



# Patient Orientation For Home Medical Equipment

## **STATEMENT OF CONFIDENTIALITY**

*This booklet may contain protected health information. Persons other than you and your health care providers must have your permission to view this booklet.*

<b>PATIENT ORIENTATION</b>
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## BUSINESS HOURS / AFTER HOURS COVERAGE

THIS BOOKLET BELONGS TO: \_\_\_\_\_

**INSTRUCTIONS:** This information is provided to you as a quick reference in case of emergencies. Keep this information where it can easily be found. Inform other persons close to you (spouse, neighbor, relative, etc.) of its location.

**BUSINESS HOURS:** Our business hours are Monday through Friday from 8:00 a.m. to 5:30 p.m. except during company holidays. Please call us during regular business hours if:

- You need to order Oxygen refills, supplies, and / or respiratory supplies
- You have a change of address, phone number, or insurance
- You need to change the time of, or cancel a scheduled visit, delivery, or pickup
- You need to schedule a pickup

**AFTER HOURS COVERAGE:** We provide 24 hour On-Call services. Qualified personnel are on-call to accept patient calls. If you have an emergency need for service on your rental equipment, please call-1-866-962-2424 and an after-hours support line will answer. You can leave a message and a Respiratory Therapist or Technician will return your call within 20 minutes. During non-business hours, call us if:

- Your equipment malfunctions
- You use an oxygen concentrator and your power fails
- You have problems or questions regarding the operation of your equipment
- You have a complaint or concern regarding the equipment or service provided

## MEDICAL EMERGENCIES

Elite Home Medical and Respiratory, Inc. does not operate an emergency service and does not want you to waste valuable time should you have a serious medical emergency. In case of a serious medical emergency call 9-1-1.

**NOTE:** Please call our office if the patient is admitted to the hospital, a nursing home, or if the patient's condition changes.

## SECTION I. WELCOME, MISSION, AND COMPANY PHILOSOPHY

At **Elite Home Medical and Respiratory, Inc.** we provide the highest quality support for sleep and general medical needs while keeping a strong focus on value for patients. Our goal is to achieve complete therapy compliance while providing the services our patients need in a caring and professional environment.

We refer to our patients as our “Elite Family” and we welcome to join us on our quest for a healthier and happier world one patient at a time.

We extend a warm welcome to you, our patient, and to your family and friends. Your medical treatment, safety, and happiness are most important to us. We will do our best to answer questions you may have concerning your care, treatment, and/or services.

Our mission is to provide superior home medical equipment and/or services to people in our service area by providing quality patient care through well-trained personnel who utilize state-of-the-art equipment, procedures, education, and training. We continually strive for excellence by meeting or exceeding the needs of our patients, their families, and the communities we serve.

Elite Home Medical and Respiratory, Inc. is privately owned, accredited by the Board of Accreditation (BOC), and committed to ensuring your rights and privileges as a health care patient. We have prepared this booklet to assist you in becoming better acquainted with us and to explain your rights and responsibilities. As your home medical equipment supplier, we will help you understand the safe and proper use of your equipment through education and training.

Please review the information included in this booklet and discusses any question you may have with our visiting staff or by calling our office.

Thank you for selecting us as your home medical equipment supplier.

Sincerely,

The Management and Staff of Elite Home Medical and Respiratory, Inc.

## SECTION II. COMPANY OVERVIEW

### POLICIES

This book contains general information regarding your rights and responsibilities as a patient. As state and federal regulations change there may be additions or changes to this book as necessary. Our complete policy and produce manual regarding your care and services is available upon request for your viewing at our office at any time during normal business hours.

### SERVICES

Elite Home Medical and Respiratory Inc. provides respiratory services, durable medical equipment, and medical supplies within our service area. These services are provided in a quality, patient-focused manner. Service appropriate to your need is planned and coordinated and made available under the direction of your physician and our qualified staff.

We will notify you, your physician, or other healthcare professional within 5 calendar days if we are unable to provide the prescribed equipment, items, or services.

