Physicians Dialysis Patient Handbook

Helping You To Feel Better
This patient handbook is written to give you information at a time when you are making adjustments to kidney failure and dialysis. The information you receive in this handbook is general information, and you should talk to your nurse or doctor about any questions you have.

The staff at your Physicians Dialysis clinic wants to make you feel as comfortable as possible and answer any questions you have. Please talk to us about your suggestions and concerns.
Physicians Dialysis, Inc. has facilities in different parts of the country. The information on this page is about the facility that you will visit for your dialysis treatments.

Your facility: ______________________________________________________

Address: _________________________________________________________

Phone Number: _____________________________________________________

Your appointment time is: ________________ a.m. _______________ p.m.

On: M T W TH F S S

Facility Medical Director: ________________________________

Facility Center Director: ________________________________

Facility Clinical Coordinator: ________________________________

Facility Social Worker: ________________________________

Facility Dietitian: ________________________________

Your Doctor: ________________________________

Normal Hours of Operation: FROM: ____________ TO: ____________

Emergency Number after hours: 911
Your kidneys are the organ in the body that removes fluid and waste and help control things like blood pressure and the creation of red blood cells. When you have kidney failure, it means that your kidneys can no longer do these things. Some kidneys fail over time and you have what is called partial function. When your kidneys fail completely, you have what is known as End Stage Renal Disease (ESRD). You may hear your doctor, nurse, or insurance company call your kidney disease by this name.

When your kidneys fail, you will feel sick. It is normal to have a bad taste in your mouth, have stomach aches or feel like you want to vomit, have swelled feet, ankles and wrists, headaches and low back pain and feel really tired and run down. You may also feel burning when you go to the bathroom or notice that your urine is dark.

Now that you are at Physicians Dialysis, we can help treat your kidney failure and help to make you feel better. While you are here, you will undergo dialysis—which is a way to clean your blood since your kidneys can’t. By coming to dialysis, you will feel better because the extra fluid, wastes, and salts in your body will be removed.
Your kidney failure can be caused by lots of things like:

High Blood pressure that is not controlled.

Diabetes (high blood sugar).

Medications that you have been taking for a long time.

Sometimes kidney failure can also be caused by a kidney infection, kidney stones, gout, lupus or other causes. If you are not sure what caused your kidneys to fail, you should ask your doctor or nurse.
When you find out you have kidney failure, you have the choice of how to treat your disease. You should talk to your doctor and ask a lot of questions to make sure you understand all the choices you have. Your doctor and you will make the best decision as to what kind of treatment you will have.

For the most part, you have four choices of treatment:

Hemodialysis

Hemodialysis is usually done in a clinic like Physicians Dialysis. Most patients come to hemodialysis 3 times a week for 3-4 hours at a time. You may hear the people who take care of you call hemodialysis “hemo” or just “dialysis”.

With hemodialysis, an artificial kidney called a dialyzer is used to clean your blood. The dialyzer is placed on a machine that helps it do the work your kidneys can’t. To have your blood cleaned by the dialyzer, you have to have two needles placed in your arm and hooked to plastic tubes. Your doctor puts a special access in your arm to do this and we will talk more about that later. One of the tubes in your arm takes the blood to the dialysis machine and through the artificial kidney to be cleaned, and the other returns the clean blood to your body. It may look like a lot of blood is outside of your body when you are having dialysis, but usually only about one cup of blood is outside your body at any time.

When you treat your kidney failure with hemodialysis, you come into a clinic like Physicians Dialysis three times a week and nurses and technicians that are trained to treat you take care of you. Sometimes it is nice to let a professional take care of you and hemodialysis lets you relax while the dialysis staff assess you, start the treatment, monitor the treatment, and check you before you leave. You always have lots of opportunities to ask questions in the dialysis unit and get help when you don’t feel good.
Another good thing about hemodialysis is that the staff will help teach you about your disease and ask you to help plan your care and be a part of your treatment. We will talk about all the different staff people that help you when you are on hemodialysis a little later.

