

Office Hours/After Hours Guidelines

OFFICE HOURS: Our office hours are Monday through Friday from 8:30 am to 4:30 pm, except during company holidays. You may reach us by calling us at 504-394-9037.

AFTER HOURS: An on-call clinician is available 24 hours a day, 7 days a week. After regular office hours, on weekends and holidays, an answering service will reach the clinician and he/she will return your call, answer your questions and concerns or come to see you if necessary.

We are available after regular office hours for urgent needs only. If you have an inventory need, pump problem or a change in condition, please contact the office during regular office hours, if possible, so we can promptly arrange your delivery or communicate with your physician, if necessary.

Call Genefic Infusion Rx for:

- Medication questions or concerns
- Supply/equipment problems
- Inventory needs
- Pump problems
- Allergy or reaction to IV medications
- Update from physician appointment that changes your care or you are hospitalized
- Need for general assessment of access device in the event of problems such as IV dressing change needs, peripheral restarts or a clotted line.
- A change in condition such as:
 - Difficulty breathing, painful cough or expectoration of unusual sputum
 - Temperature over 100.5° F for 24 hours without relief
 - Pain not relieved by medications prescribed by your physician
 - New onset of pain, especially of the chest, jaw or arm
 - A feeling of "indigestion" accompanied by sweating and nausea
 - Unrelieved nausea, vomiting, or diarrhea
 - Dizziness, fainting, falls, or injuries
 - Change in patient's behavior, mental status or speech
 - Active bleeding from any site
 - Loss of sensation in arm or leg
 - Redness, pain or drainage from a wound, incision, IV or tube site
 - Pain in urination, pain in low back or abdomen, cloudy, foul smelling, thick, or blood urine
 - Any unusual vaginal or rectal drainage or bloody stools
 - Tubes that have become dislodged or plugged (e.g., IV lines, feeding tubes)



In case of a medical emergency, call 911 or take the patient to the nearest hospital emergency room.

Patient Orientation for Home Infusion Therapy

	Page
Office Hours/After Hours Guideline	Inside Front Cover
I. Welcome, Mission, and Philosophy	1
a. Language Assistance Services	
II. Home Infusion Therapy Overview	4
a. Policies	
b. Home Infusion Therapy	
c. Admission Criteria	
d. Infusion Therapy Services	
e. Infusion Therapy Team	
f. Charges	
g. Patient Satisfaction	
h. Plan for Care, Treatment, and Services	
i. Medical Records	
j. Discharge, Transfer, and Referral	
k. Notice of Nondiscrimination/ Grievance	
l. Problem Solving Procedure	
III. Medication and Equipment Deliver, Storage, and Handling	11
IV. Therapy Precautions and Complications	16
V. Medicare Supplier Standards	18
VI. Patient Rights and Responsibilities	20
a. Notice of Privacy Practices	
VII. Advance Directives	30
VIII. Emergency Preparedness	35
a. Emergency Preparedness Plan	
b. Power Outage	
c. Lightning	
d. Flood	
e. Tornado	
f. Hot Weather	
g. Winter Storm	
h. Hurricane	
i. Emergency Kit for the Home	
j. Shelter Supplies	
k. Child Safety	
l. Emergency Preparedness and Pets	
IX. Home Safety	39
a. Preventing Falls	
b. Fire Safety/Burn Precautions	
c. Medication Safety	
d. Hazardous Items and Poisons	
e. Medical Equipment Safety	
f. Oxygen Safety	
X. Infection Prevention and Control	45
XI. Patient Travel Assistance	48
XII. Consents/Forms	49

SECTION I. Welcome, Mission, and Philosophy



Genefic Infusion Rx. extends a warm welcome to you, our patient, and to your family and friends. Your medical equipment, safety, and happiness are most important to us. We will do our best to answer any questions you may have concerning your care and treatment.

We are dedicated to promoting the physical and emotional well-being of our patients and all who meet our agency. Because of this commitment, we strive to demonstrate our belief in the dignity and worth of each individual and respect your rights.

