

Sycamore Run Nursing & Rehabilitation Center Information Regarding Home Health Services

Your physician has indicated that you may benefit from receiving home health services. These services may include skilled nursing or therapy services, as well as personal assistance and homemaker services, all provided to you in the comfort of your own home. We are providing the following information to assist you in identifying the various resources available for you to receive such services.

We understand that it can be overwhelming to select a home health agency from a multitude of unknown providers. Therefore, before you make a selection, we want to make you aware that this facility has a relationship with certain home health "preferred providers." Note that these preferred providers are not affiliated with this facility, this facility does not oversee their services, and this facility is not responsible in any way for the care that they provide. However, we have designated these home health agencies as our "preferred providers" based upon their satisfaction of our credentialing standards, their achievement of certain quality metrics, and their promise to adhere to our compliance program.

This facility recognizes that solid communication between your various care teams is an important part of your overall recovery. Our preferred providers are welcome to participate in care conversations or meetings at your direction; please let us know if you would like them involved.

IMPORTANT: You have a choice of provider, and you are of free to choose any home health agency that you wish. You are under no obligation to select one of our preferred providers, and you should feel no pressure to do so. You will not be retaliated against in any manner should you select an alternate provider. Please understand that your benefits may only cover particular providers in their network and hospital systems may have designated preferred provider networks. For your convenience, we have a list of other home health agencies that provide services in the area available upon request.

If you have any questions regarding home health services or selection of an agency, please contact:

Name: _____

Phone: _____

HOME HEALTH COMPANY SELECTED: _____

RESIDENT/REPRESENTATIVE

FACILITY REPRESENTATIVE

Signature

Signature

Date

Date