUSHING VOLUMES	
PROCEDURE	VOLUME
Port [redacted]	[redacted]
[redacted]	[redacted]

After blood withdrawal

20 mL sterile normal saline, then 5 mL
heparinized saline

Equipment

- Non-

Port sections before proceeding with
this section.

1. Explain procedure to patient and prepare injection site.
2. Attach a 10 mL syringe filled with sterile heparinized saline to needle.
- 3.

Blockage

Use of a fibrinolytic agent has successfully cleared clotted catheters when gentle irrigation and aspiration have failed. **The following procedure may be employed on the order of a physician. Additional instructions provided by the drug manufacturer should be followed.**

Equipment

- Non-coring (Huber) needle
- 10 mL

Port sections before proceeding with
this section.

1. Explain procedure to patient and prepare injection site.

2. Aseptically [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] s).

5. If the clot(s) cannot be aspirated, repeat procedure.

6. Once the blockage has been cleared, flush catheter with at least 20 mL of sterile normal saline.

7. Perform heparin lock procedure.

POLICY >>>>>	9.6 Management of Allergic and Anaphylactic Reactions
Effective Date:	2/10/2019
Date Last [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE:	
To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE:	
This policy [REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]:	
<ol style="list-style-type: none"> 1. Two (2) epinephrine auto-injectors for adults (EpiPen, Adrenaclick, or authorized generic) 2. A laminated emergency reminder card with the clinic's anaphylaxis response protocol in big, easy-to-read type. 3. An adequately [REDACTED] 	
[REDACTED] skin), but should not be kept in the anaphylaxis kits.	
DEFINITIONS:	
For any unclear definitions, please consult your supervisor.	

RESPONSIBILITIES:

This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

■ Signs and Symptoms

- a. Difficulty breathing/wheezing
- b. Swelling of eyes, eyelids, or lips
- c. Hypotension with or without tachycardia

2. If the patient develops any symptoms of anaphylaxis, immediate action is to be taken as [REDACTED]

[REDACTED]

[REDACTED]

i. [REDACTED] case/box

ii. Grasp device with orange tip pointed down (Blue to the sky, orange to the thigh)

iii. Remove blue safety cap by pulling it straight out – don't twist or bend

iv. Position the [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] away from the thigh in a straight line. The orange tip will automatically extend to shield the needle.

viii. Keep the used auto-injector(s) with the patient to alert emergency personnel that epinephrine was administered.

ix. A second [REDACTED]

[REDACTED] than 2 injections unless instructed to do so by emergency personnel.

POLICY >>>>	9.7 Patient Distress
Effective Date:	2/10/2019
Date Last Reviewed:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] involved in managing a patient distress emergency.	
SCOPE: This policy applies to all individuals on the health care team. POLICY STATEMENT: <ul style="list-style-type: none">▪ It is the policy of IV Therapy Clinic to provide accurate and up-to-date guidelines on basic life support (BLS) and advanced cardiac life support (ACLS) protocol for clinic staff.▪ BLS [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Alert waiting patients about potential delay [REDACTED] room for patients in distress	

Medical assistants
(runners)

Situate ill patient in designated resuscitation room

Alert [REDACTED]
[REDACTED]

[REDACTED] equipment to the site of the emergency (if
not already in the treatment room)

Obtain initial set of vital signs

If [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] or code nurse in resuscitation

Providers

Respond to call for assistance

One provider to act as code team leader

One provider to control airway

One [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]-1, give location and description of the
emergency

Additional office staff

Keep flow of patients moving out of office

REFERENCES:

Toback S. Prepare your office for a medical emergency. Contemp Pediatr 2002;19:113.

Form 10.1 Employee/Contractor Injury Report Form

Personal Information

[REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED]

[REDACTED] State: _____ Zip Code: _____

Job Information

Employment Type (circle one) Full time Part time Non-Employee Contractor

Current weekly earnings: \$ _____

Current Title: _____ Hire Date: _____

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of accident: _____ Time of accident: _____

Location of accident:

Thoroughly describe how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part[s] affected):

Name of

with name and phone number.

When did you report the accident to your supervisor?

To whom did you report the injury?

Do you require

[REDACTED]

[REDACTED]

[REDACTED] ure: _____

Date: _____

Form 10.2

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

occurred: _____

Location of accident:

Describe the events that led to the injury:

Describe

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] report the injury? _____

If not, explain why:

Supervisor's [REDACTED]

[REDACTED]

[REDACTED]: _____

Date: _____

Form 10.3 Ten-Step Checklist for Exposure Control Plan Development

REQUIREMENT	STATUS	DATE COMPLETED
1. Identify OSHA Program Administrator (Safety Officer) and [REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED] engineering and work practice controls		
5. Provide personal protective equipment		
6. Housekeeping		
7. Laundry		
[REDACTED]		
[REDACTED] signs to communicate hazards to employees (training)		
10. Maintain worker medical and training records		

Form 10.4 Declination Statement of Hepatitis B Vaccine

I understand that, because of my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature _____

Date _____

Employee Name (please print) _____

[REDACTED]

[REDACTED]

[REDACTED]

Form 10.5 Sharps Injury Log

Year: 2019			Practice Name: IV Therapy Clinic	
DATE	██████████ ██████████ ██████████	██████████	██████████ ██████████ E.G., EXAM ROOM, LAB, ETC.)	HOW DID THE INCIDENT OCCUR?