Some people choose not to have hemodialysis. Usually they don’t like hemodialysis because they have to come to the dialysis unit for treatment and they must follow all the rules and regulations of the clinic while they are there. Some people don’t like needles or they don’t like that they have to sit in one place for 3-4 hours at one time.

Peritoneal Dialysis cleans your blood by using a natural membrane in your body to filter your blood. You may hear your doctor or nurse call Peritoneal Dialysis “PD”.

When you have PD, a fluid called dialysate is put into your belly and the dialysate pulls the excess water and waste through the membrane. Once that is done, all of the dialysate, extra water and wastes are drained back out of your belly.
Your doctor will put a “PD catheter” which is like a tube into your belly to put dialysate in and take it out. The tube is usually put in place with a simple surgery and once it is there, you have to be extra careful to keep it very clean so you don’t get an infection.

You have to be trained to do PD because you do this kind of dialysis at home. You usually have to spend one to two weeks every day with a nurse learning about dialysis, how to do PD, and how to take care of your belly and catheter. You will also learn how to eat right and what to do when you have problems.

Lots of patients like PD because they can do dialysis at home so they have more freedom. There are also no needles with PD, which makes some patients choose PD over hemo.

Many patients chose hemodialysis over PD because with PD, the patient has to take care of the catheter tube. Patients have to follow directions exactly or else they could get an infection and get very, very sick. Also, when you do PD, you have to have dialysis every day of the week, even Saturday and Sunday instead of only 3 days a week. PD also sometimes makes your stomach look bigger.

If you chose to do PD, you will need storage space at home for your supplies and it is a good idea to have a helper at home.
Another choice for you might be to have a kidney transplant. When you have a kidney transplant, a kidney from someone else is placed inside your body and does the work your old kidney can’t. If your new kidney works, you won’t have to have dialysis anymore, but you always have to be careful to take care of yourself to keep your new kidney working.

Some people get a kidney by going on a *kidney transplant waiting list* until a kidney is found that matches you. The kidney has to be a good match, or your body will reject the new kidney because it is too different from the rest of you. The kidneys on the waiting list come from people who have died but donated their kidney to help patients like you. These are called *cadaver kidneys*. There are lots of patients on the waiting list, and some people wait years to get a kidney. Your doctor may not put you on a waiting list for a kidney if you have problems like cancer, AIDS, certain kinds of heart disease, have a drug or alcohol problem, or do not follow directions on taking care of yourself with medication and treatment the way you should.

Some people get a kidney from a friend or family member. People have two kidneys, so if someone you know has two healthy kidneys and matches you well,
they can donate one of their kidneys to you. These are called *living related kidneys*. To do this, the person donating the kidney has to undergo many tests to make sure that they are in good health and the kidney is healthy and to make sure that his/her kidney will be a good match for you.

Having a kidney transplant usually makes you feel better and you will have more energy and start to feel “normal” again. If your kidney works right, you won’t have to go to dialysis anymore and you will be able to eat and drink like you did before you had kidney failure.

Sometimes a person rejects a new kidney. Your doctor will try to stop your body from doing this by giving you medicine that can suppress your immune system. Even if your new kidney works, you still have to take this medicine every day for the rest of your life or until your kidney fails again. If your new kidney is rejected, you will probably have to start dialysis again and your new kidney may have to be removed. You can ask your doctor about going back on the waiting list for a kidney that will work better in your body.

**No Treatment**

Some patients choose not to have any treatment for their kidney failure. Every patient has the choice of treatment or no treatment, but if you have kidney failure and chose not to treat it, you will die.

Even though kidney disease can’t be cured, it can be treated so it is important that you understand all the options you have. Talk to your doctor or nurse to help make the decision that is best for you.
YOUR TREATMENT SCHEDULE

Patients are scheduled for appointments at the dialysis facility. It is important that you come to all of your scheduled treatments and appointments. Usually, it is good to come 15 minutes early. If you have to be late or miss a treatment, call the dialysis facility. Missing even one treatment can make you very sick.