### OUR SERVICES INCLUDE:

#### Respiratory Equipment

- PAP (Positive Airway Pressure) Devices: CPAP & BiPAP
- Oxygen Therapy
- Non-Invasive and Invasive Mechanical Ventilation
- Nebulizer Therapy
- Suction
- Cool Aerosol

## DELIVERY OF EQUIPMENT

Elite Home Medical and Respiratory, Inc. offers delivery and setup of medical equipment. An estimated timeframe for your delivery will be provided. At the time of delivery, you will be given information on the equipment, product, or device including;

- Instructions on the safe, appropriate and intended use of the equipment including cleaning, troubleshooting, and any potential hazards of using the equipment/product or device.
- Use of back up equipment, if applicable
- Potential dangers of misuses or modification of equipment
- Process for requesting additional training on equipment
- Process for equipment replacement, repair, and /or pickup
- The manufacture cleaning, maintenance and warranty information will be providing if the equipment is being purchased.

## EMERGENCY PREPAREDNESS PLAN

In the event of a natural disaster, inclement weather, or emergency Elite Home Medical and Respiratory, Inc. has an emergency operation plan to continue necessary patient series. We will make every effort to continue home care visits however the safety of our staff must be considered. When roads are too dangerous to travel, our staff will contact you by phone if possible, to let you know that they are unable to make your visit that day. Every possible effort will be made to ensure that your medical needs are met.

All patients are assigned a priority level code that is based on patient acuity and the equipment services provided. The code is updated as needed. The code assignment helps us determine the response priority in case of a disaster or emergency. For high-risk patients whose service or equipment delays would be detrimental to their health and safety, Elite Home Medical and Respiratory, Inc. will coordinate service and or arrange for an alternate service provider if we cannot provide service to our customers during the disaster. These codes are maintained in our office, along with information which may be helpful to Emergency Management Services in case of an area disaster or emergency.

Your priority level code is;

- |                                    |                    |
|------------------------------------|--------------------|
| <input type="checkbox"/> Level I   | Within 24 hours    |
| <input type="checkbox"/> Level II  | Within 24-48 hours |
| <input type="checkbox"/> Level III | Within 48-72 hours |

In case of bad weather or other situation that might prevent our company from reaching you, turn to your local radio and/or TV station(s). Please notify our office if you evacuate to another location or emergency shelter.

## CHARGES / MEDICAL CLAIMS

Elite Home Medical and Respiratory, Inc. accepts payment for service from Medicare, Medicaid, Medi-Cal, Workers Compensation, private insurance, or private pay. Some insurers may limit the number and type of supplies and equipment they will pay for and may require precertification and /or co-payments. Elite Home Medical and Respiratory, Inc. Accepts the amount approved for payment of covered items by Medicare Part B and most private insurance companies.

Medicare Part B only pays 80% of the approved amount. The 20% co-payment is your responsibility or the responsibility of your co-insurance. Our billing policies, payment procedures, and any non-covered or non-reimbursable charges will be discussed with you, your family, caregiver, or guardian before the equipment and/or services are provided. You will receive a copy of all charges incurred at the time of admission.

Elite Home Medical & Respiratory, Inc.  
322 W Katella Ave STE 5A,  
Orange CA 92867

Phone: (714) 630-2128  
Toll Free: 1-866-962-2424  
Fax: (714) 630-2135

Please notify Elite Home Medical and Respiratory, Inc. immediately if you decide to enroll in a Medicare Advantage plan, or in a private HMO or hospice. The Original Medicare plan may not pay for the services provided by Elite Home Medical and Respiratory, Inc. if you are enrolled in a Medicare Advantage plan, HMO, or hospice.

#### **Medical Claims:**

As a courtesy to you, Elite Home Medical and Respiratory, Inc. will file the medical claims for our services, equipment, and supplies with your insurance company. Any deductibles, co-payments, and amounts not covered by your insurance will be billed to you. In order to file your medical claim in a timely manner, notify Elite Home Medical and Respiratory, Inc. immediately if:

- You change insurance companies.
- Your insurance coverage is terminated.
- You become eligible for Medicare or Medicaid;
- Your secondary insurance become primary;
- You change doctors, or
- You change equipment companies.

Should any change be made in this policy regarding services or charges, you or your reasonable party will be advised. Please call our billing office during regular business hours if you have question about charges or insurance billing

### **MEDICARE CAPPED RENTAL ITEMS / INEXPENSIVE ROUTINELY PURCHASED ITEMS**

#### **FOR SERVICES ON OR AFTER JANUARY 1, 2006**

Medicare defines the equipment you received as being either a capped rental or an inexpensive or routinely purchased item.