--	--	--	--	--

* This log must be retained for a period of seven (7) years following the end of the calendar year it covers.

Form 10.6 OSHA Training Record and Checklist

OSHA 29 CFR Part [REDACTED]

[REDACTED]

[REDACTED]

Qualifications of Trainer: _____

Attendees

NAME	JOB CLASSIFICATION	ACKNOWLEDGED RECEIPT?

Purpose: ☐ Initial Training ☐ Orientation ☐ Annual ☐ Other/Retraining

Trainer: Attach a copy of the training program or list information presented.

Form 10.7 Acknowledgement of Receipt of OSHA Training

(Place in personnel file)

I have attended a training

[REDACTED]

[REDACTED] presented below.)

I have received training in the topics listed above. I was provided an opportunity to ask questions and receive

[REDACTED]

[REDACTED]): _____

Employee or Contractor Signature: _____

Date: _____

Form 10.8 Employee Acknowledgment of Exposure Control Plan

Upon

[REDACTED]

[REDACTED] the plan in its entirety and comply with the plan's requirements.

Employee or Contractor Name (please print): _____

Employee or Contractor Signature: _____

Date: _____

Form 10.9 Direct Assessment Tool: Environmental Cleaning

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Supplies necessary for appropriate [REDACTED]	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
[REDACTED] with an EPA registered disinfectant after each procedure	YES NO	
C. Cleaners and disinfectants are used in accordance [REDACTED]	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
[REDACTED] cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals	YES NO	

Form 10.10 Direct Assessment Tool: Hand Hygiene

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible to staff in patient [REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	
[REDACTED] the patient	YES NO	
C. Before performing an aseptic task (e.g. Insertion of IV catheter, preparing an injection site, etc.)	YES NO	
D. After contact with the patient	YES NO	
E. After [REDACTED] [REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	
[REDACTED] [REDACTED] contaminants	YES NO	
G. After removing gloves	YES NO	
H. When moving from a contaminated-site to a clean-site during patient care	YES NO	

Form 10.11 Direct Assessment Tool: Injection Safety

Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, [REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO	
[REDACTED]	YES NO	
C. The rubber septum is disinfected with alcohol prior to access	YES NO	
D. Medication containers are entered with a new needle and syringe, even when obtaining additional doses for the same patient	YES NO	
E. Single [REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO	
[REDACTED] are used for only one patient	YES NO	
G. Multi-dose vials are dated when first opened and discarded within 28 days unless the manufacturer specifies a [REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO	
[REDACTED] area and DO NOT enter the immediate patient treatment area	YES NO	
I. All sharps are disposed of in a puncture-resistant sharps container	YES NO	

POLICY >>>>>	10.1 Sharps Disposal
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	[REDACTED]
[REDACTED]	[REDACTED]
<p>[REDACTED]</p> <p>[REDACTED] virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and other bloodborne pathogens.</p>	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>Contaminated [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] (whether or not attached to syringe or covered by guard)</p> <ul style="list-style-type: none"> • IV tubing with needle attached • Filter needles • Broken vials or ampules, splintered plastic if contaminated with drug residue, blood, or other potentially infectious material <p>***Non [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

REFERENCES:

https://[REDACTED]

[REDACTED]

[REDACTED]

PROCEDURE:

1. All staff shall wear personal protection equipment (PPE) and utilize all safety precautions.

2. Sharps [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] a lid, flap, door etc. to close the container)

d. Appropriately labeled or color coded red

3. During use, sharps containers must be:

a. Easily accessible

b. Located [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] disposing containers of contaminated sharps, the container must be:

a. Closed immediately prior to removal

b. Placed in a secondary container that is closable, appropriately labeled or color coded red, and leak proof if there is a chance of leakage

5. Reusable [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

c. Filter needles

d. Suture needles

e. Glass ampules

- f. Scalpels
- g. Broken vials

Sharps Waste



is 2/3 to 3/4 full, secure the lid.

2. With a permanent marker, write the date on the sharps container.
3. Contact disposal company for pickup.

POLICY >>>>>	10.2 Engineering and Work Practice Controls
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish the engineering and work practice controls IV Therapy Clinic uses.	
SCOPE: This policy applies to [REDACTED] [REDACTED] [REDACTED] work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls used are listed below.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of [REDACTED] [REDACTED] [REDACTED] [REDACTED] or the clinic manager with any questions about this policy.	

