



## **Rider's Handbook**

**Transportation Disadvantaged  
Program  
2019 Revised Edition**

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**Dear Ride Solution Riders,**

**Ride Solution is a non-profit agency with over 25 years of experience in serving the needs of Putnam County residents who are in need of transportation. Ride Solution is the Community Transportation Coordinator for Putnam County and provides transportation for the Florida Commission for the Transportation Disadvantaged program along with numerous other contracts that support a system wide transportation program.**

**Effective November 1, 2004 the Florida Commission for the Transportation Disadvantaged became the Gatekeeper or the Provider managing the funds for the Non-Emergency Passenger Transportation Program throughout the state. This agreement outlined many changes in the operation and requirements for clients residing in Putnam County needing non-emergency transportation.**

**This book provides definitions, forms samples with descriptions, policies as well as Health Insurance Portability and Accountability Act (HIPAA) information.**

**If you have questions or need additional information, please feel free to contact us.**

**Sincerely,**

**THE RIDE SOLUTION**

## **HOW TO BOOK A TRIP**

Dear Valued Rider,

On behalf of the Local Coordinating Board and Ride Solution, we have prepared the following information on **HOW TO RIDE**.

This will help plan your trips and to make transportation run as smoothly as possible.

Ride Solution provides non-emergency medical transportation services to ambulatory, wheelchair and non-emergency stretcher bound Putnam County residents.

### **What is Transportation Disadvantaged (TD) Eligible?**

These funding programs are for transporting individuals who after all other transportation options have been exhausted are unable to transport themselves and live in an area outside any one of Ride Solution's published routes. Not all Passenger recipients qualify for transportation services. Those covered by a Qualified Medicare Beneficiary (QMB) program does not qualify. All Passenger and TD riders are required to complete a TD Assessment Screening Form.

### **Who is Eligible?**

- ✓ Any Putnam County resident can qualify for Transportation Services
- ✓ Elderly and Nursing Home Patients
- ✓ General Public
- ✓ Disabled Persons
- ✓ Persons with Permanent or Temporary Disabilities
- ✓ Persons with Developmental Disabilities

### **How do I register as a Rider?**

To determine client eligibility for transportation, every rider must complete a transportation assessment form to determine the most appropriate and cost-effective means for transportation. The form must be completed and approved by Ride Solution before a trip can be scheduled. All assessments are reviewed with two days of receipt to determine eligibility. Sample form is on pages 11 & 12.

### **To schedule a ride we need the following information:**

- ✓ Appointment Date
- ✓ Time of Appointment and Return Time to be picked up
- ✓ Where you will be going
- ✓ (Office address, Suite No. and contact number)
- ✓ Whether you need wheelchair or stretcher transport
- ✓ If you will have a car seat for your child
- ✓ If you need an escort – the name and relationship to rider
- ✓ (please see page 24 for further clarification of escorts)

### **What number do I call?**

Office Hours: Monday – Friday  
6:00 AM – 6:30 PM  
Saturdays and Sundays  
6:00am – 10:00am  
2:30pm – 6:30pm  
(Excluding Holidays)

### **Reservations & Cancellations:**

Ride Solution

Tel. No. 386-325-9999

(Choose prompt 1 or 2 to speak to a reservationist.)

Florida Relay System – (800) 955-8770

**To schedule a ride we need the following information:**

- ✓ Appointment Date
- ✓ Time of Appointment and Return Time to be picked up
- ✓ Where you will be going
- ✓ (Office address, Suite No. and contact number)
- ✓ Whether you need wheelchair or stretcher transport
- ✓ If you will have a car seat for your child
- ✓ If you need an escort – the name and relationship to rider

**When do I call?**

Trip Reservations must be made at least by 12 PM prior to the day of the scheduled trip. Trips may not be scheduled more than 7 days prior to a medical appointment. Urgent care needs will be transported without advance reservation with verification from the medical provider that the medical event warranted urgent care. (Excluding emergencies – call 911) Reservations are not accepted on Saturday, Sunday or Holidays.