Your dialysis facility is sometimes closed on holidays and when this happens, your schedule may be altered for a week or two. You will never go without dialysis and you will have lots of notice to make other arrangements.

TRANSPORTATION

You have to make plans on how you will get to and from dialysis for your scheduled treatments. The Social Worker can help you understand how to set up transportation but may not choose your transportation for you.
THE PEOPLE WHO WILL TAKE CARE OF YOU

There are a lot of people in the dialysis facility who help you treat your kidney disease. You should know the staff that work on you and feel comfortable to ask questions and get answers. Some of the people you will see at your facility are:

**Your Medical Director**

The Medical Director is the doctor who is in charge of everything that goes on in the facility. The Medical Director may or may not be the doctor that takes care of you every day. The Medical Director meets with the other staff to make sure that the dialysis facility is doing the best they can to take care of you.

**Your Doctor**

Your Doctor is called a Nephrologist and specializes in the treatment of kidney failure and kidney problems. Only a Nephrologist can work at a dialysis clinic. If you have another doctor that takes care of you (sometimes called a Primary Care Physician or PCP), he or she will have to refer you to a nephrologist to take care of you in the kidney center.
**Center Director**

Your Center Director is the manager of your dialysis clinic. He or she talks to the corporate office, makes sure that the people taking care of you are trained correctly and know the right policies and procedures. The Center Director is a good person to talk to when you have concerns or questions that the staff can’t help you with.

**Clinical Coordinator**

The Clinical Coordinator is a nurse who only takes care of the patients and supervises the staff taking care of the patients. The Clinical Coordinator calls your doctor when you are having problems, and makes sure that his/her orders are filled. The Clinical Coordinator makes sure that the daily operations of your clinic are smooth and that patients like you are well taken care of.

**Staff Nurse**

Your nurse takes care of you when you come in for dialysis. The nurse will “assess” you when you come to dialysis and listen to your heart, lungs, and check your blood pressure, temperature, and check swelling of ankles and wrists. He or she will also give you medicine while you are getting your dialysis treatment and take care of problems you have when you don’t feel well. The nurse also makes sure you are ok before you are allowed to leave the dialysis unit.
**Patient Care Technician**

Your Patient Care Technician (also called a PCT) also helps to take care of you while you are in the dialysis facility. The PCT helps to start your dialysis treatment by placing the needles in your arm, and makes sure that your blood pressure stays good during your treatment. When your treatment is done, the PCT helps to give back your blood and get you ready to be assessed by the nurse.

**Dietitian**

When you are dialysis, you have to follow a special diet to help treat your disease. Your dietitian will meet with you to teach you about food and what is good and not good to eat. He or she will also meet with you a lot to talk about the food you eat, and what you can do to feel better just by eating the right food.

**Social Worker**

Your Social Worker is trained to help you deal with some of the non-health problems you have when you have kidney disease like depression, stress, concern, help with family members, and understanding insurance problems. Your Social Worker will help you with your work situation, financial situation, and stress and family problems. You should talk to your Social Worker a lot and share information so they can help you as much as possible. If the Social Worker can’t help you, he/she can usually find someone in the community who can.

**Other Staff**

There are other staff at Physicians Dialysis who are responsible for making sure everything is done so that you get the best care you can. A secretary helps make phone calls and greets you when you come in. He or she may also be responsible for making sure everything about you is filed in your medical record.

A Chief Technician and Equipment Technicians fix the dialysis machines when they break, and also do regular maintenance on all of the working machines to keep them in good shape for every treatment. They are specially trained to fix your dialysis machine.