PROCEDURE:

IV Therapy Clinic uses these engineering and/or work practice controls:

[Examples: Non

]

To prevent overfilling, sharps disposal containers are inspected and maintained or replaced by:

[Name/Title/Department]

every

[list frequency]

IV Therapy Clinic identifies the need for changes in engineering controls and work practices through:

[Examples:]

IV Therapy Clinic evaluates new procedures and new products regularly by:

[Describe the process, literature reviewed, supplier info, products considered]

Both front-line workers and practice management are involved in this process in the following manner:

[Describe Employees' Involvement]

POLICY >>>>>	10.3a OSHA Compliance Committee
Effective [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To establish a [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] an OSHA Compliance Committee, charged with the development, dissemination, and ongoing management of the policies of this practice's OSHA compliance efforts.</p> <p>DEFINITIONS:</p> <p><i>Occupational</i> [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] as a cut, fracture, sprain, or amputation resulting from a work-related accident.</p> <p>Regardless of severity, all occupational illnesses must be reported. Employees do not need to report catching a cold, flu, or other virus (possibly on the job), because that may occur anywhere. On the other hand, they must report any illness resulting from an exposure addressed in this biohazards exposure control plan.</p> <p>Occupational injuries must be reported if they result in:</p> <ul style="list-style-type: none"> • Death (must be reported to OSHA within 48 hours) • One or more [REDACTED] • [REDACTED] 	

- Loss of consciousness
- [REDACTED]
- [REDACTED] than first aid

RESPONSIBILITIES:

The OSHA Compliance Committee is responsible for:

- Establishing the practice's exposure control procedures
- Arranging or conducting staff exposure control training sessions
- Updating [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] injuries and illnesses

- Following an exposure incident, investigating, documenting, and ensuring compliance with this plan's protocol.

REFERENCES:

QUESTIONS:

Please consult your [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

- Involvement in an exposure incident, such as a needlestick or contagious virus. ("An exposure incident is a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials [OPIM], as defined in the standard that results from the performance of a worker's duties.")

[REDACTED]

[REDACTED] illness or injury

POLICY >>>>>	10.3b OSHA Compliance Committee - Duties
Effective [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE: To establish the duties expected of IV Therapy Clinic's OSHA Compliance Committee.	
POLICY STATEMENT:	

IV Therapy [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] may attend, but membership will be a minimum of one provider, one front office employee, one back office employee, one medical records employee, and the Clinic Manager.

3. The Committee will:

- a. Review all clinic accident and injury reports
- b. Review any suggestions brought to its attention
- c. Make suggestions to improve any hazards in the office
- d. Make a [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] are posted conspicuously for employees to read.

- b. Employees should report any unsafe conditions to their supervisors.
- c. Employees may make anonymous suggestions using the suggestion box in the waiting area.
- d. All suggestions are reviewed by the appropriate supervisor and discussed at committee meetings.

POLICY >>>>>	10.4 Clinic Exposure Control Plan
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] work environment uniform with our goals.
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY [REDACTED]</p> <p>[REDACTED] Bloodborne Pathogens-1910.1030. The ECP contains information particular to the practice. If you would like a copy of the written ECP for the practice, please see Clinic Manager.</p> <p>The ECP is a key document to assist IV Therapy Clinic in implementing and ensuring compliance with these standards, thereby protecting the employees. The ECP includes:</p> <ul style="list-style-type: none"> • Determination of employee exposure • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] (PPE) • Housekeeping • Laundry • Labels • Hepatitis B vaccination 	

- [REDACTED]
- [REDACTED]
- [REDACTED] training
- Recordkeeping

POLICY >>>>>	10.5 Exposure Control Plan Administration
Effective Date:	2/10/2019
Date Last Reviewed:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Manager
PURPOSE: To establish the individuals and departments responsible for administering IV Therapy Clinic's Exposure Control Plan (ECP).	
SCOPE: This [REDACTED] [REDACTED] [REDACTED] or modified tasks or procedures. Those employees who are confirmed to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in the ECP. The Clinic Manager or designated individual(s) will ensure the clinic provides and maintains all [REDACTED] [REDACTED] supplies of this PPE are available in the appropriate sizes. The Clinic Manager or designated individual(s) will be responsible for ensuring that all medical actions required are performed and that appropriate health and OSHA records are maintained. The Clinic [REDACTED] [REDACTED].	

POLICY >>>>	10.6 Exposure Determination
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	
[REDACTED]	Clinic which involve the potential for occupational exposure.
SCOPE: This policy applies to all individuals on the health care team.	
POLICY [REDACTED]	
[REDACTED]	[REDACTED]
Job Title	Department/Location
[Example: Phlebotomists]	[Clinical Lab]

--	--

The following is a list of job classifications together with descriptions of tasks and procedures [REDACTED]
[REDACTED]

[REDACTED]	[REDACTED]/Location	Task/Procedure
[Example: Housekeeper]	[Environmental Services]	[Handling Regulated Waste]

Universal [REDACTED]
[REDACTED]
[REDACTED] guidelines imposed by this written ECP.

POLICY >>>>>	10.7 Universal Exposure Control Practices
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To identify universal infection control practices for providers and clinical staff.	
SCOPE: This policy [REDACTED] [REDACTED] [REDACTED] to be infectious for bloodborne pathogens.	
DEFINITIONS: Exposure Event - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral [REDACTED] [REDACTED] [REDACTED] (OPIM) refers to:	

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial [REDACTED]
[REDACTED] all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
3. HIV [REDACTED]
[REDACTED] animals infected with HIV or HBV.

