

Clermont Senior Services, Inc.  
2085 James E. Sauls Sr. Drive  
Batavia, OH 45103



Phone: (513) 724-1255  
info@clermontseniors.com  
www.clermontseniors.com

Dear Customer,

Enclosed is the registration form for the transportation services you will be receiving from Clermont Senior Services, Inc. Please fill in any information we may have missed in our original conversation, sign where indicated and return to us as soon as possible.

We are also enclosing a copy of the Clermont Senior Services, Inc. Notice of Privacy. This notice is yours to keep. It describes how we will use the personal health information that you are divulging to us on the registration form.

Also included is a Third Party Release Form. Please fill in the appropriate information and return with the signed registration form.

If you have any questions about the registration form, the Notice of Privacy, or the Third Party Release Form, please contact a member of the Scheduling Department at 513-536-4115.

We have enclosed a self-addressed stamped envelope for your convenience in returning the registration form. We look forward to serving you in the future.

Thank you,

Transportation Scheduling Dept.

Clermont Senior Services, Inc.

*Our mission is to improve the quality of life for older adults by providing a broad range of home and community based services, enabling them to remain as active and independent as possible.*



## Transportation Registration Form

First Name:	MI:	Last Name:	Home Phone #:	Cell Phone #:	Last 6 digits of SSN:
Street Address:			City, State, Zip Code:		
County:		Township:	Date of Birth:		Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed					Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Living Arrangements: <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with Spouse <input type="checkbox"/> Lives with Child <input type="checkbox"/> Lives with Spouse & Child <input type="checkbox"/> Lives with Relative <input type="checkbox"/> Lives with Other					
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Island <input type="checkbox"/> Other					
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			Primary Language:		
Monthly Income:			Number in Household:		
Primary Health Insurance Company:					
Before scheduling a ride, please check to see if your insurance offers transportation benefits.					
Transportation Benefit? <input type="checkbox"/> No <input type="checkbox"/> Yes					
How did you hear about us? <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Hospital/Facility <input type="checkbox"/> Other					
E-Mail Address:					
Customer is a convicted felon? <input type="checkbox"/> No <input type="checkbox"/> Yes			Customer can sign for self? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Mobility</b> (please check all that apply)					
The customer uses a cane: <input type="checkbox"/> No <input type="checkbox"/> Yes			The customer uses a wheelchair: <input type="checkbox"/> No <input type="checkbox"/> Yes		
The customer uses a walker: <input type="checkbox"/> No <input type="checkbox"/> Yes			The customer is non-ambulatory: <input type="checkbox"/> No <input type="checkbox"/> Yes		
The customer drives: <input type="checkbox"/> No <input type="checkbox"/> Yes			The customer owns a car: <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>EMERGENCY CONTACTS</b>					
#	Name:	Relationship	Home Phone #:	Work Phone #:	Cell Phone #:
1.					
2.					
Clermont Senior Services makes every effort to ensure the safety of our customers and our staff. In the event that there is a safety concern when the driver arrives, the customer will not be transported until the situation can be evaluated and the problem resolved.					
<b>If the customer uses a Wheelchair, please answer the following questions:</b>					
1. What kind of wheelchair do you have? <input type="checkbox"/> Electric <input type="checkbox"/> Manual <input type="checkbox"/> Extra Large <input type="checkbox"/> Scooter					
2. Can a large vehicle access the residence? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>					
3. Is there enough room (4 ½ feet) to lower the lift? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>					
4. Do you have a ramp? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span> If so, is it in good condition? <input type="checkbox"/> No <input type="checkbox"/> Yes      Does it meet safety standards? <input type="checkbox"/> No <input type="checkbox"/> Yes					
5. Does the customer transfer? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>					
6. Do you require use of the lift to enter/exit the vehicle? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>					

**Please see reverse side**

The Customer Registration Form was developed to assist the Ohio Department of Aging to monitor the effectiveness of senior programs offered to the citizens of Ohio. Any customer information obtained from this form will be kept confidential and no personal identifying information about a customer (e.g., name, address, telephone number, ID no., etc.) will be released to the public without the customer's prior written consent, or unless otherwise required under federal law.

The data collected (age, sex, race, low income status) will be forwarded to the Area Agency on Aging and the Ohio Department of Aging and summarized and reported to the Administration on Aging (AOA) in order to keep both state and federal legislators informed on the effectiveness of senior programs (as required by the 1992 Older Americans Act reauthorization). While all customers receiving services under the Older Americans Act are asked to complete the attached form in full, no customer may be denied services for refusing to provide any of the information requested, including social security number.