**Will I have to pay a fare?**

Fare will depend upon your sponsorship and its funding source. Your reservationist will tell you the cost of your trip or your co-pay when your reservation is made. The driver will collect the fare from you when you board the vehicle. You must have EXACT CHANGE. Drivers do not carry money and will not make additional stops to get change.  
PLEASE – DO NOT TIP DRIVERS

**Who must pay a co-payment?**

Ride Solution requires recipients, unless exempt, to pay \$1.00 co-pay for each one-way transportation trip. Out of County trips are \$2.00 co-pay each one-way trip.

### **Who does not have to pay a co-payment?**

- ✓ Anyone under 21 years if age
- ✓ Nursing Home residents
- ✓ Pregnant women – (when the service is related to the pregnancy)
- ✓ HMO recipients
- ✓ The developmentally disabled
- ✓ Anyone receiving treatment under a mental health program

### **Is there a co-pay for Transportation Disadvantaged (Non-sponsored) trips?**

In order to meet the 10% financial match requirement for the Transportation Disadvantaged Grant, a rider is required to pay a fare at the time of entry on the vehicle. The co-pay for in county and within five miles of an existing route is \$1.00 per one-way trip. For trips that do not have an existing service nearby or outside the county, the reservationist will tell you're the amount of your co-pay at the time of scheduling.

### **Can someone ride with me? (Escort)**

Ride Solution will allow for one escort, due to age or disability, for the accompaniment and support of the rider to be able to travel to receive necessary medical services. Escort arrangements must be made at the time of trip scheduling. An escort does not include the employee (driver or attendant) of the vehicle.

### **Where can I ride (Locality)**

Ride Solution requires that a rider be transported to sources of medical care within Putnam County, except when the required medical care is not available in Putnam County.

### **How do I get there on time?**

The goal of Ride Solution is to provide the greatest number of clients with prompt, safe, efficient, friendly service. We operate on public roads and highways. Occasionally our vehicles will run behind schedule during periods of peak demand, rush hour, or inclement weather or some other unforeseen problem.

The following are ways you may help us to better service you:

- ✓ Whenever possible, try to schedule your pickup and return trips between 7:30 AM and 2:00 PM
- ✓ Be ready at least one (1) hour before your appointment time for Putnam County.
- ✓ Be ready at least two (2) hours before your appointment time if it is out of the county.
- ✓ Client must be dressed, fed and personal grooming completed when the driver arrives.
- ✓ Drivers can only wait five (5) minutes for passengers.
- ✓ Allow for time spent picking up and dropping off other passengers before reaching your destination.
- ✓ Be prepared for delays due to traffic or bad weather.
- ✓ In order to ensure the vehicle will be on time for other customers. The driver is prohibited from making unscheduled stops.

### **What do I do if my vehicle is late?**

If your vehicle is late for your scheduled pickup, call Ride Solution dispatchers and they will check the status of its arrival time. We can only resolve problems if we are informed. Please do not hesitate to call.



### **How do I cancel a reservation?**

To cancel a reservation, please call:  
386-325-9999 ext. 1 or 2

Trips must be canceled in enough time to inform the driver before the van or bus arrives at your door. Cancellations at the door are considered a “No-Show”.

### **What about accommodations on the vehicle?**

- ✓ Carry-on packages: property that can be carried by the client and/or driver in one trip and can be safely stowed on the vehicle.
- ✓ Child Restraint: Notify the reservationist if a child restraint will be brought along or is needed.
- ✓ Personal Care Attendants (PCA): Must be permitted to accompany riders and are not considered escorts. PCAs are not charged a fare.
- ✓ Escorts and PCA's must have the same reservation as the passenger they are accompanying.

### **What are the rules regarding dependent children transport?**

Children under 14 must have an escort. Children aged 14 – 17 must have a signed and notarized parental consent waiver on file at Ride Solution in order to ride.

### **What is the code of conduct?**

- ✓ Services can be refused if a rider engages in “violent, seriously disruptive or illegal conduct”.
- ✓ Do not eat or drink while in the vehicle, unless it is medically necessary and with proper documentation of the need.
- ✓ Avoid distracting the driver.
- ✓ Avoid littering the vehicle.
- ✓ Remain seated until the vehicle comes to a complete stop at your destination.
- ✓ Keep seat belts securely fastened until the driver says it is safe to unbuckle them.
- ✓ Report anything you notice that constitutes a safety hazard to your driver.
- ✓ No smoking allowed on the vehicle.

