

Caregiver Assistance News

“CARING FOR YOU... CARING FOR OTHERS”

Communication & Confidentiality

Most likely, you have been exposed to some of the concepts of HIPAA (Health Insurance Portability and Accountability Act) at some point in recent years. Perhaps you have been asked to sign a HIPAA form when you arrived at a doctor's office or emergency room, or signed into a hospital as a patient. What is HIPAA all about?

Although ethical health care facilities and providers have always practiced confidentiality when it comes to patient matters, HIPAA mandates by law *how* this must be done. The Health Insurance Portability and Accountability Act of 1996, like many laws, contains many items. Our concern here is the “privacy rule.”

Implemented in 2003, HIPAA is both federal law and a national standard for the health care industry. It spells out certain *rights* for individual patients of all ages. **It also penalizes and fines health care providers and facilities that do not follow the rules outlined by HIPAA.** Under HIPAA, patients can find out *how* their information is being used and *who* it is being shared with. Patients can establish a time limit on the release of this information. In addition, the law specifies a patient's right to examine and obtain his records in a timely fashion. This applies whether the patient record is paper or on a computer. Additionally, the law



provides for individuals to dispute errors in their health care records, and to file complaints if they believe their privacy has been violated.

The Privacy Rule

There are limits to the information that can be shared under the HIPAA privacy law. If the health care provider “deems” it in the patient's best interest or believes the release of certain information would endanger or harm the patient, it may be withheld in some cases. Health care providers and organizations are allowed to require that patients make requests in writing. Psychiatric care notes, information gathered for use in legal proceedings, and certain laboratory information (such as HIV status) can be withheld. Certain information collected in research studies can also be withheld. Information and records can also be withheld if the health care provider cannot verify the identity of the person

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Our Purpose

To provide caregivers with critical information enabling them to do their job with confidence, pride, and competence.

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SAFETY TIPS—Preparing for Alzheimer's Care

Alzheimer's disease (AD) typically occurs in older adults. However, it may occur before age 65, in which case it is called “early onset.” When it occurs in younger adults, the progression of the disease is often faster. The fact that it can sometimes occur in a younger adult makes it clear that AD is a disease, and not a necessary consequence of aging.

Sometimes fear of finding out the truth about their memory problems stops people from seeking a doctor's opinion (diagnosis), but a thorough check-up may identify a *treatable* condition. Even if the diagnosis confirms the presence of an illness that causes irreversible dementia, it may still be a relief to everyone concerned to finally learn the cause of the problem.

The advantage of getting an early diagnosis is the person with AD will be able to participate in making plans for the future.

If you know what symptoms are likely to appear at each stage of the illness, you will be able to prepare for the best way to handle them, making the most of the person's remaining abilities.

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requesting the information or their legal right to that information.

Most physician offices have developed a style that works for their patients and follows the HIPAA privacy rules. Many have a HIPAA form that asks a few questions of the patient regarding his *privacy wishes*. These often include key questions such as:

- Are the physician and office staff allowed to speak with someone else on the patient's behalf? If so, to whom?
- Does the patient want to grant permission for messages to be left on a telephone voice machine?
- Does the patient want to be contacted at any other number (such as a work or cell phone number)?

Privacy rules apply to the relationship between a health care provider/ facility/ organization and the patient. But what if you are caring for someone who is confused, incapacitated, or mentally unable to take care of his affairs? This is where HIPAA can become very tricky for caregivers. **Privacy rules also generally require that persons who are legally authorized to act on behalf of an individual regarding health care matters be granted the same rights to access of information.** However, the rule defers to state law to determine *when* a person has the *legal authority* to act on behalf of another in matters related to health care. Parental rights in the case of children or health care powers of attorney are two examples of state-recognized authority.

Source: www.HHS.gov

Professional Caregivers and Confidentiality

What if you are a paid caregiver? Sometimes you are the one who spends the most time with the patient, but you most likely do **not** have legally recognized authority to act on behalf of the one in your care.

Whether you are a paid caregiver or a family member caring for a loved one, some points to discuss about the privacy laws with the person in your care:

- ✓ What does he want your role to be? Does he want you to be involved directly in his health care visits or have you listed as someone the provider can speak to on his behalf?
Or, does he prefer that his health care visits remain private, just between him and his health care provider or between the provider and another person or family member?
- ✓ If the person in your care is confused or unable to make decisions for himself, who is considered "next of kin?" Do they have legal authority to act for the patient? If so, speak with them about any concerns you have.
- ✓ Know who holds the state-recognized authority, such as *health care power of attorney*, for the one in your care. **This can be very important, especially in emergencies.**

Taking Care of Yourself—Alzheimer's Disease Effects on the Family

Alzheimer's disease affects not only the person with the illness, but the rest of the family as well. The family may need to reorganize and to create a care plan that will support all its members while coping with feelings of sadness, loss, and the fear of change. Plans that have been made and looked forward to may need to be changed or given up. New roles and skills may need to be developed. The symptoms can put a strain on relationships.

Family members responsible for the care of the person with Alzheimer's can become depressed. Young children can be frightened by the symptoms of Grandma or Grandpa. Tensions can develop about who will provide care, and what kind of care to provide. Therefore, family members should find information, counseling, and support.



NOTE Professional caregivers must follow the guidelines of their agency when reporting in the *Plan of Care*.

Inspiration

Take responsibility for the energy you bring into this space.
~ Dr. Jill Bolte Taylor

Live Life Laughing!

I always read stuff that will make me look good if I die in the middle of it.



Memory Care

Alzheimer's care needs change over time. There are a few principles to always keep in mind:

- ♥ The heart of care is the *relationship* between the caregiver and the care receiver.
- ♥ Focus on the effort the ill person makes, and not the result.
- ♥ Maintain the dignity and self-esteem of the person in your care.