#### **Capped Rental Items:**

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment or service repair.
- Examples of this type of equipment include: Hospital Beds, Wheelchairs, Alternating Pressure Pads, Air-fluidized Beds, Nebulizers, Suction Pumps, Continuous Airway Pressure (CPAP) devices, Patient Lifts, Trapeze Bars
- Oxygen suppliers who furnish the stationary and/or portable oxygen equipment during the 36-month period are required to continue furnishing the stationary and/or portable equipment for the period of time of medical need for the remainder of the equipment's reasonable useful lifetime (5 years).

#### **Inexpensive our Routinely Purchased Items:**

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: Canes, Walkers, Crutches, Commode Chairs, Low Pressure and positioning equalization pads, Seat Lift Mechanism and Bed Side Rails.

You will be asked to select a purchase option if/when applicable.

If you are hospitalized or enter a nursing home, please call us as soon as possible. Medicare will not pay for the equipment while you are in the hospital or a nursing home.

## RETURNS, REFUNDS, AND RECALLS

For the safety of our patients, only unused items that are in their original sealed, uncontaminated contain can be returned. The items must be returned within 30 days or the delivery date, along with the original receipt.

Elite Home Medical and Respiratory, Inc. also accepts returns of substandard (i.e. inappropriate for the patient the time it was fitted and rented or sold) from patients.

Elite Home Medical and Respiratory, Inc. does not accept returns of unopened items or unused supplies once delivered to your home. By law, pharmaceutical items and drugs cannot be returned once sold.

Elite Home Medical and Respiratory, Inc. will notify you and your physic if any applicable times are recalled by the manufacture or the Food and Drug Administration (FDA).

## PATIENT SATISFACTION

Our patients are very important to us. Please ask questions if something is unclear regarding our equipment, services, or the care you receive or fail to receive. At intervals, Elite Home Medical and Respiratory Inc. sends out a patient Satisfaction Survey or you may fill one out at any time on our website at [www.Elitecpap.com](http://www.Elitecpap.com) and click the CONTACT US tab. When you receive one, please complete the survey and return it immediately. Your answers help us to evaluate the effectiveness of equipment/products, improve our services, and ensure that we meet your needs and expectation.

## PROBLEM SOLVING PROCEDURE

It is our desire to provide you with the best possible services and equipment available. If you have concerns or are not satisfied with the equipment and/or services provided, you may lodge a complaint. Please follow these steps without fear of discrimination, reprisal, or an unreasonable interruption of service.

1. Notify the Customer Service Representative at **1-866-962-2424** or in writing to 362 W Katella Ave STE4M, Orange CA 92867. Within five (5) calendar days of receiving your complaint, Elite Home Medical and Respiratory, Inc. will notify you by telephone, e-mail, fax, or written letter that we have received your complaint. You will receive the results of our investigation, in writing, within 14 calendar days. Most problems can be solved at this level.
2. You may also contact the state's home care hotline at 1-800-228-5234 (toll free) which operates 24 hours per day, 7 days per week. Voicemail is available 24 hours a day. If voicemail answers, please leave a message and your call will be returned. You may also submit your complaint in writing to Department of Public Health Division of Licensing and Certification at 681 S. Parker St. Suite 200 Orange, CA 92686. The purpose of the hotline is to receive complaint or question about local home care agencies and to lodge complaints concerning the implementation of advance directive requirements.
3. You may also call the BOC hotline 24 hours a day at (877) 262-3926 or 1-800-Medicare

## MEDICARE SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement in order to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by supplier legal business name or DBA are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

Elite Home Medical & Respiratory, Inc.  
322 W Katella Ave STE 5A,  
Orange CA 92867

Phone: (714) 630-2128  
Toll Free: 1-866-962-2424  
Fax: (714) 630-2135



## SECTION III. YOUR RIGHTS AND RESPONSIBILITIES

### NOTICE OF PRIVACY PRACTICES

As a home care provider, Elite Home Medical and Respiratory, Inc. has an obligation to protect your rights and explain these rights to you in a way you can understand upon delivery of equipment/supplies before treatment begins or during the initial evaluation visit and on an ongoing basis, as needed. Your family or your guardian may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

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.**

#### Your Rights

*You have the right to:*

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### Your Choices

*You have some choices in the way that we use and share information as we:*

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### Our Uses and Disclosures

