



Informed Consent to Home Visit | House Calls

Overview of Home Visit | House Calls

The purpose of this policy is to ensure that all home visits by Harmonious Living Chiropractic: Fitness & Wellness Center employees and/or contractors are conducted in a safe and secure manner.

Home Visit Risk Assessment

Prior to Harmonious Living Chiropractic: Fitness & Wellness Center employee and/or contractor entering a patient's home, an assessment for risks must be conducted by the patient. The patient must complete a *Home Visit Risk Assessment* prior to each home visit, by calling the office, or completing the *Home Visit Risk Assessment* form online. If we are unable to assess the risk of the patient's home, we will discuss alternative solutions for a patient-encounter or visit, such as using telehealth services or rescheduling the appointment for another day and time.

Unsafe Environments

Our employees and/or contractors **will not** enter a patient's home if the home is considered unsafe. The following activities contribute to an unsafe environment for our employees and/or contractors:

- Presence of any kind of violence
- Patient or other persons in the home using alcohol or drugs, and exhibit signs of aggression and/or intoxication by alcohol and/or drugs.
- Arguing heard inside and/or outside of the home.
- Threatening with physical harm or personal safety
- Weapons (such as firearms) on the property
- Home is disarray or cluttered, making it hazardous for risk for fall and/or personal injury.
- Presence of impending danger
- Smoking in the home

Potential Risk of Home Visits | House Calls

The laws that protect the privacy and confidentiality of health and care information also apply to home visit services. Information obtained during home visits that identifies a patient will not be given to anyone without the patient's consent except for the purposes of assessment, diagnosis, treatment, education, billing, and healthcare operations.

The patient understands that there are maybe risks in home visits, besides an unsafe environment. These risks include, but may not be limited to:

Harmonious Living Chiropractic: Fitness & Wellness Center, LLC
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Patient Name: _____ Date of Birth: _____

- *Interrupted Services:* Disruptions or interruptions in healthcare services and/or treatment may prevent effective interaction between the patient and healthcare provider, if other people are present during the visit.
- *Delayed Services:* Delay in evaluation and/or treatment could occur due to patient and/or patient's home not being prepared to receive the healthcare provider; and/or the environment is deemed unsafe.
- *Breach of Confidentiality:* As with any home visit, there is a risk of breach of patient confidentiality. Since home visits are outside of the healthcare provider's office, there is a potential for other people to overhear if services are not in a private place during sessions. It is highly recommended that patients take reasonable steps to ensure the security of communications during home visits (e.g. having guests and/or other household members wait in another room/area of the home).

Benefits of Home Visits | House Calls

The increase in home visits is on the rise due to the large aging population. Statistics show that home-visits can be beneficial to patients by decreasing the number of emergency room visits and hospitalizations.

- Improved patient care.
- Patient satisfaction.

Types of Home Visits for Current/Existing Patients

At Harmonious Living Chiropractic: Fitness & Wellness Center, we offer two types of home visits to current/existing patients:

- 1) Assessment Home Visits
- 2) Follow-Up Home Visits

We do not offer home visits to non-patients.

Fees

It is my responsibility to contact my insurer to determine if there are co-pays or fees which I am responsible for. Insurance or other managed care providers may not cover chiropractic and/or physiotherapy (PT) services conducted in a patient's home. If my insurance, HMO, third-party payor, or other managed care provider does not cover telehealth sessions with a chiropractor, I will be solely responsible for the entire fee of the visit. Be sure to contact your insurance company prior to engaging in home visits with our office to determine whether these sessions will be covered.

Records

Home Visit sessions will not be recorded in any way unless agreed to in writing by mutual consent. The Office will maintain a record for home visit sessions in the same way in-person visits in accordance with the Office policies and procedures.

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Withdrawal of Consent

I have the right to withhold or withdraw consent to receive home visit services at any time and revert back to traditional in-person office services. I understand that if I withdraw my consent for home visit services, it will not affect any future services or care benefits to which I am entitled.

Acknowledgement and Agreement to Home Visits

By signing below, I certify that I am the parent/legal guardian of the patient or that I am the patient, and I am 18 years of age or older, or otherwise legally authorized to consent. Furthermore, by signing this consent, I agree to allow Harmonious Living Chiropractic: Fitness & Wellness Center employees and/or contractors to enter my home; and to provide a safe environment for me (or my dependent) to receive healthcare services. I further understand that if my home is deemed unsafe, I (or my dependent) will be denied a home visit and offered an alternative solution to receive services such as an in-office visit. I have carefully read and understand the above statements. I understand that this informed consent will become a part of my medical record. All my questions have been answered to my satisfaction.

I hereby consent to the use of Home Visit Services in provision of care and the above terms and conditions.

Printed Name of Patient/Legal Guardian

Signature of Patient/Legal Guardian

Date

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