### **WEAPONS ARE PROHIBITED.**

Instrument(s) used to inflict harm to another person or property is also prohibited.

Conduct by any person, which demeans, denigrates or intimidates any other individual or interferes with the performance of another individual's actions is prohibited. If this conduct should require the vehicle to be stopped due to the event the individual(s) will be suspended due to the severity of actions.

### **What are the safety rules?**

- ✓ Riders deemed medically contagious may not be transported.
- ✓ Riders with open/leaking wounds and or sores MUST have them covered during transport.
- ✓ Except for medically necessary reasons, verified in writing by a licensed physician, eating and drinking in vehicle is prohibited.
- ✓ All drivers shall wear a uniform shirt identifying them as a Ride Solution Driver as well as a photo identification name badge at all times when transporting clients.
- ✓ Interior/exterior of vehicle shall be reasonably free of dirt and grime.
- ✓ All vehicles have air conditioning and heat for our comfort.

Passengers are responsible for being considerate of other passengers in sharing rides, practicing good personal hygiene and refraining from excessive noise.

### **STANDING ORDERS POLICY**

A standing order is defined as a routine of trips scheduled for a defined date and time. Ride Solution will schedule standing orders when requested by the rider. Standing order requests do not require day to day call in for reservation.

When the standing order is no longer needed, the rider must contact the reservationist to terminate the standing order to prevent a ***NO-SHOW***.

### **VIOLENT AND/OR DISRUPTIVE POLICY**

Verbal or written reports or complaints received from Ride Solution staff and drivers indicating threatening, violent, or abusive treatment by beneficiaries will be documented and investigated. If substantiated, the beneficiary will be counseled and informed that the provider can refuse to transport the beneficiary. Putnam may require an escort accompany abusive beneficiaries when being transported.

### **NO-SHOW AND CANCELLATION POLICY**

Passengers should notify Ride Solution when they need to cancel a trip as soon as possible. If the beneficiary does not cancel at least 24-hours in advance of a scheduled trip, then the beneficiary is classified as a no-show. Cancellations at the door will also be considered a no-show. In cases where the client routinely and continually cancels appointments, Ride Solution may limit the days and times of travel.

If the no-show beneficiary provides acceptable, verifiable evidence to Ride Solution that the no-show was due to unforeseen and unavoidable circumstances, the missed trip will not be counted as a no-show unless such evidenced does not prove the beneficiary was unable to meet the scheduled pick-up time due to unforeseen and unavoidable circumstances.

The Passenger has the right to appeal the no-show determination through the local complaint and grievance process or request a fair hearing, which is conducted by the Department of Children and Families.

This information is available in an accessible format upon request, please contact Ride Solution at (386) 325-9999.

## **CUSTOMER'S RIGHTS**

### **Safety**

#### **Customers Have The Right To**

1. trips in air-conditioned and heated vehicles;  
safe, clean, properly equipped, and smoke-free vehicles;
2. for para-transit services – properly fastened seatbelts  
and/or mobility device tie downs;
3. vehicle transfer points that are sheltered, secure and  
safe;
4. a properly identified driver;
5. adequate seating, to include ample space for service  
animals;
6. assistance in maneuvering mobility devices up and  
down no more than one step; and
7. Community Transportation Coordinator (CTC) policy on  
medical emergency during transport.

#### **Customers Are Responsible For**

1. being ready and waiting for vehicle in a safe location;  
keeping seat belts and mobility device tie downs secure  
until vehicle stops
2. remaining seated until vehicle comes to a complete  
stop;
3. reporting any safety hazards;
4. keeping wheelchairs or other mobility aids in good  
condition;
5. not tampering with or operating vehicle equipment;
6. addressing car seat provision with the CTC;
7. making CTC aware of customer's physical and/or  
mental conditions prior to transport; and
8. adhering to policy for violent and/or disruptive  
behavior.

