



EASTERN  
REHABILITATION  
NETWORK

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HARTFORD HOSPITAL

We bring out the *Best in you*

# *Patient Information Packet*

*Home Office:*

*181 Patricia M. Genova Drive, Newington, CT 06111  
Tel. 860-667-5480; Fax 860-667-8416*

[www.easternrehab.net](http://www.easternrehab.net)



We bring out the *Best in you*

Dear Patient:

On behalf of the employees of Eastern Rehabilitation Network (ERN), a department of Hartford Hospital, I would like to welcome you. We know that you have choices when it comes to selecting a rehabilitation provider, so we thank you for choosing ERN.

The rehabilitation program that you are starting will be designed specifically for you so that you can achieve your goals. Our mission is to be the rehabilitation provider of choice ensuring you receive compassionate, high quality care in an efficient manner.

To make sure that your time with us is as beneficial as possible, please take a few moments to read through the information in this booklet. I also encourage you to learn more about our programs and services by visiting our website at [www.easternrehab.net](http://www.easternrehab.net).

ERN collects information that helps us determine how our programs and services have met patients' needs. Although we are pleased that our patients consistently report being very satisfied with our services, we continually strive to do better. Please participate in this process so we can further improve our rehabilitation services.

Our sites have been staffed and designed to make your rehabilitation experience excellent so you have success in attaining your goals. Please let us know if we can assist you in any way.

Again, thank you for choosing ERN.

Sincerely,

A handwritten signature in black ink that reads 'Rita A. Parisi'.

Rita A. Parisi  
Vice President of Rehabilitation

## General Information

### What to Expect When You Come to Eastern Rehabilitation Network (ERN)

If you are a new patient with ERN, there will be information for you to read and forms for you to sign, such as information regarding your confidentiality and privacy and authorization to bill your insurance. We will need additional information about you, such as work or school phone numbers and an emergency contact phone number. Also, please bring the referral form from your physician and your insurance card(s).

Please wear loose-fitting, comfortable clothing that is appropriate for exercise. Shoes should be comfortable and provide good support. If you are participating in a specialty program, remember to bring those particular items (bathing suit, sports equipment, etc.). Most appointments last 45-60 minutes and your therapist can advise you on the expected duration of your appointments.

Please check-in at the reception area for all appointments so we can keep everyone's schedule running as smoothly as possible. If you're going to be late or have to reschedule an appointment, we would appreciate a call as soon as possible. You will find a list of all our telephone numbers at the end of this booklet.



ERN operates according to established professional ethical standards. If you are ever unhappy with our services you have the right to bring a complaint forward at any time by contacting the site's director or ERN's Vice President of Quality at 860-667-5480. The complaint will be investigated, we will take whatever corrective action is necessary, and we will communicate with you during the process.

### The Therapy Gym

The treatment area is frequently referred to as "the therapy gym," which consists of private treatment areas and an open space with tables and equipment.



During your first appointment your therapist will spend time doing an evaluation of the problem or condition that brought you to therapy. Once your evaluation is complete, you and your therapist will discuss individualized treatment goals and a treatment schedule. The majority of our patients are adults seen for musculoskeletal and neuromuscular diagnoses. Our patients under age 18 are seen for musculoskeletal conditions. While treatment plans are individualized and based on return to function, most patients are seen for an average of 8 to 12 visits.

To get the best outcome possible, you are urged to keep all appointments and adhere to your program (you may be given exercises to do at home). You will also be given the tools you need for continued rehabilitation after your course of therapy is complete. Your therapist will keep your doctor informed of your progress.

As a courtesy to staff and other patients, we respectfully request that all cell phones be turned off and that family members or friends wait in the reception area unless your therapist has requested their attendance.



### **Scheduling Appointments**

Your therapist(s) will have continuous communication with your doctor regarding your progress. In order to achieve your goals and enable your physician to assess your status, it is expected that you attend and participate in the program as outlined.