A Reuse Technician may also work in your facility. Some facilities reuse the artificial kidney and the Reuse Technician makes sure that every patient gets the right kidney and that it is cleaned the right way.
When you are at Physicians Dialysis, everyone has your health and safety as their #1 priority. To make sure that the facility runs smoothly, patients have rights and responsibilities and must follow dialysis center rules. Rules include:

1. No weapons, alcohol, or illegal drugs of any type are allowed in the dialysis unit.
2. No smoking is allowed in the facility.
3. No oral medications will be given. You may bring these from home, but please talk to your nurse before you take them because it might cause problems with your dialysis treatment.
4. No visitors in the patient area while any patient is being put on the machine or being taken off the machine. Your Clinical Coordinator or Nurse will tell you when it is OK for visitors to come see you.
5. Young children (under 16) are not allowed in the area where the patients are unless by special permission of the Center Director.
6. Eating is not allowed in the patient treatment room for your safety and for infection control.
7. Shoes and/or slippers must be worn in the dialysis unit.
When you first come to Physicians Dialysis, your Social Worker will go over the patient *Rights and Responsibilities* with you. A copy of the Rights and Responsibilities is at the back of this handbook.

Sometimes you will not agree with the dialysis facility staff and may wish to make a complaint. You should talk to your Center Director. If you are not happy with what the Center Director tells you, you can ask to speak to someone else or have the Social Worker explain how you can file a grievance. The grievance policy is in the back of the handbook, but your Social Worker can help explain the process to you if you need his/her help.
When you are a dialysis patient, you have to listen to your doctor and nurse and take especially good care of yourself. You will have to follow a special diet, and will need to know where and how to get help when you need it. This section talks about some special situations that apply to you as a dialysis patient.

When you are on dialysis you will have to eat foods that are good for you and stay away from certain kinds of food. Because everyone is different, your dietitian will meet with you to help make a special diet that works best for you. It is important to follow the diet you are given as closely as possible for you to stay healthy.

In order for PDI to begin dialysis treatments on you, you will have to have a Blood Access. A Blood Access is what helps increase the blood flow through the artificial kidney (dialyzer). There are two kinds of Blood Accesses: (1) a fistula, which can be natural or what is called a graft, or (2) a subclavian.
A fistula is your artery and vein sewed together. The blood from the artery makes your vein thicker so that it can be used when you have to have dialysis. Your doctor may want you to have a fistula because it is usually the longest lasting access available.

A graft is man-made and is an artificial piece that connects the artery and the vein together. It works like a natural fistula, but has an artificial piece that holds the artery and vein together.

It is very important that you take good care of your fistula or graft, especially when you first get one. Here are some things you can do to keep your fistula in good shape and get you ready for dialysis treatments to begin:

1. Keep your fistula dry until the sutures or stitches are out.
2. Exercise your new fistula four times a day by squeezing a tennis ball or other soft rubbery ball ten times.
3. Do not sleep on your fistula arm.
4. Do not wear a watch, bracelet, or tight sleeves on your fistula arm.
5. Do not carry anything on your fistula arm.
6. Do not let anyone check your blood pressure or draw blood from your fistula arm.
Sometimes, even when you are very careful, you will have problems with your fistula. If you have problems, here are some suggestions for you to try:

1. Check your fistula twice a day for clotting. You can tell if your fistula is clotting if you can’t feel any pulsation or you have pain or hardness in your arm. It is best to check for this in the morning and at night.

   If you think your fistula may be clotted, you should call your dialysis center right away and talk to the nurse or physician. If you think you have a clot after the dialysis facility is closed and you cannot reach your doctor, you should go to the Emergency Room.

2. Always check your fistula for infections. An infection can ruin your fistula and must be treated right away. You may have an infection if you noticed reddened skin around your fistula, or the area is swollen, warm, hot or tender to the touch. Another sign is if you have a discharge that is anything but blood. If you think you have an infection, cover the infection area with a clean band-aid or some clean gauze and call your nurse or doctor at the dialysis center. You should NEVER pick at your fistula.