I authorize Clermont Senior Services, Inc. to permit access to and/or release of medical, personal, and/or financial information to any third party applicable to my participation in the Clermont Senior Services, Inc. program.

If you have any questions, ask the staff to explain why this release is necessary.

The above Disclosure Statement has been explained to me.

**AND**

I have received or have been offered a copy of the Notice of Privacy, required by HIPAA guidelines, and understand it gives me all information in reference to how my personal health information is used by Clermont Senior Services, Inc.

\_\_\_\_\_  
Customer Signature:

\_\_\_\_\_  
Date:

We have made every effort to obtain acknowledgement of receipt of the Notice of Privacy, but have been unable to do so.

\_\_\_\_\_  
Employee Signature:

\_\_\_\_\_  
Date:

**Medical Appointments – Call 536-4115**  
**Call Center Hours M-F 7:30am – 4:00pm**

Toll-Free number: (800) 525-6956

**(PERSONAL APPOINTMENT PROCEDURES ARE ON THE OTHER SIDE OF THIS SHEET)**

SERVICE TYPE	FREQUENCY OF SERVICE	SERVICE DESTINATION	APPOINTMENT TIMES	RESTRICTIONS/EXCEPTIONS
Medical	One Per Day	Clermont County	8:00 a.m. – 3:00 p.m. Appt. <b>start time</b> must be between listed hours	<ul style="list-style-type: none"> <li>Dialysis appointments may be scheduled earlier.</li> <li>CSS does not transport customers that have been sedated (after a procedure, etc.)</li> </ul>
Medical	One Per Day	Out of County  Cincinnati Eye Institute/Blue Ash and VA downtown	9:00 a.m. – 2:00 p.m.  8:00 a.m. – Noon Appt. <b>start time</b> must be between listed hours	<ul style="list-style-type: none"> <li>Dialysis appointments may be scheduled earlier.</li> <li>CSS does not transport customers that have been sedated without a companion</li> </ul>

**Transportation Service Policy**

- Transportation can be scheduled **up to 90 days in advance of your appointment**. Please call **three business days in advance** to schedule.
- Transportation must be cancelled a minimum of 24 hours before a scheduled appointment, or it will be considered a late cancellation.
- Customers must be ready 15 minutes before the scheduled pick-up time at their home. Drivers will be told to leave if customer is not out within 5 minutes of the scheduled pick up time.
- All customers/person(s) riding must be self-reliant or provide their own attendant.
- Appropriate language and attitude will be always observed. Appropriate hygiene and attire are required.
- Shopping customers must be ready for pick-up at the store at the appointed time and place.
- Transportation cannot be provided to restaurants, private homes, voting polls, liquor stores, etc. All requests are subject to approval by the Transportation Department staff.
- CSS reserves the right to refuse transportation to a location beyond the service area and/or outside of service guidelines.
- A suspension of service will be implemented at the discretion of Clermont Senior Services, Inc. if a customer:
  - Does not comply with these guidelines.
  - Is repeatedly not ready when the bus arrives.
  - Repeatedly cancels rides late.
  - Is rude to staff or other customers.
  - Exhibits inappropriate behavior of any kind.
  - Is a safety risk to themselves or others.
- Please be patient. Medical appointments vary. You may have to arrive early or wait a short period of time to be picked up.
- **If customer is not home, or does not respond when driver arrives, emergency contacts will be called and/or the police/sheriff's department.**
- **WHEN SCHEDULING APPOINTMENT, PLEASE HAVE THE FOLLOWING INFORMATION AVAILABLE: NAME OF FACILITY, ADDRESS, NAME OF DOCTOR, TELEPHONE NUMBER OF FACILITY, TIME OF APPOINTMENT AND TIME OF RETURN PICK-UP.**

If you need transportation that is not provided within the guidelines on these two pages,  
 call CTC (Clermont Transportation Connection) at 513-732-7433.

**Suggested donation rates for roundtrip are (Clermont County \$2.00) and (Out of County \$4.00)**

Dear Customers,  
Please read the information carefully on both sides of this sheet. If you have questions, please call the Transportation Department at 513-536-4115. **Call Center Hours are M-F 7:30am – 4:00pm**  
Thank you for your cooperation.