Scheduling visits is very important. If you are unable to attend your appointment please call as soon as possible to notify us and reschedule. Missing appointments not only delays your personal progress, but may also delay someone else.

### **Insurance and Program Payment**

Hartford Hospital is a participating provider with most insurance, managed care and workers' compensation plans and will process your bills whenever possible. However, because you are ultimately responsible for payment, and insurance plans can be quite complex, we recommend that you contact your insurance company for guidance regarding co-pays and deductibles for "outpatient hospital" services (your insurance card will tell you how to contact Member Services).

If your insurance plan requires a co-pay for services, this will be collected at each appointment. Please check with your patient service representative about your balance or payment arrangements.

For programs and fees that are not part of your insurance benefit you may pay Hartford Hospital directly. Payments may be made via check (make checks out to Hartford Hospital), or for your convenience, you may use credit or debit cards.

Please keep us informed of any address, phone, employment, or insurance changes so we can update our files.



## Special Services

All ERN facilities, programs and activities are designed to be usable by persons with a disability. Access features include:

- convenient off-street parking with designated handicapped spots
- curb cuts and ramps connecting parking areas and buildings
- level entry into first floor with elevator access to all other floors
- fully accessible offices, meeting rooms, bathrooms, public waiting areas, and treatment areas



Also, a full range of assistive and communication aids are available without charge for persons with impaired hearing, vision, speech, manual skills, or Limited English Proficient (LEP) persons.

Some of these aids include:

- access to qualified sign language interpreters for the hearing-impaired
- assistive listening devices
- large print materials for the visually impaired
- interpreter services



If you require any special assistance, please notify your Patient Service Representative or your caregiver.

## Reaching Your Goals

Many factors can impact progress towards your goals.

Medications:

- Be sure to ask your doctor or pharmacist to explain side effects of your medications
- Ask your doctor or pharmacist to explain any drug interactions
- Keep an updated medication list of all of your medications and make sure you let ALL your doctors know about ALL of your medications
- Do not discontinue your medications without consulting your doctor

Nutrition - *Proper nutrition promotes healing:*

- Make sure that you are eating a diet balanced with fresh fruits and vegetables, complex carbohydrates and protein
- Unless otherwise instructed by your doctor, stay hydrated by drinking eight 8-ounce glasses of water throughout the day



Other risk factors may impact your progress and you may want to discuss them with your doctor or therapist:

- Smoking
- Abnormal blood pressure
- Allergies
- Depression
- Change in family support



Report any of the following to your therapist:

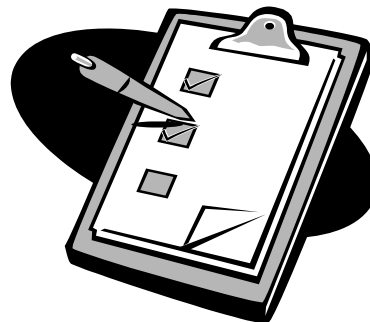
- Questions about progress towards your goals
- Difficulty following your home exercise instructions
- Confusion about activities to do or to avoid
- Increase in pain
- Concern about transitioning back to school, work or life roles

**Call 9-1-1** if you are experiencing a medical emergency such as:

- Difficulty breathing
- Chest pain
- Excessive bleeding
- New numbness or tingling
- New symptom of slurred speech/difficulty swallowing

We encourage you to keep an updated medical history, a “portable profile” that is available from your patient service representative, that includes information about:

- Advance Directives
- Allergies
- Emergency contacts
- Equipment and devices used
- Hospital preference
- Immunization status
- Insurance information
- Medical diagnoses/conditions
- Medications
- Physicians
- Prosthetic and orthotic information
- Risk factors
- Swallowing function
- Vision and hearing