### **Courtesy**

1. professional, courteous, and properly trained drivers;
2. assistance while getting in and out of vehicle and to the seat
3. Assistance with up to 1 package.

### **Customers Are Responsible For:**

1. calling in trip cancellations within 24 hours;
2. informing Ride Solution of all pertinent information regarding trip;
3. presenting the correct fare;
4. being ready at time of pick-up; and
5. Ensuring personal hygiene.

### **Complaints**

1. file complaints without fear of retaliation;
2. prompt Investigation and effective resolution; and
3. Current and complete program information.

### **Customers Are Responsible For:**

1. filing complaints in a timely manner; and
2. Providing Ride Solution with pertinent information.

### **Service**

1. Pick-ups between:  
Local – within one (1) hour  
Out-of-County – within two (2) hours  
Stretcher – within one (1) hour-scheduled
2. Expect driver to wait no longer than (5) five minutes;
3. toll-free accessibility to Ride Solution;
4. be delivered to an appointment on time;
5. Ride Solution's policy on standing orders; and
6. Ride Solution's policy on no-shows.

**Customers Have The Right To:**

1. advising the reservationist of appointment times;
2. accepting a shared-ride service;
3. scheduling trip(s) at least one day prior before 12 PM;  
and
4. Providing own wheelchair and/or escort.



## **DENIAL OF SERVICE PROCESS**

Ride Solution may deny a request when the beneficiary:

- a. Refused to cooperate in determining the status of Passenger Non-Emergency Transportation (NET) eligibility;
- b. Refuses to provide the documentation requested to determine need for Passenger NET services;
- c. Is found to be ineligible for Passenger NET services on the basis that the information provided cannot be otherwise confirmed;
- d. Exhibits uncooperative behavior or misuses/abuses Passenger NET services (Ride Solution must retain documentation of the incident and AHCA must be contacted to offer counseling to the beneficiary if Ride Solution is considering denying transport to a disruptive client);
- e. Is not ready to board Passenger NET transport five (5) minutes after the vehicle has arrived; or
- f. Fails to request a reservation three (3) workdays or more in advance of appointment without good cause.

When Ride Solution denies eligibility of transportation services to a beneficiary, Ride Solution must inform the beneficiary of his/her right to appeal by mailing an initial decision letter outlining the reason Ride Solution is denying transportation services.

Riders have a right to a complaint and fair hearings process that is located in the community. Contact the transportation office at 386-325-9999 or the **Ombudsman Helpline at 1-800-983-2435.**

## **COMPLAINT AND GRIEVANCE POLICY**

To begin the local complaint process. If the customer has already filed the complaint locally and remains unsatisfied, the Ombudsman will assist the customer with the next step in the complaint or grievance process. The customer has the right to file a formal grievance with the Office of Administrative Appeals or other venues appropriate to the specific nature of the complaint.

### **Fair Hearing Requirements**

In addition, the customer has the right to request a fair hearing. A compensable service provider acting on behalf of the customer and with the customer's written consent may request a Passenger fair hearing. Parties to the Passenger fair hearing include the Commission, as well as the customer and his or her representative or the representative of a deceased customer's estate.

- a. Request Requirements – The customer or provider may request a Passenger fair hearing within 90 calendar days of the date of the notice of action. The customer or provider may request a Passenger fair hearing by contacting Department of Children and Families at the Office of Public Assistance Appeals Hearings, 1317 Winewood Boulevard, Building 1, Room 309, Tallahassee, Florida 32399-0700.

- b. General Plan Duties – The Commission for the Transportation Disadvantaged will:  
Continue the customers benefits while Passenger fair hearing is pending if:

1. The Passenger fair hearing is filed timely, meaning on or before the later of the following:

- Within 10 workdays of the date on the notice of action (add 5 workdays if the notice is sent via U.S. mail); and
- The intended effective date of the plan's proposed action.
- The clients fair hearing involves the termination, suspension, or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider;
- The authorization period has not expired; and
- The customer requests extension of benefits.