PPE – Personal Protective Equipment

RESPONSIBILITIES:

This policy applies to all employees and contractors of IV Therapy Clinic.

Failure to comply [REDACTED]
[REDACTED]

REFERENCES:

https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact02.html

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

PROCEDURE:

1. Environment
 - a. Hand [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] excluded from work duties without risking loss of wages, benefits, or job status.
 - d. Gloves are required and masks are encouraged to prevent the spread of simple viruses.
2. [REDACTED]
[REDACTED]
[REDACTED] the Hepatitis B and influenza vaccination.

3. Tuberculosis Screening

- a. All clinical [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] trained on the OSHA bloodborne pathogens standard upon hire and annually thereafter.

5. Hand Hygiene

- a. All clinical staff shall receive hand hygiene training upon hire, prior to direct patient care [REDACTED]

[REDACTED]

[REDACTED] recommended when caring for a patient with a known infection.

6. Exposure Events

- a. Following an exposure event, post-exposure evaluation and follow-up (including

[REDACTED]

[REDACTED]

[REDACTED] corrective action plans to reduce the incidence of such events.

7. Personal Protective Equipment (PPE)

- a. Clinical staff [REDACTED]

[REDACTED]

[REDACTED] providing care, and when new equipment is made available.

8. Dress Code

- a. All persons providing direct patient care will comply with the clinic's dress code.
 - i. Gloves [REDACTED]
[REDACTED] a fashion to minimize patient contact
 - iii. Minimize jewelry. Wedding bands are acceptable.
 - iv. Artificial nails are acceptable but must be kept in a secure condition.

POLICY >>>>>	10.8 Exposure Control Plan Review & Availability
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Manager
PURPOSE: To establish policy for review and distribution of the clinic's exposure control plan.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: Employees covered by the Bloodborne Pathogens Standard will receive explanation of this exposure [REDACTED] [REDACTED] [REDACTED] with a copy of the ECP free of charge and within 15 days of the request.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: The Clinic [REDACTED] [REDACTED] to reflect new or revised employee positions with occupational exposure.	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

POLICY >>>>>	10.9a Post-Exposure Evaluation and Follow-Up - Administration
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] IV Therapy Clinic's post-exposure protocol.
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY STATEMENT:</p> <p>The Clinic Manager ensures that health care professional(s) responsible for an employee's hepatitis B [REDACTED] [REDACTED]</p> <p>[REDACTED] [REDACTED] [REDACTED] [REDACTED], if possible</p> <p>4. Relevant employee medical records, including vaccination status</p> <p>The Clinic Manager will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.</p> <p>DEFINITIONS:</p> <p>For any unclear definitions, please consult your supervisor.</p> <p>[REDACTED] [REDACTED] with IV Therapy Clinic.</p>	

Failure to comply with this policy could result in disciplinary action up to and including termination of employment.

POLICY >>>>	10.9b Post-Exposure Evaluation and Follow-Up – Plan of Action When Exposure Incident Occurs
Effective Date:	2/10/2019
Date	
PURPOSE: To establish procedures for conducting post-exposure evaluations.	

POLICY STATEMENT:

The below procedures should be used to evaluate the circumstances of any exposure incident occurring at IV Therapy Clinic.

PROCEDURE:

1. Should an [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] membrane, etc.), the following activities will be performed:
 3. Document the routes of exposure and how the exposure occurred.
 4. Identify and document the source individual if feasible and not prohibited by state or local law.
 5. Obtain consent and make arrangements to have the source individual's blood tested for hepatitis B [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
 8. After obtaining consent, collect exposed employee's blood as soon as possible after the exposure incident, and test blood for HBV and HIV serological status.
9. If the [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

POLICY >>>>>	10.9c Post-Exposure Evaluation and Follow-Up – Plan of Action When an Exposure Incident Occurs
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE:	
To [REDACTED]	
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] of exposure incidents, IV Therapy Clinic requires the procedures herein to be followed in the event of ANY exposure incident, to the extent the exposed employee consents.</p> <p>Employees involved in exposure incidents are not strictly required to provide blood samples [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] on to the exposed employee directly or indirectly.</p>	
DEFINITIONS:	
For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES:	
<p>This policy applies to all employees and contractors of IV Therapy Clinic.</p> <p>Failure to comply with this policy could result in disciplinary action up to and including termination of employment.</p>	

REFERENCES:

QUESTIONS:

Please [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- b. Work practices followed
- c. A description of the device being used (including type and brand)
- d. Personal protective equipment (PPE) in use at the time of the exposure incident (gloves, eye shields, etc.)
- e. Location of the incident
- f. Procedure being [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] to be added, the Clinic Manager will ensure that appropriate revisions are made.

If new engineering device(s) are required, a committee of managerial and non-managerial employees with direct patient contact will evaluate such devices to determine their safety and efficacy.