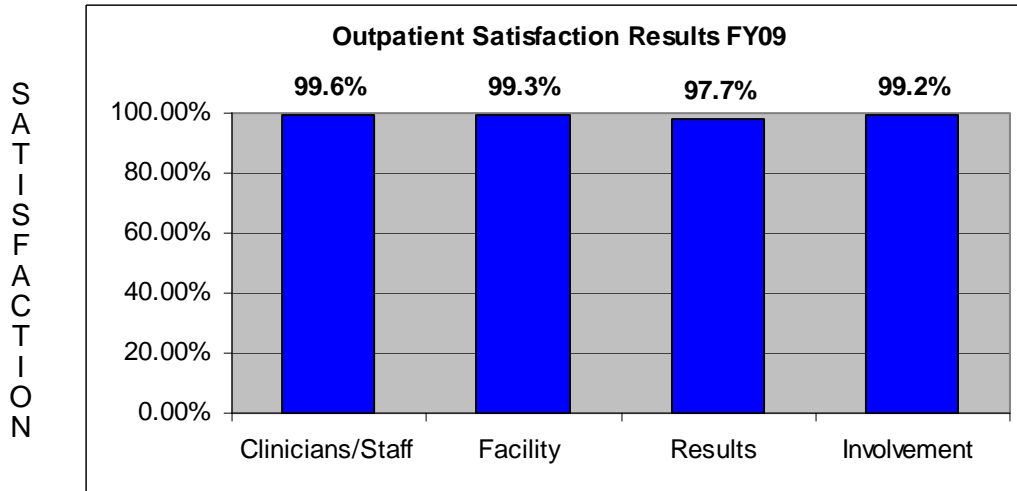


The following are some of the resources available to help you create a comprehensive medical profile:

- Medictag.com
- Medicalert.org
- OnFile.com
- Collegeparents.org

We bring out the *Best in You*

### Outpatient Patient Satisfaction for 2009



- 99.6% of patients were very satisfied/satisfied with our **staff**
- 99.3% of patients were very satisfied/satisfied with our **facilities**
- 97.7% of patients were very satisfied/satisfied with their **rehabilitation results**
- 99.2% of patients were satisfied with their **involvement in their treatment plans**
- 87.0% of patients were completely recovered/mostly improved in their **ability to perform functional activities**
- 98% of patients would recommend ERN to a family member or friend
- For patients under the age of 18: 93.5% of patients report being completely recovered/mostly improved upon discharge; 99% report being very satisfied with staff; 97% report being very satisfied with facilities; and 96% report being very satisfied with results
- 63% of patients were female and 37% were male

*ERN's outcomes reporting is based on a national system of measures proven to be validated in an outpatient population. This data informs referring physicians, clinicians, patients, and payors about the results of the therapy interventions provided.*

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Percent of patients treated in each diagnostic group and average number of visits provided:

- 7% had upper extremity injuries and were treated in an average of 9 visits
- 22% had lower extremity injuries and were treated in an average of 8 visits
- 21% had back injuries and were treated in an average of 8 visits
- 10% had neck injuries and were treated in an average of 8 visits
- 4% had neurological disorders and were treated in an average of 10 visits
- 2% had vestibular disorders and were treated in an average of 6 visits

### **Patient Rights -**

At Eastern Rehabilitation Network, a department of Hartford Hospital, you have the right to:

- Considerate and respectful care in a safe, comfortable environment.
- Personal privacy and confidentiality.
- Be treated with dignity.
- Create an advanced directive. Know the names of health care providers and their role in your care.
- Treatment by compassionate, skilled, qualified health professionals.
- Be informed about and participate in your care and treatment plans.
- Be free from all forms of abuse or harassment.
- Request medically appropriate and necessary treatment.
- Refuse treatment as allowed by laws.
- Know what safety measures may be used during your care.
- Ask for a second opinion about your care.
- Proper assessment and management of your pain or discomfort.
- Request an interpreter.
- Review and obtain copies of your medical records.
- Receive treatment in an environment that is sensitive to your beliefs, values and culture
- Be informed about the care you will need after discharge.
- Receive information about and an explanation of your hospital bill.
- Receive notification of privacy practices (see Hartford Hospital's Notice of Privacy Practices)
- Express a complaint or grievance by contacting the Vice President of Quality at 860-667-5480.