3. If you start to bleed from the needle sites the staff has used for your dialysis treatment, you can try to stop the bleeding by holding pressure with your fingers or a clean bandage. If the bleeding doesn’t stop within 30 minutes, you should call the dialysis center and talk to the doctor or nurse. If you start to bleed and cannot control it, go to the Emergency Room right away.

4. Sometimes fistula’s get “infiltrated”. Your fistula will burn and itch if this happens and you should put ice packs on the site and keep the fistula in the air for the first 24 hours. During the next 24 hours put warm cloths on the fistula at least four times a day. Make sure you report the problem to your dialysis facility nurse.

5. If you stopped bleeding after your treatment and start bleeding again after you have left the facility, call the dialysis facility RIGHT AWAY and talk to the nurse.
The other kind of Blood Access is called a subclavian catheter. This access is usually only used as a temporary access for your treatment. A catheter is very long and is placed inside a large vein that leads to your heart. Catheters require very special care and are easily infected. You must pay close attention to the care you give your catheter and listen to the advice the nurse and doctor give you.

To keep your catheter as healthy as possible you should:

1. Keep the area around the catheter dry, and if you must shower, protect the catheter area when you do.

2. Do not apply gauze or tape unless you are told to do so by your doctor or nurse.

3. Be careful when you are putting clothes on, and especially when taking clothes off. Pullover tops, tee shirts, and bras seem to cause the most problems.

4. You can treat the arm on your catheter side normal – you don’t need to “baby” it.

If you ever notice that your catheter looks like it might be coming out, is bleeding, or the dressing is coming off, you should call the dialysis unit right away and talk to the nurse.
Emergencies are scary for everyone, but it can be really hard for a dialysis patient because you have to have treatment on a regular basis. This section will help you know how to prepare for an emergency and how to act if you are in an emergency.

The most important thing is to always be calm, even when you are in a serious emergency like a tornado, severe snowstorm, or hurricane. It is easier to stay calm if you are prepared and know what to do.

If an emergency occurs that is so severe that the dialysis facility cannot open, the staff at Physicians Dialysis will do everything they can to get in touch with you. Sometimes another facility can help us to accommodate your treatment, and sometimes your treatment has to be rescheduled. Remember to be as flexible as possible during this kind of situation. If for some reason there is no phone service at the facility during an emergency, you should listen to the local TV and radio stations for instructions.

You should also keep a list of important phone numbers that is easy to take with you. You should include the police, fire department, dialysis facility, and other numbers on your list. Here is an example of what should be on your list:
PHONE NUMBERS FOR:
• Physicians Dialysis Center
• Fire Department
• Police Department
• National Guard
• Sheriff Department
• Ambulance
• Taxi Cab
• Water Company
• Electric Company
• Gas Company
• Phone Company
• Red Cross
• Hospital
• Physician

Talk to your dietitian about the kind of diet you should plan for in the event of an emergency and what you should keep on hand. Remember that you will probably have to drink LESS liquid than normal in an emergency because you will not be able to have dialysis as much.

If your house has been damaged or you have no utilities, it is probably a good idea to try to find a shelter close by. Make sure you know where the closest shelter is, and maybe a couple more that are close by in case the shelter closest to you is not open. Keep a radio with batteries so you can listen to shelter locations.

It is a good idea to keep a disaster supply kit ready. Here are some items you should have in your kit:
• Transistor radio with batteries
• Flashlight with extra batteries
• Non-electric can opener
• Candles and matches
• Trash Bags
• Water
• Small scale
• Sterno (canned heat)
• Measuring cups and spoons
• Paper plates and plastic utensils
• Towels and blankets
• Aluminum foil
If you do have to leave your house and go to a shelter, make sure you know exactly where you are going before you leave and that you lock your house behind you. You should also bring a 24-hour supply of food, your radio, flashlight, extra batteries, and a blanket with you. If you can, try to eat something before you go to the shelter.
It is normal to be afraid when you need help. You can always talk to the staff at Physicians Dialysis to help answer your questions, but sometimes patients like to find other places to get information. Here are some organizations that other kidney patients like you belong to for support and help:

- American Association of Kidney Patients – www.aakp.org - 800-749-2257
- American Kidney Fund – www.akfinc.org - 800-638-8299
- Life Options Rehabilitation Program – www.lifeoptions.org - 800-468-7777
- United Network for Organ Sharing www.unos.org - 888-894-6361

There are also groups in your local area that help dialysis patients and their families cope with problems and give you support. Talk to your social worker for a list of local organizations.

All of these organizations have web sites if you have a computer and can get on the Internet. If you don’t have a computer, and would like to find out more about any of these organizations, ask your Social Worker and he/she will help find you the information you need.
We know that having kidney failure and being on dialysis is hard for you and your family. Sometimes treatment can be frustrating and you need to ask questions and talk to the staff at Physicians Dialysis to help you understand and cope. Remember that everyone at PDI wants to help to answer your questions, and will take good care of you while you are a patient at our dialysis facility. Please talk to us about any questions you have!
Current or potential patients who believe they have a valid grievance may proceed as outlined in this procedure. If you need help in understanding or initiating the grievance process, the facility Social Worker is available for assistance.

1. Detail the grievance in writing to the Center Director of the facility. The Center Director will make a copy of the grievance for your records. If the grievance involves the Center Director, the patient may proceed to step two. The Center Director will investigate the grievance, attempt to resolve it, and communicate a decision to the patient in writing within 10 working days. The Center Director will prepare a written and dated summary of the grievance and the proposed attempts by the Center Director to resolve the matter. If the patient is physically unable to write the grievance, the grievance may be made verbally to the Center Director who will write out the grievance as stated by the patient.

2. If the patient is not satisfied with the answer given by the Center Director, the patient should than forward a copy of the Center Director’s decision along with a copy of the original grievance to the Director of Operations. The patient may request a personal meeting with the Director of Operations. The Director of Operations will confer with the patient, Center Director, and any other appropriate parties to investigate all issues. The Director of Operations will communicate a decision in writing to all parties within 30 working days of receipt. In rare circumstances where a personal meeting is requested and cannot be immediately granted due to travel restrictions, a reasonable extension of this time frame may occur.

3. If the patient is not satisfied with the decision given by the Director of Operations, the decision may be appealed to the Chief Operating Officer by submitting all written documentation and decisions to him or her. The COO will take the necessary steps to review and investigate the grievance and will issue a written decision within 30 working days of receiving the grievance. Final decisions on grievance complaints will not be precedent setting or binding on future grievances unless the decision is being adopted as facility policy.

4. If the patient is not satisfied with the decision of the Chief Operating Officer, he/she may submit the grievance to the appropriate regulatory agencies.
As a patient in a Physicians Dialysis, Inc. facility; you are entitled to the following:

- To be fully informed of your rights and responsibilities under this statement.
- To be fully informed of all rules governing conduct related to your care or other patient’s care and services.
- To be advised of all financial policies and responsibilities.
- To be fully informed of all services provided by the facility.
- To be fully informed of services not provided by the facility but which can be provided through referral (for example, home dialysis or self-dialysis).
- To be fully informed of your medical condition by your physician.
- To know who your attending physician is and to participate with your physician and the interdisciplinary team at PDI in planning your care.
- To receive a complete explanation of the necessity of recommended treatments and appointments, including any risks associated with the treatment.
- To be fully informed of other treatment options before giving consent to a particular treatment option.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences associated with refusing recommended treatments.
- To be fully informed of transplant options and receive explanations as to why you are or are not a suitable candidate.
- To be fully informed of all dialysis modalities and receive explanation as to why you are or are not a suitable candidate for them.
- To be fully advised of any research studies being conducted that involve you and to have the right to consent or refuse participation in such research.
- To be fully informed of reasons for discharge or transfer from the facility and to be given advance notice unless the reason involves issues of safety to yourself, other patients, or staff.
- To be treated with dignity, consideration, and respect.
- To have your medical condition and record kept confidentially and not released without your consent except in the case of an emergency.
• To freely express complaints or grievances verbally or in writing to facility staff, management, ESRD Network, or regulatory agencies without fear of retribution or discrimination provided the complaint or grievance is made in an appropriate manner. Information regarding grievance procedures will be provided to you by your Social Worker.