POLICY >>>>>	10.10a Biohazardous Waste
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
<p>[REDACTED]</p> <p>[REDACTED]</p>	
<p>[REDACTED]</p> <p>[REDACTED] health care team.</p>	
<p>POLICY STATEMENT:</p> <p>1. Biohazard waste bags are for biohazardous and contaminated wastes only and are not to be used for regular trash. Disposal of non-biohazardous waste in a biohazard [REDACTED] [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] of blood or body fluids may have been placed but did not spill; and</p> <p>c. Any other material used to handle blood indirectly but that did not come into direct contact with the blood.</p> <p>3. Filled sharps containers must be disposed of in accordance with state regulated medical waste rules.</p>	

DEFINITIONS:

[REDACTED] pipettes, and other wastes that can cause injury during handling.

Types of Biohazardous Waste

Biohazardous waste includes the following materials:

a. Human [REDACTED]

[REDACTED] in a liquid or semi-liquid state, including: semen, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva from dental procedures. This also includes any other human body fluids visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to de [REDACTED]

[REDACTED] result in disciplinary action up to and including termination of employment.

REFERENCES:

Department of Health & Human Services/ CDC and Prevention
<https://extranet.fredhutch.org/en/u/ehs/hamm/chap6/section8.html>

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	10.10b Biohazardous Materials - Labeling
Effective Date: 2/10/2019	
Date	
	Manager
PURPOSE: To establish a physical labeling system for biohazardous materials.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: The following labeling methods are used by IV Therapy Clinic:	
For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES:	

The Clinic Manager is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the [REDACTED]

[REDACTED], etc., without proper labels.

POLICY >>>>>	10.11a Infection Control Competency Training
Effective Date:	2/10/2019
Date Last [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE:	
To outline administration of the clinic's infection control training program.	
SCOPE:	
This policy applies to all individuals on the health care team.	
POLICY STATEMENT:	
<p>1. At least one staff member shall be specifically trained in infection prevention. Examples of training may include: successful completion of the initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology or participation in infection control courses organized by the state or recognized professional societies.</p> <p>2. The Clinic Manager or designated individual will conduct periodic assessment [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] action up to and including termination of employment.</p>	
REFERENCES:	
Department of Health & Human Services/ CDC and Prevention https://apic.org/Professional-Practice/Overview	

QUESTIONS:

Please consult [REDACTED] with any questions about this policy.

POLICY >>>>>	10.11b Infection Control Competency Training – Bloodborne Pathogen Training
Effective Date:	2/10/2019
Date Last [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To outline the clinic's bloodborne pathogen training program.	
SCOPE: This policy [REDACTED] [REDACTED]	

1. All employees and contractors who have occupational exposure to bloodborne pathogens will receive initial and annual training in this area as arranged by the [REDACTED]

[REDACTED]

[REDACTED] Bloodborne Pathogen Standard

- b. An explanation of the OSHA Bloodborne Pathogen Standard
- c. An explanation of the Exposure Control Plan and how to obtain a copy
- d. An explanation of the use and limitations of engineering controls, work practices, and personal protective equipment (PPE)
- e. An explanation of the basis for PPE selection
- f. Information on the hepatitis B vaccine, including information on vaccination benefits, its efficacy, safety, method of administration, and that the vaccine will be offered free of [REDACTED]

[REDACTED]

[REDACTED]

- i. [REDACTED] follow-up that the employer is required to provide for the employee following an exposure incident

- j. An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- k. An opportunity for interactive questions and answers with the person conducting the training session

RESPONSIBILITIES:

[REDACTED]

[REDACTED]

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	10.12 Injection Safety
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Manager
PURPOSE: To outline policy and procedures to ensure safe injection practices	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT:	

1. Training

- a. Clinical staff who prepare and/or administer parenteral medications shall receive

[REDACTED]

[REDACTED]

[REDACTED] practices.

2. Injections shall be prepared using aseptic technique.
3. Needles and syringes shall only be used for one patient.
4. The rubber septum on a medication vial shall be cleaned with alcohol prior to access.
5. Medication containers are entered with a new needle and a new syringe, even when obtaining doses for the same patient.
6. Medication [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] one patient are to remain in a centralized medication area and DO NOT enter the immediate patient treatment area.
9. All sharps are disposed of in a puncture-resistant sharps container.
10. Filled sharps containers are to be disposed of in accordance with state regulated medical waste rules.
11. All controlled substances (e.g., Schedule II, III, IV, V drugs) are to remain locked in a secure area.

[REDACTED]

[REDACTED]

[REDACTED]

QUESTIONS:

[REDACTED] te supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	10.13 Injury Prevention
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To outline injury and accident prevention practices	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: IV Therapy Clinic considers injury and accident prevention to be a top priority. It is the intent of these [REDACTED] [REDACTED] [REDACTED].	
Safe Practices	

1. Safety is everyone's responsibility. All unsafe conditions should be reported.

2. When lifting,

[REDACTED]

[REDACTED] containers. Before an area is cleaned, sharps should be picked up first and properly disposed of in a sharps container. Needles should not be recapped. Hands, fingers, and other objects should never be inserted into the sharps container to dislodge a needle. Blood-soaked trash is to be disposed of in the red (biohazardous waste) bags.