### **Patient Responsibilities -**

At Eastern Rehabilitation Network, a department of Hartford Hospital, these are your responsibilities as a patient:

- Give us complete information about your medical history, including any medications you may be taking.
- Tell us what you need. If you do not understand your care plan, ask questions.
- Be part of your care. It is important for you to tell us how you want to partner in your care.
- If you are not satisfied with your care, please tell us how we can improve.
- Follow our guidance in helping you get well.
- Be considerate of the rights of other patients, families and hospital personnel.
- Give us any insurance information we need to help get your bill paid and fulfill financial obligations to the hospital.
- For questions or more information about your Rights & Responsibilities, contact the Vice President of Quality at 860-667-5480.

### **Nondiscrimination Policy**

Eastern Rehabilitation Network, a department of Hartford Hospital, does not exclude, deny benefits from or otherwise discriminate against any person on the grounds of gender, race, color, national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of its programs and activities.

# Hartford Hospital Notice of Privacy Practices (NOPP)

(Effective Apr. 14, 2003)

This notice describes how information about you may be used and disclosed and how you can get access to this information. **PLEASE READ IT CAREFULLY.**

## Hartford Hospital's Responsibilities

The Hospital receives and generates certain Protected Health Information (PHI) about you especially for you. The following information explains your rights regarding this PHI and our practices and responsibilities to protect the privacy of your PHI.

- Federal and State law requires that we maintain the privacy of your PHI;
- Federal law requires that the Hospital provide you with this written Notice regarding its duties and practices in using your PHI;
- The Hospital is required to abide by the terms of this Notice;
- The Hospital is required to notify you if we can not abide by a requested restriction on how your information is used or disclosed;
- The Hospital must accommodate reasonable requests that you make for it to communicate your PHI by alternative means or locations;
- The Hospital reserves the right to change this Notice and have the changes apply not only to PHI acquired after the change in Notice, but have it also apply to PHI received before the change in Notice. Should our Notice, be revised, we will post the revised Notice on our web site [www.hartfordhospital.org](http://www.hartfordhospital.org).
- The Hospital and its medical staff operate as an organized health care arrangement, which means that for purposes of compliance with the Federal Privacy Standards you will be receiving a joint Notice of Privacy Practices from the Hospital and its medical staff.

## Uses and Disclosures of Your Protected Health Information

The Hospital may use your PHI for the following purposes without obtaining your written consent:

- To provide treatment (e.g., discussions between caregivers for coordination and planning of your care). Treatment means the provision of health care and related services, including consulting between health care providers; and referring you to another health care provider to receive care; and
- To conduct our administrative and business operations, which includes, but is not limited to, conducting quality improvement activities, reviewing the competence or qualifications of healthcare professionals, case management and care coordination, contacting patients with information regarding treatment alternatives, conducting or arranging for legal counsel, medical review and auditing functions, including fraud and abuse detection, business planning and development, management activities relating to compliance with State and Federal laws, resolution of internal grievances, and activities in connection with a sale of assets.

Federal law allows the Hospital to use and disclose your PHI for treatment, payment and healthcare operations without your consent. However, since State law continues to require that we obtain your consent for disclosure of PHI for payment purposes (ie., billing your insurance company for provision of services), coordination of care with other providers, and the disclosure of certain sensitive information protected under State law, we will request your consent for disclosure of PHI upon admission.