The company is licensed in the states of Louisiana and Mississippi and accredited by The Compliance Team. We are committed to ensuring your rights and privileges as a health care patient. Many aspects of our services and procedures may be new to you. We have prepared this booklet to assist you in becoming better acquainted with us, to help you understand the home health care process and to explain your rights as a patient. If you have additional questions, please do not hesitate to ask us.

Our entire health care team joins in wishing you a rapid recovery.

Sincerely,

The Management and Staff of Genefic Infusion Rx

Language Assistance Services

Spanish: ATENCION: si habla Espanol, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (601) 714-1868.

Vietnamese: LƯU Ý: nếu bạn nói tiếng Tây Ban Nha, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi (601) 714-1868.

Chinese: 注意：如果您说西班牙语，您可以享受免费语言帮助服务。请致电 (601) 714-1868。

French: ATTENTION: si vous parlez espagnol, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le (601) 714-1868.

Arabic: تنبيه: إذا كنت تتحدث الإسبانية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل بالرقم (601) 714-1868.

Choctaw: ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya papilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnavmt, holhtina pa payah: (601) 714-1868

Filipino: PAUNAWA: kung nagsasalita ka ng Espanyol, ang mga lib्रेng serbisyo sa tulong sa wika ay magagamit sa iyo. Tumawag sa (601) 714-1868.

German: ACHTUNG: Wenn Sie Spanisch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Rufen Sie (601) 714-1868 an.

Korean: 주의: 스페인어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. (601) 714-1868로 전화하세요.

Gujarati: ધ્યાન આપો: જો તમે સ્પેનિશ બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. (601) 714-1868 પર કોલ કરો.

Japanese: 注意: スペイン語を話せる場合は、無料の言語支援サービスをご利用いただけます。(601) 714-1868 に電話してください。

Russian: ВНИМАНИЕ: если вы говорите по-испански, вам доступны бесплатные услуги языковой помощи. Звоните (601) 714-1868.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਸਪੈਨਿਸ਼ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। (601) 714-1868 'ਤੇ ਕਾਲ ਕਰੋ।

Italian: ATTENZIONE: se parli spagnolo sono a tua disposizione servizi gratuiti di assistenza linguistica. Chiama il numero (601) 714-1868.

Hindi: ध्यान दें: यदि आप स्पेनिश बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। कॉल करें (601) 714-1868।

SECTION II. Home Infusion Therapy Overview

POLICIES

This booklet 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 booklet, as necessary. Our complete policy and procedure manual regarding your care and treatment is available upon request for your viewing at our office at any time during normal office hours.

HOME INFUSION THERAPY

Over the last several years, medical technology has continued to improve and expand. As a result, many products and services are now available in the home that were once thought to be "hospital services" or services only provided in an institutional setting. Home infusion therapy is a service that can be provided safely and cost efficiently in your home.

Home infusion therapy may be provided when you need to receive certain medications administered in the vein (for example, specific antibiotics, insulin, and/or pain medications), hydration therapy (fluids to prevent dehydration), vitamins/minerals (to maintain your electrolyte balance), total parenteral nutrition (TPN) (nutrients, etc., to meet your nutritional requirements), enteral nutrition (tube feedings) or blood and/or blood products.

Your home infusion therapy may be provided as a continuous infusion (a specific dose received over a certain prolonged period of time) or intermittently (a specific amount of medicine is injected over a certain period of time, at defined intervals).

ADMISSION CRITERIA

Admission to our home infusion therapy company can only be made under the direction of a physician, based upon the patient's identified care needs, homebound status (if a payer requirement) and the type of services required that we could provide directly or through coordination with other organizations. We will notify your physician or other health care professional within five (5) calendar days if we are unable to provide the prescribed equipment, items or services. Coverage issues may vary depending upon payer source and criteria.

To provide your home infusion therapy, we need your (and/or your caregiver's) participation and cooperation to learn the therapy, since the home care nurse will not be present for every infusion. Other criteria include:

- The therapy (i.e., medication) ordered must be appropriate and safe for home administration.
- The patient must have a telephone available to them for emergency use.
- The home environment must be conducive to safe storage and delivery of the prescribed therapy.
- The patient, family or caregiver must be able to safely demonstrate administration of the treatment following teaching.