2. The customer must first contact Ride Solution. The complaint may be made verbally over the telephone or may be sent in writing. All complaints, even if the problem is resolved while on the phone, must be recorded. The customer may obtain Ride Solution contact information for filing a complaint from the Rider's Guide or by calling the toll free TD Helpline 1-800-983-2435 or from the website [www.dot.state.fl.us/ctd](http://www.dot.state.fl.us/ctd). All complaints will be documented by the provider and will include the date/time, customer's name & contact information, subject of the concern, provider's finding(s), response,

and action(s) taken to resolve the concern. These complaint records will be forwarded to the Commission for the Transportation Disadvantaged (CTD) on the quarterly basis.

3. After Ride Solution receives the complaint, the provider will investigate the complaint and inform the customer of the findings, including any actions taken (either verbally or in writing, or both.) If the customer is not satisfied with the findings/actions, the customer may request to file a formal grievance with the Local Coordinating Board. Ride Solution will be responsible for providing the customer with the Local Coordinating Board's contact information and an accessible copy of the local Grievance Procedures.

4. The Local Coordinating Board will hear all customer grievances not resolved satisfactorily by Ride Solution. If the Local Coordinating Board does not resolve the grievance, the customer will be informed of his/her right to file a formal grievance with the CTD. The customer may begin this process by contacting the CTD through the TD Helpline at 1-800-983-2435 or via mail at: Florida Commission for the Transportation Disadvantaged; 605 Suwannee St., MS\_49; Tallahassee, FL 32399-0450 or by email at [www.dot.state.fl.us/ctd](http://www.dot.state.fl.us/ctd). Upon request of the customer, the CTD will provide the customer with an accessible copy of the CTD's Grievance Procedures.

5. If the CTD is unable to resolve the grievance, the customer will be referred to the Office of Administrative Appeals or other legal venues appropriate to the specific nature of the grievance.

All of the steps above must be attempted in the listed order before a complaint or grievance will move to the next step. The customer should be sure to try and have as many details as possible, when filing a complaint, such as dates, times, names, vehicle numbers, etc. There is an Ombudsman Program, provided by the CTD, which is available to anyone who requests assistance in resolving complaints.

The Ombudsman Program may be reached through the toll free TD Helpline at 1-800-983-2435 or via email at [www.dot.state.fl.us/ctd](http://www.dot.state.fl.us/ctd). By requesting assistance of the Ombudsman Program in resolving complaints, the complaint will still follow, in order, all of the established steps listed above.

The Ombudsman will document each complaint and upon request of the customer, file the complaint with the local provider on the customer's behalf, to begin the local complaint process. If the customer has already filed the complaint locally and remains unsatisfied, the Ombudsman will assist the customer with the next step in the complaint or grievance process.

## **Ride Solution Transportation Disadvantaged Eligibility Form**

### **Passenger Information**

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

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

Address: \_\_\_\_\_ Unit or Apt No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

### **Mobility Aids**

Please check or list any special needs or mobility aids you use or may require.

- ☐ Manual Wheelchair ☐ Powered Wheelchair ☐ Powered Scooter ☐ Walker ☐ Cane  
☐ Personal Care Attendant (PCA) ☐ Respirator ☐ Service Animal ☐ Infant Car Seat

Do you have any other needs / conditions that we need to be aware of in order to transport you safely? ☐ Yes ☐ No. If yes, please explain \_\_\_\_\_

### **Certification and Acknowledgement**

I understand and affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information or making fraudulent claims or making false statements constitute a felony under the laws of the State of Florida.

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

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

RETURN COMPLETED FORM TO:  
**RIDE SOLUTION, INC 220 N 11TH ST, PALATKA FL 32177**  
OR EMAIL TO [SHIRLEY@THERIDESOLUTION.ORG](mailto:SHIRLEY@THERIDESOLUTION.ORG)

<b>DO NOT WRITE THIS SPACE</b>		<b>OFFICE USE ONLY</b>
<input type="checkbox"/> New Eligibility	<input type="checkbox"/> Redetermination	Received ____/____/____
Reviewed by: _____		Date: ____/____/____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied - Reason: _____		
_____		

**HEALTH INSURANCE PORTABILITY  
AND ACCOUNTABILITY ACT (HIPAA)**

**NOTICE OF PRIVACY PRACTICES  
Effective April 14, 2003  
RIDE SOLUTION – PUTNAM COUNTY**

**PLEASE REVIEW THIS DOCUMENT CAREFULLY**

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, volunteers, staff and other office personnel.