**Unless you object or specifically request to restrict use, some of the other ways in which we will use your PHI are:**

**Patient Directory Use:** Your name, location, general condition (e.g., stable, fair or critical), and religious affiliation will appear in the Patient Directory for access by clergy and persons who specifically inquire about you by name. If you are incapacitated or an emergency treatment circumstance exists limiting your

ability to object, some or all of the above information may be used in the Patient Directory if such use is not inconsistent with any of your prior expressed preferences, or it is believed by us to be in your best interests. In which case, when it becomes practicable to do so, we will provide you with the opportunity to object to the use described. However, if you are receiving treatment for psychiatric and/or alcohol or drug abuse disorder(s): (i) we will not acknowledge the fact that you are receiving treatment from us without your specific written authorization; (ii) or disclose any PHI, which reveals psychiatric or protected drug and alcohol information. If we receive a request for disclosure of your patient records, we will not reveal that you are being diagnosed and/or treated for psychiatric or drug/alcohol problems without your specific written authorization or unless otherwise permitted under the law.

**Notification and Involvement in Your Care:** We may communicate PHI: (a) to your family member(s), legally authorized representative(s), and any other person identified by you, which is directly relevant to such person's involvement in your care or payment for your care; and (b) to notify or assist in the notification of a family member, a personal representative, or any other person responsible for you. Such notification may include your location, general condition, or death, but will not include confidential HIV-related, drug and alcohol or psychiatric information. If you are able, we will provide you with the opportunity to consent or object to such disclosure. If you are unable to object due to your incapacity or an emergency circumstance, the hospital, based upon its professional judgment, will make such disclosure if it determines that it is in your best interest to do so. Such disclosure of PHI will be limited to information that is directly relevant to the recipient's involvement with your health care.

We may also make disclosures of your PHI to a public or a private entity charged by law or its charter to assist in disaster relief efforts for the purposes of coordinating the disclosures described in the above paragraph.

**Unless the PHI is protected by Federal/State drug, alcohol psychiatric or HIV-related confidentiality laws, we may use and disclose your PHI without your consent or without providing you the opportunity to object as follows:**

- If the use or disclosure of PHI is required by law and is limited to the relevant requirements of the law (e.g. reporting an adverse incident in our Hospital);
- Disclosures required by law to state and federal public health authorities (e.g., to report a defective medical device to the FDA);
- Disclosures made to government authorities for the purpose of reporting suspected abuse and neglect of children, the elderly and the mentally retarded;
- Disclosures to health oversight agencies authorized by law, in connection with audits, civil, administrative, or criminal investigations, licensure or disciplinary actions; or for monitoring compliance and quality, and program eligibility (e.g., Medicare, Medicaid, and State of Connecticut Department of Public Health);
- Disclosures to persons exposed to a communicable disease if authorized by law to make such disclosure;
- Disclosures in connection with judicial and administrative proceedings in response to an order of the court or administrative tribunal, or in response to a lawfully issued subpoena;
- Disclosures to law enforcement if mandated by law (e.g., reporting gunshot wounds);
- Disclosures to law enforcement in the event of your death if it is suspected that your death was the result of criminal conduct;
- Disclosures to law enforcement if there is evidence of criminal conduct that occurred on the Hospital premises;
- Disclosures to the Office of State Medical Examiner as mandated by law (e.g., the occurrence of a suspicious death, contagious disease, and cremation);
- Disclosures to funeral directors as permitted by law;
- Disclosures to organ procurement organizations ("organ banks") in connection with organ donation and transplantation;
- Disclosures to researchers where: (i) the Hospital's institutional review board has waived the requirement of your authorization; (ii) the researcher has made representations that access to your PHI is necessary to develop research protocols (or for similar purposes) preparatory to the actual research; (iii) the researcher has represented that access is necessary to conduct

research on your PHI should you become deceased; or (iv) the Hospital has disclosed limited amounts of your PHI, excluding data which may directly identify you.