4. All spills must be cleaned up immediately to prevent slips or falls.

5. Appropriate

[REDACTED]

[REDACTED]

[REDACTED] to become infected. Any minor wounds should be washed with soap and water and dressed no matter how insignificant they may seem. Employees need to remain current on tetanus injections.

7. Doors should be opened slowly, as there may be someone coming down the hall or standing behind the door.

8. Gloves are required

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] in death. Severe symptoms call for immediate treatment.

10. In the event that bodily fluids enter the eye, the eyes should be washed immediately. The eyewash station is located in the nurses' station.

Ensuring Compliance

11. If an employee observes unsafe conditions, the employee is required to notify his or her supervisor immediately.

12. If unsafe work

[REDACTED]

[REDACTED] action, including termination.

RESPONSIBILITIES:

All employees

[REDACTED]

[REDACTED]

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	10.14 Housekeeping
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish IV Therapy Clinic's housekeeping and environmental cleanliness standards.	
SCOPE: This policy applies to all individuals on the health care team. <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 450px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 140px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 340px; height: 15px; margin-bottom: 5px;"></div> in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.	
QUESTIONS: Please consult your immediate <div style="background-color: black; width: 390px; height: 15px; display: inline-block;"></div> <div style="background-color: black; width: 120px; height: 15px; display: inline-block;"></div>	
PROCEDURE: IV Therapy Clinic facilities will be regularly cleaned, disinfected, and maintained .	

1. Personnel shall receive training on the routine cleaning and disinfection of [REDACTED]
[REDACTED]
[REDACTED] sides) shall be cleaned weekly with an approved germicidal solution.
4. All Blood and secretions shall be cleaned immediately with an approved germicidal solution.
5. Soiled monitoring equipment shall be cleaned immediately with approved germicidal solution
6. All [REDACTED]
[REDACTED]
[REDACTED]
8. Medical devices are stored in a manner to protect them from damage and contamination.

Damaged or Contaminated Equipment

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as [REDACTED]

[REDACTED] and dustpan.

Cleaning Notes

Any spills, spatters, or sprays that could cause a health, safety, or environmental hazard or discomfort to patients and/or employ [REDACTED]
[REDACTED] cleanser and water. Utility gloves should be worn as appropriate.

Housekeeping Schedule

Time Frame	Item	Location
Daily	[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Weekly	Floor	Examination rooms Work surfaces Waste receptacles
Monthly	Detailed cleaning by in-house staff	All areas

POLICY >>>>>	10.15 Recordkeeping
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE:	
To establish recordkeeping requirements for IV Therapy Clinic's safety program.	
SCOPE:	
This policy applies to all individuals on the health care team.	
POLICY STATEMENT:	
Medical Records	
1. [REDACTED].	
2. The Clinic Manager or designated individual is responsible for maintaining the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.	
3. Employee medical records are provided upon request of the employee or to [REDACTED]	
[REDACTED]	
[REDACTED] activities.	

Sharps Injury Log

1. In addition [REDACTED]

[REDACTED] All incidences must at least include:

- a. The date of injury
- b. Type and brand device involved in the incident (syringe, suture needle, etc.)
- c. Department where the injury occurred
- d. Explanation of how the injury occurred

2. Note that [REDACTED]

Training

3. Training Records are completed for each employee upon completion of training. These documents will be kept for at least three years.

4. Training records include:

a. Dates of the training sessions

b. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] provided upon request to the employee or the employee's authorized representative within 15 working days.

QUESTIONS:

Please consult your immediate supervisor or the clinic manager with any questions about this policy.

POLICY >>>>>	10.16 Hepatitis B Virus (HBV) Vaccination
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Manager
PURPOSE: To establish policy related to hepatitis B virus (HBV) vaccination availability.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT:	

1. IV Therapy Clinic will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

2. HBV [REDACTED]

[REDACTED] is contraindicated

3. If an employee declines HBV vaccination, the employee must sign KC Form 8.2: Hepatitis B Vaccination Declination Statement, which will be provided upon refusing vaccination. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of [REDACTED]

[REDACTED] to the employee within 15 days of evaluation completion. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Form 11.1 Controlled Drug Count Log

[illegible]

Date	Expected Count	Actual Count	Difference	Difference Disposition (if any)	Initials of Person Conducting Count

Form 11.2 Controlled Drug Dispensing Record

[illegible]

Form 11.3 Controlled Drug Waste Record

[illegible]

POLICY >>>>>	11.1 Controlled Substances
Effective Date: [REDACTED]	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] and/or statements
Approved by:	Clinic Manager
PURPOSE: To provide guidelines for storage, procurement, administration, documentation and disposal of controlled substances (CS).	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: Controlled substances (CS) shall be handled and accounted for in accordance with federal and [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] of IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.	
REFERENCES:	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