Personal Appointments – Call 536-4115				
Call Center Hours M-F 7:30am – 4:00pm				
Toll-Free number: (800) 525-6956				
(MEDICAL APPOINTMENT PROCEDURES ARE ON THE OTHER SIDE OF THIS SHEET)				
SERVICE TYPE	FREQUENCY OF SERVICE	SERVICE DESTINATION	APPOINTMENT TIMES	RESTRICTIONS/EXCEPTIONS
Service with Heart	One or Two Per Week Pending Availability	Clermont County	No appointment times may be scheduled prior to 10:00am.  Clients must be ready for pick-up no later than 1:30pm.	Transportation to nursing home/hospital/hospice to visit son, daughter, parent, spouse, or sibling.
Business:	One or Two Per Week Pending Availability	Clermont County closest to your home		Attorney, Court, BMV, Heap, Bank, etc.
Exercise	One or Two Per Week Pending Availability	Clermont County closest to your home		These are appointments to a fitness center, YMCA, Planet Fitness, etc.
Grocery Shopping	One Per Week	Clermont County closest to your home		<ul style="list-style-type: none"><li>Customers in rural areas (Bethel, Felicity, Moscow, New Richmond, Owensville, and Williamsburg) may be transported to the nearest supermarket. (Walmart, Kroger, etc.)</li><li>Customers are permitted 8 plastic store bags of groceries and one case of soda and water on the bus.</li><li>No excessively heavy bags of pet food, bird seed, etc. or large items such as furniture, appliances, etc. will be transported.</li><li>Driver will load groceries at the store and carry them inside the front door of the customer's home. Drivers do not assist in putting groceries away.</li></ul>
Personal trips: non-grocery shopping, library, etc.	One or Two Per Month Pending Availability	Clermont County		<ul style="list-style-type: none"><li>No excessively heavy or large items such as furniture, appliances, etc. will be transported.</li><li>Driver will carry packages on to the bus, and inside the front door of customer's home. Drivers do not assist in putting items away.</li></ul>
Please refer to the Transportation Service Policy on the other side of this sheet.				

**Suggested donation rates for roundtrip are (Clermont County \$2.00) and (Out of County \$4.00)**

CLERMONT SENIOR SERVICES, INC.  
2085 James E. Sauls Sr. Drive  
Batavia, Ohio 45103

## Emergency Contacts & Third Party Release of Information

Customer's Name: \_\_\_\_\_

Customer's Birthdate: \_\_\_\_\_

Alternate Address for Donation Statements/Correspondence if different than customer:

Correspondent's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Correspondent's Address: \_\_\_\_\_  
Street City State Zip

☐ Emergency Contact ☐ Healthcare Power of Attorney ☐ Financial Power of Attorney ☐ Guardian

Authorize Release of Information: ☐ Medical ☐ Financial

### Additional Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Emergency Contact ☐ Healthcare Power of Attorney ☐ Financial Power of Attorney ☐ Guardian

Authorize Release of Information: ☐ Medical ☐ Financial

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Emergency Contact ☐ Healthcare Power of Attorney ☐ Financial Power of Attorney ☐ Guardian

Authorize Release of Information: ☐ Medical ☐ Financial

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Emergency Contact ☐ Healthcare Power of Attorney ☐ Financial Power of Attorney ☐ Guardian

Authorize Release of Information: ☐ Medical ☐ Financial

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Emergency Contact ☐ Healthcare Power of Attorney ☐ Financial Power of Attorney ☐ Guardian

Authorize Release of Information: ☐ Medical ☐ Financial

### **By signing below I understand that:**

- I have read and understood this release form, or have had this form read and explained to me.
- I have the right to revoke or cancel this authorization in writing at any time and it is my responsibility to contact the agency when this information is no longer in effect. This authorization will remain valid until I revoke it in writing.
- I understand that I am authorizing staff to obtain and/or release, via mail, fax, email or telephone, all medical and/or non-medical information to the person(s) as indicated/checked above.
- I understand that financial information refers to my donation rate, units of service, how much I have previously donated for my services, how much I have been requested to donate for services on my statements or contributions.

Customer's Signature \_\_\_\_\_

Date \_\_\_\_\_

# **Clermont Senior Services, Inc.**

## **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.**

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

This notice is provided to you under the Privacy Rule, adopted as part of the federal Health Insurance Portability & Accountability Act.