INFUSION THERAPY SERVICES

There are two components to your therapy, pharmacy and nursing. Our company provides pharmacy services and may provide your nursing service as well. Some patients will have nursing services provided by another organization. In either case, our pharmacists and nurses will coordinate services to bring you optimal care.

Our goal is to provide service, support and supplies necessary to achieve the most effective course of treatment for each patient, while allowing the patient to maintain their lifestyle and independence.

Our services will be provided in your home under the direction of a physician. Working with your physician, our qualified staff will plan, coordinate and provide care tailored to your needs. Our services include:

- **Home Infusion Therapy** – antibiotics, pain management, chemotherapy, hydration and a variety of other services provided by specially trained pharmacists, technicians and registered nurses.
- **Nutritional Therapy** – Enteral feeding and total parenteral nutrition (TPN) are provided by specially trained pharmacists, technicians and registered nurses in conjunction with a home nursing agency and a dietitian when appropriate.
- **Home Medical Equipment** (associated with infusion Therapy) – Specially designed infusion pumps, including some with rate tapering capabilities, automatic intermittent infusion capabilities and patient-controlled bolus dose capabilities are provided to patients according to their specific needs. Pumps may be stationary or ambulatory. IV poles are provided for pole-mounted pumps.
- **Medical Supplies** – All medically necessary supplies required to provide infusion therapy are provided for our patients. These include IV access, line maintenance, infusion administration supplies and waste disposal supplies.

Our pharmacist will contact you after you begin receiving your intravenous (IV) therapy. The pharmacist will provide additional medication counseling and answer any questions you may have about your intravenous medication.

INFUSION THERAPY TEAM

Our home infusion therapy team includes a **Pharmacist, Registered Nurse (RN), Pharmacy Technicians and Registered Dietitian.**

The team works together to ensure safe delivery and maintenance of your medications and equipment. They may also work with a home health agency or other support agency, such as a physician's office or out-patient area of a local hospital to ensure your care needs are met.

CHARGES

We accept payment for services from Medicare, Medicaid, workers' compensation, private insurance or private pay. Some insurers may limit the number and type of home care visits that they will pay for and may require pre-certification and/or co-payments. We will perform a thorough insurance verification and will inform you, your family, caregiver or guardian of all charges and methods of payment before or upon admission.

We will bill Medicare, Medicaid and other insurance companies for our services on your behalf. If services are ordered that are not covered by insurance, we will notify you and/or your caregiver before these services are provided so that you can make other financial arrangements for the necessary care. You are responsible for deductibles and co-payments.

For Medicare/Medicaid to pay for certain supplies and equipment, a physician, nurse practitioner or clinical nurse specialist must conduct a face-to-face encounter with you to evaluate your medical condition and need for each covered item ordered. The face-to-face encounter may also be conducted via telemedicine and must occur within six (6) months prior to the date the order for supplies and/or equipment is written.

Please notify the agency immediately if you decide to enroll in a Medicare Advantage Plan, a private HMO or hospice. The Original Medicare Plan may not pay for the services we are providing if you are enrolled in a Medicare Advantage Plan, a private HMO or hospice.

Should any change be made in this policy regarding services or charges, you or your responsible party will be advised. Please call our office if you have questions about charges or insurance billing.

PATIENT SATISFACTION

Our patients are very important to us. Please ask questions if something is unclear regarding our services or the care you receive or fail to receive. At intervals, our company sends out a Patient Satisfaction Survey. Your answers help us to improve our services and ensure that we meet your needs and expectations. When you receive one, please complete the survey and return it immediately.

PLAN FOR CARE, TREATMENT, AND SERVICES

Our goal-oriented plan of care is customized to meet your needs. We involve you, your caregiver or designee, key professionals and other staff members in developing your individualized plan for care, treatment and services. Your plan is based on upon identified problems, needs and goals, physician orders for medications, treatments and care, your environment and your personal wishes whenever possible. The plan is designed to increase your ability to care for yourself. Effective pain management is an important part of your treatment. Your plan includes, but is not limited to, the following:

- Complete patient assessment by home care experienced clinicians prior to treatment; Complete in-home training;
- Routine patient monitoring with feedback to attending physician; and
- Prompt, professional delivery of medication and supplies.