**1. YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and service you receive from the department in your personal file. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

**A. HOW WE MAY DISCLOSE INFORMATION ABOUT YOU**

**1. Treatment**

We may provide health information in order provide you with medical treatment or services. We may disclose health information about you to other personnel who are involved in taking care of you and your health.

2. Payment

We may use and disclose health information in order to bill and collect payment for health care services.

3. Health Care Operations – We may use and disclose health information about you to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

4. Other Permitted Uses and Disclosures – There are a number of other specific ways that we may disclose health information about you without your permission for the following purposes, subject to legal requirements and limitations, such as:

**To avoid serious threat to health & safety; required by law; research; organ tissue donation; military veterans, national security and intelligence; worker's compensation; public health risk; health oversight activities; lawsuits and disputes; law enforcement; coroner, medical examiners and funeral directors; volunteers and information not personally identifiable.**

## **B. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you.

**Right To Inspect & Copy** – You have the right to inspect and copy your health information such as medical and billing records that we use to make



decisions about your care. You must submit a written request to the Privacy Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and /or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right To Amend** – If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: a) we did not create, unless the person or entity that created the information is no longer available to make the amendment. b) Is not part of the health information that we keep. c) You would not be permitted to inspect and copy. d) It is accurate and complete.

**Rights to Accounting Disclosures** – You have the right to request an “accounting of disclosures.” This is an account of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

**Rights to Request Restrictions** – You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.

**We Are Not Required to Agree to Your Request** – If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

## **2. CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

### **3. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for purposes other than those identified in the previous section without your specific written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the authorization and consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records we maintain about you:

#### **Contact Information:**

**The Ride Solution**

**Boyd Thompson**

**Executive Director & Privacy Officer**

**220 N 11<sup>th</sup> Street, Palatka, Florida 32177**

**Tel. No. (386) 325-9999.**

Dear Ride Solution Customer:

We are required by law to give you this notice of privacy practice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

Please read the information carefully, sign and return the acknowledgement section on page 33. The signed form may be returned by mail to our address or given to your Ride Solution Driver on your next trip.

**Mailing Address:**  
**Ride Solution**  
**220 N 11th Street**  
**Palatka, FL 32177**

If you have any questions regarding this information, please do not hesitate to contact me at 386-325-9999.

Sincerely,

**Boyd Thompson,**  
Executive Director  
The Ride Solution

## **GUIDE FOR NURSING HOMES**

### **1. What is the first step?**

A transportation screening assessment form must be completed for every rider to determine the most appropriate and cost-effective means for transporting riders. **The assessment form must be completed before the first transport of this system and effective date. Allow two (2) days to process applications.**

### **2. How to schedule a ride:**

- a. Nursing staff must complete the Transportation Request Form for each medical trip request. The Request Form must be completed, signed by nursing facility staff and faxed over at least three (3) days prior to a medical appointment. Trips may not be scheduled more than two (2) weeks prior to a medical appointment. Urgent care needs will be transported without advance reservation with verification from the medical provider that the medical event warranted urgent care.
- b. The Ride Solution Reservationist will verify form completion, date compliance, and authorizing staff signature. If incomplete, the form will be denied with reason and FAXED back for completion.
- c. Once the form is complete, the Reservationist will schedule the trip in the computer and initial the form.
- d. The initialed form will be returned to the facility by FAX by 3:00 PM or within 3 hours of receipt of the form.

### **3. Where can riders be transported?**

Ride Solution requires that a rider be transported to sources of medical care within Putnam County, except when the required medical care is not available in Putnam County.

### **4. What about scheduling return trips?**

If a rider has a medical appointment and does not have a scheduled return time, the Driver can leave the phone number with the rider in order to call the Dispatcher for pickup. Wait time may be up to (1) one hour for return.