*We may use and share your information as we:*

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## OUR USES AND DISCLOSURES

### ***How do we typically use or share your health information?***

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

***How else can we use or share your health information?***

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**

We can use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual expires.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

Elite Home Medical & Respiratory, Inc.  
322 W Katella Ave STE 5A,  
Orange CA 92867

Phone: (714) 630-2128  
Toll Free: 1-866-962-2424  
Fax: (714) 630-2135

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **COMPLAINTS**

If you believe these privacy rights have been violated, you may file a written complaint with Elite Home Medical and Respiratory's Privacy Officer, or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

### **We never market or sell personal information.**

#### **CONTACT INFORMATION**

Elite Home Medical and Respiratory  
322 W Katella Ave STE 5A, Orange CA 92867  
Privacy Officer: Steve Whitford  
Telephone: (866) 962-2424

Additionally you may file a complaint online with the Board of Accreditation, (BOC) at <https://.bocatc.org/file-a-complaint/new> or by calling 877-262-3926. The Department of Health Services by sending a letter to 200 Independence Avenue, S. W., Washington, D.C. 20201, or by calling 877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hippa/complaints/](http://www.hhs.gov/ocr/privacy/hippa/complaints/). Or by calling Medicare at 1-800-633-4227.

This notice is effective in its entirety as of August 19, 2019

## SECTION IV. SAFETY

All patients need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by eliminating hazards. This list will help you find potential hazards in your home. Take note of each statement that you need to work on to make your home a safer place. Please speak with your nurse/therapist or call the agency at any time if you have any concerns or questions about patient safety.

### PREVENTING FALLS

At least half of all falls happen at home. Each year, thousands of older Americans experience falls that result in serious injuries, disability and even death. Falls are often due to hazards that are easily overlooked but easy to fix. Use the following Self-assessment. Check all of the ricks factors below that apply to you and your home. The more factors checked, the higher your risk for falling.

- **History of Falling** 2 or more falls in last 6 months
- **Vision Loss** changes in ability to detect and discriminate objects: decline in depth perception, decreased ability to recover from a sudden exposure to bright light or glare.
- **Hearing Loss** May not be as quickly aware of a potentially hazardous situation.
- **Foot Pain/ Shoe Problems** foot pain decreased sensation /feeling: skin breakdown ill-fitting or badly worn footwear.
- **Medications** taking four or more medications single or multiple medications that may cause drowsiness dizziness or low blood pressure.
- **Balance and Gait Problems** decline in balance decline in speed of walking weakness of lower extremities.
- **High or Low Blood Pressure** that causes unsteadiness.
- **Hazards Inside Your Home** tripping and slipping hazards; poor lighting; bathroom safety; spills stairs; reaching; pets that get under foot.
- **Hazards outside Your Home** uneven walkways poor lighting; gravel or debris, on sidewalks, no handrails pets that get under foot hazardous materials (snow, ice, water, oil) that need periodic removal and clean up.

**Review each of the following safety trips and note the ones you need to work on:**

- Keep emergency number in large print near each phone.
- Put a phone near the floor in care you fall and can't get up.
- Wear shoes that give good support and have thin, non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.
- Remove things you can trip over (such as papers, books, clothes, and shoes) from stairs and places where you walk.
- Keep outside walks and steps clear of snow and ice in the winter.
- Remove small throw rugs or use double sided tape to keep them from slipping.
- Ask someone to move any furniture so your path around the house is clear.
- Clean up spills immediately
- Be aware of where you pets are at all times.
- Do not walk over or around cords or wires i.e. cords from lamps, extension cords, or telephone cords. Coil or tape cords and wires next to the wall so you can't trip over them. Have an electrician add more outlets if needed. Keep items used often within easy reach (about waist high) in cabinets.
- Use a steady step stool with a hand bar. Never use a chair as a step stool.
- Improve the lighting in your home. Replace burned out bulbs. Lamp shades of frosted bulbs can reduce glare.
- Make sure stairways, halls, and entrances and outside steps are well lit.
- Have a light switch at the top and bottom of the stairs.
- Place a lamp, flashlight and extra batteries within easy reach of your bed.
- Place night-lights in bathrooms, halls, and passageways so you can see where you're walking at night.
- Make sure the carpet is firmly attached to every step. If not, remove the carpet and attach non-slip rubber treads on the stairs. Paint a contrasting color on the top front edge of all steps so you can see the stairs better.

- Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs. Fix loose or uneven steps.
- Install grab bars next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Use an elevated toilet seat and /or shower stool if needed.
- Exercise regularly. Exercise makes you stronger and improves your balance and coordination. Talk to your doctor about what exercise is right for you.
- Have your nurse doctor or pharmacist look at all the medicines you take, even over the counter medicines. Some medicines can make you sleep or dizzy.
- Have your vision checked at least once a year by and eye doctor. Poor vision can increase your risk of falling.
- Use a cane or assistive device for extra stability if needed.
- Consider wearing an alarm device that will bring help in case you fall and can't get up.

### **FIRE SAFETY / BURN PRECAUTIONS**

- Post the fire department number on every telephone. All family members and caregivers should be familiar with emergency 911 procedures.
- Notify the fire department if a disabled person is in the home.
- Do not smoke in bed or where oxygen is being used. Never leave burning cigarettes unattended. Do not empty smoldering ashes in a trash can. Keep ashtrays away from upholstered furniture and curtains.
- Install smoke alarms on every floor of your home, including the basement. Place smoke alarms near rooms where people sleep. Test smoke alarms every month to make sure they are working properly.
- Install new smoke alarms batteries twice a year or when you change your clocks for daylight savings time in the spring and fall.
- Fire extinguishers should be checked frequently for stability.
- Make a family fire escape plan and practice it every six months. At least two different escape routes should be planned from each room for each family member. If your exit is through a ground floor window, make sure it opens easily.
- If you live in an apartment building, know where the exit stairs are located. Do not use an elevator during a fire emergency.
- Designate a safe place in front of the house or apartment building for family members to meet after escaping a fire.
- If your fire escape is cut off, remain calm, close the door and seal cracks to hold back smoke. Signal for help at the window.
- Evacuate a bedbound patient to a safe area by placing him/her on a sturdy blanket and pulling /dragging the patient out of the home.
- Remember life safety is first but if the fire is contained and small you may be able to use your fire extinguisher until the fire department arrives.
- Have your heating system checked and cleaned regularly by someone qualified to do maintenance.
- Wood burning stoves should be properly installed, chimney should be inspected and cleaned by a professional chimney sweep and trash should not be burned in a stove because this could overheat the stove. Gasoline or other flammable liquids should never be used to start wood stove fires.
- Keep portable electric or kerosene heaters out of high traffic areas. Operate them on the floor at least three feet from upholstered furniture, drapes, bedding, and other combustible materials, and turn them off when family member leaves the house or goes to sleep. Use kerosene heaters only in well ventilated rooms. Store kerosene outside in a tightly sealed labeled container.
- Make sure electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Electrical outlets should be grounded and outlets with several plugs should not be used.
- Keep cooking areas free of flammable objects (potholders, towels, etc.).
- Keep storage area above the stove free of flammable /combustible items.
- Wear short or tight sleeves while cooking; don't reach over stove burner.
- Do not leave the stove unattended when cooking, especially when the burner is turned to a high setting.
- Turn pan handles away from burners and the edge of the stove.

- Avoid cooking on high heat with oils and fat.
- Puncture plastic wrap before heating foods in the microwave.
- Never place hot liquids /solids at edge of counter.
- Place layered protection between skin and heating pad.
- Keep electrical appliance away from the bathtub or shower area.
- Never leave patient alone in the shower/tub.
- Set water heater thermostat below 120 F to prevent accidental scalding.
- Store flammable liquids in properly labeled, tightly closed, no glass containers. Store away from heaters, furnaces, water heaters, ranges, and other gas appliances. Make sure the garage is adequately ventilated.

### MEDICAL EQUIPMENT SAFETY

- Keep manufactures instruction with or near specialize medical equipment.
- Perform routine and preventive maintenance according to the manufacturer's instructions.
- Keep phone numbers available in the home to obtain service in case of equipment problems or equipment failure.
- Have backup equipment available if indicated.
- Provide adequate electrical power for medical equipment such as ventilators, oxygen concentrators, and other equipment.
- Test equipment alarms periodically to make sure that you can hear them.
- Have equipment batteries checked regularly by a qualified service person.
- Have bed side rails properly installed and use only when necessary. Do not use bed rails as a substitute for a physical protective restraint.
- If bed rails are split, remove or leave the foot end down so the patient is not trapped between the rails.
- Mattress must fit the bed. Add stuffers in gaps between the rail and mattress or between the head and foot board and mattress to reduce gaps.
- Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator.