Clermont Senior Service is permitted to use and/or disclose your Protected Health Information (PHI) for purposes of providing you treatment, obtaining payment for your care and conducting health care operations, as well as for other permitted or required purposes described in this notice. Clermont Senior Services, Inc. has established policies and procedures to guard against unnecessary use or disclosure of your health information. By "your health information" we mean the information that we maintain that specifically identifies you and your health status.

### **THE FOLLOWING IS A SUMMARY OF WHEN AND WHY YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.**

To Provide Treatment: Clermont Senior Services, Inc. may use your health information to coordinate and manage your care within Clermont Senior Services, Inc. and with other persons outside Clermont Senior Services, Inc. involved in providing care and services to you, such as attending physician, a physical therapist, a home health provider and other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver services provided through Clermont Senior Services, Inc.

To Obtain Payment: Clermont Senior Services, Inc. may include your health information in invoices to collect payment from third parties for the care you receive through Clermont Senior Services, Inc. For example, some of your health information may be transmitted to Council on Aging or the Ohio Department of Aging when billing transactions are conducted.

To Conduct Health Care Operations: Clermont Senior Services, Inc. may use and disclose health information for its own operations and as necessary to provide quality care to you and other Clermont Senior Services, Inc. customers. Health care operations includes such activities as:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Protocol development, case management and care coordination
- Contacting providers and consumers with information about treatment alternatives and other functions that do not include treatment
- Professional review and performance evaluation
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs
- Business planning and development
- Business management and general administrative activities

As an example, Clermont Senior Services, Inc. may use your health information to evaluate its staff performance. It may also combine your health information with information of other Clermont Senior Services, Inc. customers in evaluating ways to serve all customers more effectively. Your health information may be used by or disclosed to Clermont Senior Services, Inc. staff and other providers for training and quality purposes, or to provide you with Clermont Senior Services, Inc. community information mailings that may be of interest.

For Appointment Reminders: Clermont Senior Services, Inc. may use and disclose your health information to contact you as a reminder that you have an appointment, such as a home visit.

For Treatment Alternatives: Clermont Senior Services, Inc. may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHEN YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED**

When Legally required: Clermont Senior Services, Inc. will disclose your health information when it is required to do so by Federal, State or local law.

To Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your health information to our personal representative and to a family member or close personal friend who is involved in your care.

When There Are Risks to Public Health: Clermont Senior Services, Inc. may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury or vital events such births, deaths, and conduct public health surveillance, investigations and interventions.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Report Abuse, Neglect or Domestic Violence: Clermont Senior Services, Inc. may notify government authorities if Clermont Senior Services, Inc. believes you are the victim of abuse, neglect, exploitation, or domestic violence. Clermont Senior Services, Inc. will make this disclosure only when specifically required or authorized by law, or when you otherwise agree.

To Conduct Health Oversight Activities: Clermont Senior Services, Inc. may disclose your health information to a health oversight agency for activities including audits, civil, administrative or criminal investigation, inspections, licensure or disciplinary action. Clermont Senior Services, Inc. may not disclose your health information if you are the subject of an investigation and the health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings: Clermont Senior Services, Inc. may disclose your health information in connection with a judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by that order. Clermont Senior Services, Inc. may also disclose your health information in response to a subpoena, discovery request or other lawful process, but only when Clermont Senior Services, Inc. makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes: As permitted or required by Ohio Law, Clermont Senior Services, Inc. may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to a court order, warrant, subpoena, summons or similar process.
- For identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are a crime victim.
- If Clermont Senior Services, Inc. has a suspicion that your death was the result of criminal conduct, including criminal conduct at Clermont Senior Services, Inc.
- In an emergency or in order to report a crime.

In the Event of a Serious Threat to health or Safety: Clermont Senior Services, Inc. may, consistent with applicable law and ethical standards of conduct, disclose your health information if Clermont Senior Services, Inc. in good faith, believes that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health and safety of the public.

For Disaster Relief: Clermont Senior Services, Inc. may disclose your health information to an organization assisting in a disaster relief effort.

For Research: Clermont Senior Services, Inc. may permit your health information to be used or disclosed for research purposes if the researcher complies with certain privacy protections. Your health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a designated Privacy Board or Institutional Review Board, if the researcher is collecting information to prepare a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors & Organ Procurement Organizations: Clermont Senior Services, Inc. may disclose your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissues.