1. Storage

- a. All CS shall be kept in designated lock storage within a secure area. For Schedule 2 substances, use a double lock system.
- b. Access and access to keys shall be limited to individuals authorized by the Clinic Manager. Controlling access to the CS storage area and the keys to it greatly reduces [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED] registration. This includes selection of one or more vendors, establishing accounts with them, and ensuring the clinic is compliant with applicable regulatory requirements.
- b. Access to the system the Clinic Manager establishes for the purchase and procurement of CS should be restricted to the fewest number of individuals necessary.
- c. Vendors may not require additional verification if an order is placed, which may allow unauthorized orders to be placed and delivered without the knowledge of authorized purchasers. The Clinic Manager or designated individual will reconcile the order history of any account used to purchase CS with the retained orders [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] are to be unpacked by an authorized clinic staff member and reconciled against the order invoice as soon as possible after delivery. Any discrepancies in the products or quantities received or indicators of damage or tampering are to be brought to the Clinic Manager's attention immediately upon discovery.

- f. Deliveries containing CS must be kept in a secure designated location if they cannot be stored immediately.

3. Documentation

- a. Documentation of administration of any CS to a patient must be made in that patient's medical record in the appropriate location.
- b. Prescriptions for or dispensing of controlled substances require the provider to first check the Florida Prescription Drug Monitoring Program (PDMP) database to review the patient's controlled substance prescription history. **Note:**

Controlled [REDACTED]
[REDACTED]
[REDACTED] or electronic form is at the Clinic Manager's discretion.)

4. Waste

- a. All unused or leftover quantities of controlled substances that are not usable for patient care must be wasted or discarded in such a way that they are not [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] water pollution, wasting into sinks, drains, or toilets is not permitted.

[REDACTED] water pollution, wasting into sinks, drains, or toilets is not permitted.

- d. All wasting MUST be directly observed by a witness, who will initial on the appropriate log that the CS was properly wasted.
- e. Unusable full containers of CS or partial containers of CS where less than half the volume was used must be wasted by a provider or clinician and witnessed by another provider or clinician, who will initial the witness log.

5. Discrepancies and Reporting

- a. Discrepancies occur when the expected inventory level does not match with that of the actual inventory level in the storage area.

- b. [REDACTED]
[REDACTED]
[REDACTED] should be notified for further investigation and/or reporting with appropriate agencies.

- e. Random audits can and should be performed at any time.

POLICY >>>>	11.2 Inventory Rotation
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Manager
PURPOSE: To establish a mechanism for rotating and dispensing stock or inventory that has Use By or Expiration Date.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: 1. As a [REDACTED] [REDACTED] [REDACTED] [REDACTED] expiration dating will be distributed first.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies to all individuals engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including [REDACTED].	

POLICY >>>>	11.3 Recall Response Plan
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	
PURPOSE:	
To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE:	
This	
engaged in employment with IV Therapy Clinic. Failure to comply with this policy could result in disciplinary action up to and including termination of employment.	
QUESTIONS:	
Please consult your immediate supervisor or the clinic manager with any questions about this policy.	
PROCEDURE:	
It is the policy of	
recalls as follows:	

1. The Clinic Manager will designate a staff member to pull or access medical records to ensure all affected patients are notified.

a. Regarding medications, product recall does not always mean a patient should stop using th [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] to discuss alternative treatment options with patients.

2. The Clinic Manager or designated individual will remove all recalled products from the clinic's inventory and quarantine them in a separate container or area [REDACTED]

[REDACTED]
[REDACTED]

POLICY >>>>>	11.4 Use of Single-Dose and Multiple-Dose Containers
Effective Date:	2/10/2019
Date Last [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To provide information concerning the use of single dose and multiple-dose containers.	
SCOPE: [REDACTED] [REDACTED] [REDACTED] [REDACTED] not be stored for any time period. 3. Multiple-dose containers (vials) containing preservatives can be used after entering/puncture for 28 days, unless otherwise specified by the manufacturer. 4. Multiple-dose containers (vials) intended to be used for more than one patient, [REDACTED] [REDACTED] [REDACTED] [REDACTED] could result in disciplinary action up to and including termination of employment. REFERENCES: USP 31 Chapter <797>	

QUESTIONS:

Please [REDACTED] or or the clinic manager with any questions about this policy.

Form 12.1 Equipment Record Log

Equipment Record Number: _____

Type of _____

Telephone Number: _____

Manufacturer's Name: _____

Trade Name: _____

Date Purchased: _____

Cost: _____

Form 12.2 Equipment Repair Record

Parts Covered: _____

Telephone Number: _____

Manufacturer's Name: _____

Trade Name: _____

Date Purchased: _____

Cost: _____

DATE	<div></div>	<div></div>	<div></div>

POLICY >>>>>	12.1 Infusion Equipment Requirements
Effective Date:	2/10/2019
Date Last Reviewed:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED] environment uniform with our goals.	
<p>SCOPE:</p> <p>This policy applies to all individuals on the health care team.</p> <p>POLICY [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] or accuracy of any equipment will result in the equipment immediately being taken out of service and tagged for further inspection by a qualified individual.</p> <p>c. All equipment will be inspected on a semi-annual basis at minimum.</p> <p>2. Equipment Required in the Clinic:</p> <p>a. Oxygen source - checked daily</p> <p>b. Airway equipment including endotracheal tubes, stylettes, oral airways, nasal airways, laryngoscopes and blades, extra laryngoscope batteries, LMAs, suction equipment, and an Ambu-bag.</p> <p>c. [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	