### OXYGEN SAFETY

- Use oxygen only as directed.
- **Do not smoke around Oxygen.** Post "No Smoking" signs in the home.
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil/petroleum products (such as Vaseline, oily lotions, face creams, or hair dressings), grease and flammable material away from your oxygen system. Avoid using aerosols (such as room deodorizers) near oxygen.
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material.
- Keep open flames (such as gas stove and lit candles) at least 10 feet away from oxygen source.
- Have electrical equipment properly grounded and avoid operating electrical appliances such as razors and hair dryers while using oxygen. Keep any electrical equipment that may spark at least 10 feet from the oxygen system.
- Use 100% cotton bed linens and clothing to prevent sparks and static electricity.
- Place oxygen cylinders in appropriate stand to prevent tipping or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under outside porches or desk or in the trunk of a car.
- Have a backup portable oxygen cylinder in case of power or oxygen concentrator failure.

### POWER OUTAGE

If you need help in a power outage and our phone lines are down:

- Call 911 or go to the emergency room if you have a crisis or an emergency.
- Call your closest relative or neighbor if it is not an emergency.



## HOT WEATHER

There is a higher risk of heat-related illness in the summer. When it's not outside:

- Never leave anyone sitting in a closed parked car.
- Drink lots of water even if you are not thirsty. Avoid alcohol and caffeine.
- Eat small, frequent meals.
- Stay inside and out of the sun. Stay on the lowest floor, pull shades over the windows and use fans if you do not have air conditioning.
- Mist or sponge yourself frequently with cool water.
- Use sunscreen.
- Wear hats and clothes that are loose and lightweight. Clothes with light colors will reflect away the sun's energy.
- Talk to your doctor about how sun and heat exposure will affect you if you take drugs such as diuretics or antihistamines.
- Move to a cool place at the first sign of heat illness (dizziness, nausea, headache, cramps). Rest and slowly drink a cool beverage. Seek medical attention immediately if you do not feel better.

## EARTHQUAKE

Protect yourself from falls, falling objects and crumbling buildings. It is best to stay where you are. Stay away from the outside of buildings, walls, power lines, trees, streetlights and signs.

If you are inside, stay there and:

- Get under a sturdy table and protect your head.
- If you are in a wheelchair, move to doorway, lock the wheels, and cover your head with your arms.
- If you are in a bed, stay there. Pull the covers up and cover your head.

If you are outside, stay there. Stay away from the outside of buildings.

If you are in a car, stop, park away from dangerous items and stay there until the quaking stops.

After the earthquake, wait a few minutes before moving. Make any noise you can if you are trapped or shine a flashlight. Be prepared for aftershocks.

## SECTION V. EQUIPMENT AGREEMENTS

### RENTAL AGREEMENT

In order for Elite Home Medical and Respiratory Inc. to rent you medical equipment, the following terms and conditions must be accepted.