For Worker's Compensation: Clermont Senior Services, Inc. may release your health information for worker's compensation or similar programs.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than stated above, Clermont Senior Services, Inc. will not disclose your health information without your written authorization. If you authorize Clermont Senior Services, Inc. to use or disclose your health information for a purpose not described above, you may revoke that authorization in writing at any time. If you revoke that authorization, Clermont Senior Services, Inc. will no longer use or disclose your health information for the purposes covered by the authorization except where Clermont Senior Services, Inc. has already relied on the authorization.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Clermont Senior Services, Inc. maintains:

Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Clermont Senior Services, Inc. disclosure of your health information to someone who is involved in your care or the payment of your care. However, Clermont Senior Services, Inc. is not required to agree to your request. If you want to request a restriction, please contact Clermont Senior Services, Inc. Privacy Official using the information on page 5 of this notice.



**Right to Receive Confidential Communications:** You have the right to request that Clermont Senior Services, Inc. communicate with you in a certain way. For example, you may ask Clermont Senior Services to only conduct communications relating to your health with you privately, with no other family members present. If you want to receive confidential communications, please contact Clermont Senior Services, Inc. Privacy Official using the contact information on page 5 of this notice. Clermont Senior Services, Inc. will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Copy Your Health Information:** You have a right to see your health information upon your request. You have the right to inspect and copy your health information, including billing records, on reasonable notice. A request to inspect and copy records containing your health information must be made in writing to Clermont Senior Services, Inc. Privacy Official using the contact information on page 5 of this notice. If you request a copy of your health information, Clermont Senior Services, Inc. may charge you a reasonable fee for copying and assembling costs related to your request.

**Right to Amend Health Care Information:** You have the right to request that Clermont Senior Services, Inc. amend your health records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Clermont Senior Services, Inc. A request for an amendment of records must be made in writing to Clermont Senior Services, Inc. Privacy Official using the contact information on page 5 of this notice. Clermont Senior Services, Inc. may deny the request if it is not in writing or does not include a reason for the amendment. Clermont Senior Services, Inc. may also deny your request if Clermont Senior Services, Inc. did not create the health records you want to amend, if the records you want to amend are not part of Clermont Senior Services, Inc. records, if the health information you want to amend is not part of the health information you are permitted to inspect and copy, or if, in Clermont Senior Services, Inc. opinion, the records containing your health information are accurate and complete.

**Right to Know What Disclosures Have Been Made:** You have the right to request an accounting of disclosures of your health information Clermont Senior Services, Inc. has made for certain reasons, including reasons related to public purposes authorized by law and certain research. You do not have the right to an accounting of disclosures that are made (1) for treatment, payment or health care operations purposes, (2) to you or your personal representative, or (3) based on your written authorization. You also do not have the right to an accounting of disclosures made before April 14, 2003. Your request for an accounting must be made in writing to Clermont Senior Services, Inc. Privacy Official using the contact information on page 5 of this notice. Your request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Clermont Senior Services, Inc. will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost based fee.

**Right to a Paper Copy of this Notice:** You have a right to a separate paper copy of this notice at any time even if you have received this notice previously. To obtain a separate paper copy, please contact Clermont Senior Services, Inc. Privacy Official using the contact information on page 5 of this notice.

## **DUTIES OF CLERMONT SENIOR SERVICES, INC.**

Clermont Senior Services, Inc. is required by law to maintain the privacy of your health information and to provide to you this notice of its duties and privacy practices. Clermont Senior Services, Inc. is required to abide by the terms of this notice as it may be modified over time. Clermont Senior Services, Inc. reserves the right to change the terms of this notice and to make the new notice provisions effective for all health information that Clermont Senior Services, Inc. maintains. If Clermont Senior Services, Inc. changes this notice, Clermont Senior Services, Inc. will provide a copy of the revised notice to you.

## **WHERE TO FILE A COMPLAINT**

You have the right to complain to Clermont Senior Services, Inc. and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. Clermont Senior Services, Inc. encourages you to express concerns you may have regarding the privacy of your health information. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

Clermont Senior Services, Inc. will not retaliate against you in any way for filing a complaint.

## **CONTACT PERSON**

Clermont Senior Services, Inc. has designed its Human Resource Supervisor as the Privacy Official or contact person for all issues regarding customer privacy and your rights under the federal privacy standards. You may reach the Human Resource Supervisor by calling:

**513-724-1255**

or by writing to the Human Resource Supervisor at:

**Clermont Senior Services, Inc.  
P. O. Box 118  
Batavia, Ohio 45103  
Attention: Privacy Official**



Dear Rider,

As part of our commitment to rider safety and transparency, we want to ensure you understand two important "Duty to Inform" forms related to the safe use of our transportation services. These forms apply when a rider chooses not to follow standard safety procedures.