POLICY >>>>	12.2 Supply Procurement, Receipt, and Inspection
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
[REDACTED]	[REDACTED]
[REDACTED]	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
DEFINITIONS: For any unclear [REDACTED] [REDACTED] [REDACTED] [REDACTED].	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	
PROCEDURE: 1. No components may be used that have been pulled or withdrawn from the [REDACTED] [REDACTED] [REDACTED] free from defects and acceptable for their intended use.	

3. Upon receipt of drug or medical supply shipment, it must be inspected promptly to ensure the product labeling and packing slip match accordingly and [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] will be brought to the attention of the Clinic Manager or designated individual.

6. If nonconformance is confirmed by the Clinic Manager, the wholesaler, manufacturer, or provider of the item will be notified and the item immediately quarantined to a designated area to ensure it will not be used.
7. Instructions will be obtained on the procedure to [REDACTED]
[REDACTED] supplier of the suspect item.

POLICY >>>>>	12.3 Purchasing Policy and Procedure
Effective Date: 2/10/2019	
Date Last [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY STATEMENT: To keep operational costs low and ensure judicious use of funds, it is the policy of IV Therapy Clinic to purchase supplies and maintain inventory with a high degree of efficiency. The following procedures are provided to execute this policy.	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED] in employment with IV Therapy Clinic.	
REFERENCES:	
QUESTIONS: Please consult your immediate supervisor or the clinic manager with any questions about this policy.	

PROCEDURE:

1. Centralized Ordering

- a. The Clinic Manager or designated individual is responsible for ordering supplies.
- b. An inventory process should be developed by determining the quantity of each supply item [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] off for receipt.

2. Vendor Selection

- a. Create vendor files by company name and chronologically file all invoices and statements. Alphabetically file the folders.
- b. Be familiar with price breaks for regularly used items so that they can be ordered in quantities that provide the best price.

- c. Purchase office [REDACTED]
[REDACTED] vendor prices every 12 months. Ask for competitive bids from three different vendors. Negotiate for better prices.

- e. Verify the payment terms and any opportunities for prompt payment discounts.
- f. Be aware of items being put on back order, especially if the supplies are required to provide a service to a patient. Seek reliable vendors that can consistently provide these items.

- g. Log all chemical orders on [REDACTED]
[REDACTED] to check for delivery accuracy.

3. Inventory

- a. Mark items in inventory by numbering with item number stickers.
- b. As an item is used, peel off the sticker and add it to the patient encounter form for data entry. This will allow the practice management system to create a

[REDACTED]

- [REDACTED] cycle continues by using the supply order report to place the next order.

POLICY >>>>	12.4 Request for Proposal
Effective Date:	2/10/2019
Date Last Reviewed:	Date
Scheduled Review Date:	Date
Supersedes:	All previous policies and/or statements
Approved by:	Clinic Manager
PURPOSE: To establish safe, equitable, and effective work environment uniform with our goals.	
SCOPE: This policy applies to all individuals on the health care team.	
POLICY [REDACTED] [REDACTED] [REDACTED] to address business needs (e.g., communication systems, electronic health record systems, major equipment, etc.). By distributing a standard format such as an RFP, impartial purchasing decisions will be made and based on established criteria. Suppliers and vendors will know that the selection process is competitive. Use of RFPs will be limited to [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
<ul style="list-style-type: none"> • Description of products or services meeting business need • Detailed business requirements • Approach suggestions • Performance metrics • Proposal format • Due date • Selection criteria • Questions • [REDACTED] 	

- Point of contract

- [REDACTED]

- [REDACTED]

- How to respond

POLICY >>>>>	12.5 Vendor Accounts
Effective Date:	2/10/2019
Date Last Reviewed:	Date
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
SCOPE: This policy applies to all individuals on the health care team.	
DEFINITIONS: For any unclear definitions, please consult your supervisor.	
RESPONSIBILITIES: This policy applies [REDACTED] [REDACTED] [REDACTED] [REDACTED] the clinic manager with any questions about this policy.	
PROCEDURE:	

1. Vendors will be selected weighing the following factors:

a. Service: Select vendors with the ability to meet the needs of the clinic.

b. Pricing: Select [REDACTED]

[REDACTED]

[REDACTED] vendors with the shipping and delivery capabilities that best meet the needs of the clinic.

i. Whenever possible choose vendors (or negotiate) with vendors that include shipping and delivery services in the base pricing.

ii. Reputation: Select vendors with an established, positive reputation. When

[REDACTED]

[REDACTED]

[REDACTED]

c. Provide the vendor with any required business, banking or credit references.

d. Obtain an account number from the vendor and place it on file for future reference.

e. Open a file for the vendor. File copies of the agreement or contract as well as a copy of the application in the file.