1. **INSURANCE CLAIMS** - Elite Home Medical and Respiratory Inc. will submit the proper claim forms to your health insurance carriers. If your insurance carriers do not pay all charges due, you will be personally responsible for any balance within 30 days of receipt of invoice.
2. **OWNERSHIP AND USE OF EQUIPMENT**
  - Elite Home Medical and Respiratory Inc. will own any equipment rented to you at all times. You have the right to use our equipment for its normal use during the term of the rental period.
  - Elite Home Medical and Respiratory Inc. will mark our equipment by attaching labels, plaques, or stencils (depending on the equipment) being rented. Our identification cannot be removed.
  - You may not allow anyone to place a lien, claim, levy, or encumbrance on our equipment. If any legal action is taken concerning our equipment, you must notify us immediately.
  - Our equipment cannot be used by anyone else or removed from your residence without our permission.
  - You must operate our equipment in accordance with the vendor or manufacture instructions. Equipment must be operated by competence and qualified persons.
3. **INSURANCE** - Elite Home Medical and Respiratory Inc. will be reasonable for maintaining hazard insurance on our equipment at our expense and shall bear the risk of loss.
4. **INDEMNITY** - You must assume the liability for and shall indemnify us against all losses damages, penalties, or legal action in any way relation to the rental or use of our equipment. This shall continue to be in force and effect even if this rental is terminated.
5. **INSPECTION** - Elite Home Medical and Respiratory, Inc. may inspect our equipment at your premises at any reasonable time to verify the manner in which it is being used. You agree to allow us or our agent access to perform these inspections.
6. **MAINTENANCE** - Elite Home Medical and Respiratory Inc. will provide you with a schedule for preventative maintenance, repairs, and testing of equipment and/or devices as recommended by the manufactures and will provide a replacement when maintenance requires removal of the item from the home.
7. **REPLACEMENT** - Elite Home Medical and Respiratory, Inc. will provide a loan or replacement for any equipment, device or item that we are renting/loaning you in the event of failure, breakage, or poor performance.
8. **BREACH**
  - If you default on paying the equipment rent or any of the other terms of this agreement, then we will have the right to immediately terminate this rental and take possession of our equipment.
  - If you declare bankruptcy or insolvency proceedings are begun against you, Elite Home Medical and Respiratory Inc. will have the right to immediately terminate this rental without prior notice, but this will not release you from the payment of damages that we sustain.
  - If upon termination you refuse to deliver the equipment to us, Elite Home Medical and Respiratory Inc. has the right to enter your premises or any other premises where our equipment may be found and remove it without a court order. You release Elite Home Medical and Respiratory Inc. from any claim or action for trespass or damages as a result of recovering our equipment.
  - If Elite Home Medical and Respiratory Inc. must take legal action against you due to a breach of this agreement, you agree to pay our attorney's fees and other costs associated with the breach.

9. **INVALIDITY** - Any provision of this agreement which is found to be invalid or prohibited by law shall be ineffective to the extent of such prohibition without invalidating the rest of this agreement.
10. This agreement will be construed under the laws of California and will be binding upon the heirs and assigns of the parties.
11. This agreement represents the entire agreement between the parties with respect to its subject matter and may not be modified or terminated except in writing, signed by the parties and by any proper sub lease or assignee. By signing the Admission Consent/Service Agreement form, you agree to the terms stated below.

## SALES AGREEMENT

Our financial policy requires patients to have a form of payment on file to satisfy any patient responsibility. If you have provided insurance coverage to us, we will bill your insurance company with the necessary information. The balance remaining after insurance has been applied is your responsibility, including insurance deductible amounts. Our office will send an invoice to you once your patient balance is determined. The credit card or bank account we have on file will be automatically charged on the due date specified on your next invoice.

If you are purchasing the equipment you will be requested to inspect the equipment at the time of delivery as equipment is accepted in its "as is" condition. Customers are required to pay the stated purchase price for the equipment. Elite Home Medical and Respiratory Inc. will credit your account for payments received from any medical insurance program or from any third party.

Elite Home Medical and Respiratory, Inc. does not prescribe the equipment and we do not make any warranty (expressed or implied) of merchantability or fitness for purpose of the equipment. Elite Home Medical and Respiratory Inc. is not a manufacturer of equipment and is not responsible for the adequacy or defects in maintenance. You agree to accept whatever warranties are offered by the manufacturer of the equipment in lieu of any warranties of Elite Home Medical and Respiratory Inc. Elite Home Medical and Respiratory Inc. is not responsible for any damage relating to the sale or use of the equipment.

You agree to indemnify and save Elite Home Medical and Respiratory, Inc. harmless from and against any claim which may be brought by any person arising from the sale, delivery, and use of the equipment.

## EQUIPMENT WARRANTIES

Elite Home Medical and Respiratory Inc. extends the same warranty as the equipment manufacturer on all new equipment. A proof of purchase receipt is needed for warranty work.

Elite Home Medical and Respiratory, Inc. extends no warranty on used equipment unless it is given in writing at the time of purchase or as specified in Medicare lease-purchase guidelines, whereas Elite Home Medical and Respiratory Inc. provides a 1-year manufacturers warranty.

All Medicare beneficiaries are notified of warranty coverage and will be provided an owner's manual with warranty information for all durable medical equipment when this manual is available.

Elite Home Medical and Respiratory Inc. may repair or replace free of charge, Medicare covered equipment that is under warranty.

Elite Home Medical and Respiratory, Inc. maintains qualified technicians to assist you with equipment repairs. If repairs cannot be done by our qualified technicians, we will assist you in sending the equipment back to the manufacturer for repair. Equipment that is no longer under warranty will be your financial responsibility including shipping and handling charges.