• To consent or refuse permission to participate in a reuse program if the facility practices the reuse of dialyzers and to have any questions about reuse answered in a complete and understandable way.

**Patient Responsibilities:**

As a patient at a PDI facility, you have rights, but also responsibilities to yourself, fellow patients, the staff, and the facility. If you fail to fulfill these responsibilities, consequences, which may occur, can include, but are not limited to, physical side effects and adverse medical conditions, loss of privileges, and temporary or permanent dismissal from the facility.

You are responsible for adhering to all facility rules in this document and any facility rules specified by your individual clinic.

Specifically, your responsibilities are:

• You are to come to your treatment at the scheduled time. You should not only come for every dialysis treatment, but you should arrive on time.

• If you have an Advanced Directive, you are responsible for notifying the facility Social Worker, Center Director, or your physician.

• If you wish to change your Directive in any way, you are responsible to notify the facility Social Worker, Center Director, or your physician.

• You have a responsibility to adhere to all aspects of your dialysis treatment as prescribed by your physician. This includes not only the dialysis prescription, but also recommended treatments for medications, testing, etc. If you disagree with the prescription or desire that changes be made, you must discuss it with your attending physician. Your physician is the only one who can order these changes.

• You are responsible for your own transportation. The facility Social Worker can provide you with a list of transportation providers, but it is your responsibility to secure transportation.

• You are responsible for treating other patients, staff, and visitors with respect and dignity. This includes, but is not limited to, refraining from foul language and profanity and derogatory remarks of any kind.
• You are responsible to cooperate with the facility Social Worker and keep him/her updated with any changes in insurance, financial status, advance medical directives, and any other changes in your family or support system that may affect your healthcare in any way.
• You have a responsibility to be involved in your care and participate with the healthcare team in your care planning.
• You are responsible for making childcare arrangements and not bringing children to the facility. Children are not permitted in the treatment room, and may not be in the lobby without adult supervision.
• You are responsible to tell the staff and your physician if you have experienced any problems or unusual incidents between treatments.
• You are responsible for advising the staff and your physician if you have seen any other physicians or have been given new medications or had medications changed.
• You are responsible for following the directions of the healthcare team both during treatments and between treatments that are designed to prevent health problems. You are responsible to comply with all financial policies including signing an assignment of benefits form which includes consent to release medical information to insurers.
• You are responsible for complying with laundering instructions provided by the facility when laundering linens brought into the facility or clothing worn during treatment.

Workplace Violence:

Physicians Dialysis has a strong policy against any type of workplace violence. Acts or threats of violence by anyone at company facilities will not be tolerated. Verbal, physical, or visual intimidation or harassment will not be tolerated. Violations of this policy by anyone could lead to legal action and will lead to dismissal from the facility.

Anyone who experiences or witnesses acts or threats of violence, intimidation or harassment are required to report such acts immediately. Specific examples of conduct that may be considered threats or acts of violence include, but are not limited to, the following:
• Hitting, striking, or shoving an individual
• Threatening an individual or his/her family, friends, associates, or property with harm
• The intentional destruction of or threat of destruction of property
• Harassing or threatening phone calls
• Harassing surveillance or stalking
• The suggestion or intimation that violence is appropriate

If you see any acts that violate the workplace violence policy, please ask to talk to the Center Director immediately!