### **5. Wheelchair riders.**

Drivers are not permitted to lift a rider from bed into the wheelchair. Rider must be in the wheelchair, with proper footrest attached prior to pickup.

### **6. Where can the rider travel?**

Ride Solution requires that a rider be transported to sources of medical care within Putnam County, except when the required medical care is not available in Putnam County. Ride Solution limits out-of-county trips to specific days of the week, excluding life sustaining care i.e. dialysis. When the rider needs to go out-of-county for medical care, Ride Solution must verify that the needed services are not available in Putnam County; receiving confirmation over the phone from the doctor requesting the appointment.

### **7. What is the cost for transportation services?**

The co-payment for other funding sources may vary and reservationists will notify you of the cost of your trip when your reservation is made.

## **8. When should the rider be ready?**

When the rider is traveling outside of Putnam County, the rider should be ready for a pickup two hours prior to appointment time.

When the rider is traveling within the Putnam County area, the rider should be ready for a pick-up no less than one (1) hour before appointment time. Since the vehicle may pick up several passengers and must run on a schedule, the Driver can wait only five (5) minutes for the rider. The rider should be dressed, fed and personal grooming completed. If the rider is not ready, the vehicle must leave so other riders are not late. You will need to reschedule the appointment and ride.

## **9. Escort**

Ride Solution will allow for one escort, (due to age or disability), for the accompaniment and support of the rider. This will enable the rider to receive necessary medical services. Escort arrangements must be made at the time of trip scheduling. An escort does not include the employee (driver or attendant) of the vehicle. The Driver is responsible for delivering the rider safely to the lobby of the facility of which they have an appointment.

## **10. How to cancel a ride:**

Riders must call to cancel appointments at least 24 hours in advance. Cancellations at the door or less than two hours before the scheduled pickup time will be considered a No-Show. Excessive No-Shows may result in counseling and/or service suspension.

Individuals needing to cancel their reserved transportation services must contact our Transportation Office as soon as possible, either by telephone or fax.

## **11. What is required on the day of transport?**

In order for your resident/riders to arrive to their medical and other appointments, the following are required:

- ✓ Resident/Rider Dressed and Ready to Go
- ✓ Paperwork for Resident/Rider Ready
- ✓ Both Footrests on Wheelchair Properly Adjusted
- ✓ Waiting at Nurses Station or Lobby
- ✓ Escort Present & Ready if Applicable
- ✓ Cancellation should be called to Transportation Office before Driver arrives

Please have the resident/rider ready for pickup on (1) hour before scheduled appointment. The Driver can only wait five (5) minutes due to the volume of medical trips.

## **12. Who do I call if I have comments regarding the transportation?**

Commendations and complaints regarding Drivers, Dispatch or any other aspect of the service should be directed to Boyd Thompson, Executive Director or Wanda Nye, Director of Administration at Tel. No. (386) 325-9999 or the Ombudsman Helpline @ 1-800-983-4235.



## RIDER INFORMATION

Use this page to record your doctor's name, addresses, phone numbers and scheduled appointments.

[illegible]

## **ACKNOWLEDGEMENT STATEMENT**

I received a copy of Ride Solution's Notice of Privacy Practices. I understand that if Ride Solution uses my personal health information in a manner that is different that described by the Notice, Ride Solution must first get my permission in writing.

I am accepting this Notice on behalf of:

\_\_\_\_ Myself

\_\_\_\_ Another person as his or her personal representative  
(parent, guardian, family member, etc.)

\_\_\_\_ Both: Myself and another Person(s)

Name of Person(s) Being Represented – Family Members:

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\_\_\_\_\_  
Printed Name of Client or Personal Representative

\_\_\_\_\_  
Signature of Client or Personal Representative

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

**RIDE SOLUTION**  
**Putnam County's**  
**Coordinated Transit System**

220 North 11<sup>th</sup> Street  
Palatka, FL 32177  
Phone: 386-325-9999  
Fax: 328-9410  
Email: [Boyd@theridesolution.org](mailto:Boyd@theridesolution.org)  
Website: **[www.theridesolution.org](http://www.theridesolution.org)**