- Disclosures to persons reasonably able to prevent or lessen serious and imminent threat to the health or safety of a person or the public; or if necessary to apprehend an individual involved in a violent crime that we believe may have caused serious physical harm to you;
- Disclosures regarding armed forces personnel to appropriate military command authorities to assure proper execution of the military mission;
- Disclosures to Federal officials for protective services to the President or other governmental authorities;
- Disclosures to correctional institutions for the purpose of providing services to you or for the health and safety of the inmates or employees of the correctional institution; and
- Disclosures to comply with workers' compensation or other programs that provide benefits for work-related injuries without regard to fault.

### Social Security Numbers:

In the course of doing business, Hartford Hospital may collect certain personal information, including Social Security numbers. The hospital protects the confidentiality of the Social Security numbers it obtains in a number of ways, including by limiting access to them and by prohibiting any unlawful disclosure of them.

### Marketing and Fundraising:

The Hospital may make disclosures of your PHI to provide follow up contact to you regarding upcoming appointments, treatment alternatives, health-related benefits, programs, services, events and functions which may be of interest to you, and to conduct fundraising by and for the Hospital.

All other uses or disclosures will only be made with your specific written authorization, which may be revoked, except to the extent it has already been relied upon.

### Special rules for Psychiatric, Drug and Alcohol and HIV-related protected information:

**Protected Psychiatric Information:** State law provides special protections when it comes to psychiatric information. Except for treatment, or healthcare operations, psychiatric communications will not be disclosed, without your specific written consent, unless the disclosure is made: (i) to another health care provider for the purpose of treatment and diagnosis (with notice to You); (ii) when there is substantial risk of imminent physical injury to you or others and the disclosure is necessary to place you in a treatment facility; (iii) to a court as part of a court ordered psychiatric examination; (iv) in a civil court proceeding if you introduce your mental condition as an element of a claim or defense; (v) after your death, when your condition is introduced by a party claiming or defending through or as a beneficiary of you and a court finds it to be in the interests of justice to disclose such psychiatric information; (vi) to the Commissioner of the State Department of Public Health or the State Department of Mental Health & Addiction Services in connection with an inspection or investigation; (vii) to the family or legal representative of a victim of a homicide committed by you; (viii) to individuals or agencies involved in the collection of fees for psychiatric services; and (ix) to the State Department of Mental Health & Addiction Services in connection with the hospital receiving payment for services funded by such agency with notice to you.

**Protected HIV-Related Information:** Special rules under State law also limit the disclosure of HIV-related information. According to the rules, the Provider may not disclose such information without your specific written authorization, unless such disclosure is: (i) made to a public health official as required or allowed by State or Federal law; (ii) a health care Provider for the purpose of treatment; (iii) a medical examiner to determine the cause of death; (iv) to a hospital committee or another organization for the purpose of oversight or monitoring of the hospital; (v) to a health care worker experiencing a significant occupational exposure to HIV infection; (vi) pursuant to a court order; (v) life and health insurers; (vi) to your partner by a physician caring for you and your partner if it is believed by the physician that your partner is at significant risk for transmission; and (v) if you are a minor, to your parents or legal guardian, unless the physician determines there is cause (as defined by law) not to disclose to them.

**Protected Drug and Alcohol Information:** Federal law establishes certain protections for any patient identifiable information relating to drug and alcohol treatment. As a general rule, protected drug and alcohol information is confidential and may not be disclosed without your authorization or pursuant to Federal law. Exceptions for disclosure of Protected drug and alcohol information without your authorization are as follows: (1) to medical personnel to the extent necessary to meet a bona fide medical emergency; (2) to qualified personnel for the purpose of conducting research, management audits, program evaluation, provided you are not identified in any report; (3) pursuant to a court order where good cause for such disclosure has been established; (4) communications between a program and an entity and an affiliated covered entity having direct administrative control over our program; (5) to a business associate performing services on our behalf; (6) limited communications with law enforcement regarding a crime committed or threatened by you on our premises; (7) the reporting of incidents of suspected child abuse and neglect to the appropriate state authorities; and (8) to the FDA when they assert that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction.