Please only sign these forms if these situations pertain to you. If neither situation refers to you, please disregard the attached forms.

**Please note:** Signing—or choosing not to sign—either form will not affect your ability to continue riding with us. These forms are simply meant to document your choices and ensure you understand any associated risks.

## 1. Refusal to Transfer from a Mobility Device

This form is used when a rider chooses to remain in their personal mobility device (such as a wheelchair or any motorized device) instead of transferring to a vehicle seat during transport. Our policy recommends transferring to a secured seat for maximum safety.

**Who should sign it:** The rider who prefers to stay seated on their mobility device instead of transferring to a vehicle seat.

**What it means:** By signing, the individual acknowledges they are accepting full responsibility for their safety while riding in their mobility device.

## 2. Refusal to Use a Transport Chair on the Mobility Lift

This form is for riders who decline to use a provided transport chair when entering & exiting the vehicle via the lift, and instead, wish to remain standing. Our policy advises using a transport chair for better stability and safety on the lift.

**Who should sign it:** The rider who chooses to remain standing while using the lift to enter and exit the vehicle.

**What it means:** By signing, the individual accepts full responsibility for any safety risks involved in using the lift in a nonstandard way.

These forms are not intended to limit your choices but to ensure everyone understands and accepts the risks involved. Please don't hesitate to contact us with any questions.

Thank you for your understanding and cooperation.

*Our mission is to improve the quality of life for older adults by providing a broad range of home and community based services, enabling them to remain as active and independent as possible.*



## Duty to Inform Refusal to Transfer from a Mobility Device

(First & Last Name)

I,                                     , elect not to transfer from my mobility device to a standard seat. I have been instructed by Clermont Senior Services, Inc. of the possible dangers associated with riding while seated on a mobility device.

I fully realize I am solely responsible for my actions, choosing to be transported while seated on a mobility device.

I understand that this Duty to Inform Notification Form has been approved by Clermont Senior Services, Inc.

I have read and fully agree to all contents of this Duty to Inform Notification Form.

---

Passenger Name (Print)

Date

---

Passenger Name (Signature)

Date

---

Company Representative (Print)

Date:

---

Company Representative (Signature)

Date:

*Our mission is to improve the quality of life for older adults by providing a broad range of home and community based services, enabling them to remain as active and independent as possible.*





## **Beware – Fraud Alert**

Every week, Clermont Senior Services receives calls from concerned seniors who have been contacted by an individual claiming to represent a company offering “to do everything possible to help” and some even identifying themselves as calling from “Senior Services” or “Clermont Seniors.” When you take a step back and look closer, we often find false statements and deceptive practices. According to the Ohio Attorney General, here are the 15 most common fraudulent schemes affecting seniors:

- Advance Fee Loans
- Credit Repair Scams
- Fake Check Scams
- Foreclosure Rescue Scams
- Grandparent Scams
- Home Improvement Fraud
- Identity Theft
- Living Trust Scams
- Investment Fraud
- Phony Charities
- Predatory Lending
- Prizes/Sweepstakes Fraud
- Reverse Mortgage Abuse
- Sale of Annuities
- Work-at-Home and Business Opportunity Ploys

Scammers use a variety of tactics to make their offers seem legitimate. Their initial contact usually occurs by telephone, letters, door-to-door solicitations, flyers, e-mails and phony Web sites. If you feel pressured to “act now,” allow someone to come to your home, and/or asked to disclose personal information, and the company refuses to provide written information and has no physical address, only a P.O. Box, immediately call the following numbers:

**Clermont County Sheriff’s Department    513.732.7500**

**Clermont Senior Services                    513.724.1255**

**Ohio Attorney General                        1.800.282.0515**

**By reporting the scam, you are fighting back  
and will help prevent others from being harmed in the future!**

## **HELP US PROTECT YOU**

**CLERMONT SENIOR SERVICES WILL NEVER CALL YOU TO SOLICIT YOU AND/OR ASK TO COME TO YOUR HOME FOR THAT REASON. IF SOMEONE CALLS: GET A NAME AND CALL OUR OFFICE TO VERIFY IF THAT PERSON IS EMPLOYED FOR CLERMONT SENIOR SERVICES AND HAS A VISIT SCHEDULED WITH YOU.**