### Your Rights Relating to Your Protected Health Information.

- You have the right to request certain restrictions on the use of your PHI for treatment, payment and our operations, disclosures to notify family and friends of your location, general condition and/or death, and disclosures to others involved in your care or payment of your care. However, we are not required to honor all such restrictions.
- The right to receive communications of PHI from the Hospital by other means or locations;
- The right to inspect and subject to a copying charge, copy PHI, except psychotherapy notes, information collected for use in a court proceeding, or certain other information protected by Federal law governing clinical laboratories;
- The right to request to amend PHI so long as the amendment is accurate and complete and in writing;
- The right to revoke your Authorization and Consent except to the extent relied upon;
- The right to receive an accounting of disclosures of PHI made by the hospital in the six years prior to the date on which the accounting is requested; (beginning with disclosure made 4/14/03 forward)
- The right to receive a copy of the Hospital's Notice of Privacy Practice; and
- The right to file a complaint with the Hospital or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated.

For more information on how to exercise any of your rights regarding your protected health information, you may view our FAQs (Frequently Asked Questions) page on this web site, or you can send a written request to:

**Hartford Hospital**  
Patient Relations Office  
80 Seymour St.  
Hartford, CT 06102-5037

A representative will contact you. Alternatively, you may contact Hartford Hospital at (860) 545-5000 and ask to be connected to Health Information Management, Privacy Officer.

If you believe your privacy rights have been violated, you may file your complaint by any means of communication by contacting:

**Hartford Hospital**  
Patient Relations Office  
80 Seymour St.  
Hartford, CT 06102-5037  
860-545-1400

You will not be retaliated against for filing a complaint.

If you believe Hartford Hospital has violated your privacy rights, you may file a complaint or contact:

**Department of Health and Human Services, Region I**  
Office of Civil Rights, J. F. K. Federal Building - Room 1875, Boston, MA 02203



HARTFORD HOSPITAL

We bring out the *Best in You*

### Location Listing

#### **Avon**

100 Simsbury Road  
Avon, CT 06001  
Tel: 860-674-0255  
Fax: 860-674-3727

#### **Meriden**

1064 East Main Street  
Meriden, CT 06450  
Tel: 203-235-9622  
Fax: 203-630-3600

#### **East Hartford**

265 Ellington Road  
East Hartford, CT 06108  
Tel: 860-291-2789  
Fax: 860-290-4153

#### **Wallingford**

863 No. Main Street Ext.  
Wallingford, CT 06492  
Tel: 203-694-5528  
Fax 203-694-5529

#### **Enfield**

113 Elm Street  
Enfield, CT 06082  
Tel: 860-696-2690  
Fax: 860-696-2695

#### **West Hartford**

334 North Main Street  
West Hartford, CT 06117  
Tel: 860-236-7771  
Fax: 860-586-7112

#### **Glastonbury**

330 Western Boulevard  
Glastonbury, CT 06033  
Tel: 860-657-4723  
Fax: 860-652-4340

#### **West Hartford**

445 South Main Street  
West Hartford, CT 06110  
Tel: 860-521-8800  
Fax: 860-521-8801

#### **Granby**

18 East Granby Road  
Granby, CT 06035  
Tel: 860-653-2301  
Fax: 860-653-7875

#### **West Hartford**

65 Memorial Road  
West Hartford, CT 06107  
Tel: 860-231-1707  
Fax: 860-231-8041

#### **Hartford**

85 Seymour Street, Ste 604  
Hartford, CT 06106  
Tel: 860-545-5130  
Fax: 860-545-1772

#### **Wethersfield**

1025 Silas Deane Highway  
Wethersfield, CT 06109  
Tel: 860-529-3179  
Fax: 860-571-3282

#### **Manchester**

252 North Main Street  
Manchester, CT 06040  
Tel: 860-643-3562  
Fax: 860-643-3565

#### **Windsor**

1060 Day Hill Road  
Windsor, CT 06095  
Tel: 860-688-0236  
Fax: 860-688-0403