The plan is reviewed and updated as needed, based on your changing needs. We encourage participation from you, your caregiver or family member in the planning and revision of your medical treatment and plan of care. Therefore, please keep us informed of your status or any changes in your therapy.

On admission and at discharge, you and an agency representative will create a list of your current medications (including any over-the-counter medications, herbal remedies and vitamins). We will compare this list to the medications ordered by your physician. Our staff will continue to compare the list to the medications that are ordered, administered or dispensed to you while under our care. This will be done to resolve any discrepancies (such as omissions, duplications, contraindications, unclear information, potential interactions and changes).

You have the right to refuse any medication or treatment procedure; however, such refusal may require us to obtain a written statement releasing the agency from all responsibility resulting from such action. Should this happen, we would encourage you to discuss the matter with your physician for advice and guidance.

We fully recognize your right to dignity and individuality, including privacy in your treatment and in the care of your personal needs. We will notify you if an additional individual needs to be present for your visit for reasons of safety, education, or supervision.

We do not participate in any experimental research connected with patient care except under the direction of your physician and with your written consent.

There must be a willing, able, and available caregiver to be responsible for your care between our visits. This person can be you, a family member, a friend or a paid caregiver.

MEDICAL RECORDS

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practices describes how your protected health information may be used by us or disclosed to others, as well as how you may have access to this information.

DISCHARGE, TRANSFER, AND REFERRAL

Discharge, transfer, or referral from this organization may result from several types of situations, including the following:

- You move outside of our geographical service area;
- Treatment goals are achieved;
- The level of care you need changes;
- Agency resources are no longer adequate to meet your needs;
- Situations may develop affecting your welfare or the safety of our staff;
- Failure to follow the attending physician's orders;
- Your physician discontinues the order for care;
- You decline the care or request to discontinue care;
- Nonpayment of charges; and/or
- Failure to meet Medicare and other insurance coverage guidelines.

You will be given advance notice of a transfer to another agency or discharge, except in case of emergency. If you are referred, transferred or discharged to another organization, we will provide them with a list of your current medications and information necessary for your continued care, including pain management. All transfers or discharges will be documented in the patient chart. When a discharge occurs, an assessment will be done. You will receive an updated list of your current medications along with any instructions needed for ongoing care or treatment. We will coordinate your referral to available community resources as needed.

NOTICE OF NONDISCRIMINATION/FILING A GRIEVANCE

Genefic Infusion Rx complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of social status, political belief, sexual preference, race, color, religion, national origin, age, sex, or disability with regard to admission, access to treatment or employment.

Genefic Infusion Rx provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats); and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Kimberly Bond, Directory of Pharmacy.

If you believe that Genefic Infusion Rx has failed to provide these services or discriminated in any other way, you may file a grievance in person or by mail or phone by using the following contact information. If you need help filing a grievance, our Civil Rights/Section 1557 Coordinator is available to help: Kimberly Bond, 885 Liberty Road, Suite 500, Flowood, MS 39232; (601) 714-1868.

It is the law for Genefic Infusion Rx not to retaliate against anyone who opposes discrimination, files a grievance or participates in the investigation of a grievance.

Grievances must be submitted to Genefic Infusion Rx within 60 days of the days of the date you become aware of the possible discriminatory action and must state the problem and the solution sought. We will issue a written decision on the grievance based on a preponderance of evidence no later than 30 days after its filing, including a notice of your right to pursue further administrative or legal action. You may also file an appeal of our decision in writing to the Administrator within 15 days. The Administrator will issue a written response within 30 days after its filing.

The availability and use of this grievance procedure does not prevent you from pursuing other legal or administrative remedies.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by using any of the following methods:

- Submit electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- Write to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20207. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Call 1-800-368-1019 (toll free) or 1-800-537-7697 (TDD).

-

PROBLEM SOLVING PROCEDURE

We are committed to ensuring that your rights are protected. If you feel that our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal:

1. Notify the Pharmacy Director by phone at 1-800-217-3063, Monday through Friday from 8:30 am to 4:30 pm
2. You may submit your complaint in writing.
 - a. There is a grievance form in the back of this patient folder.
 - b. When a patient is accepted to our service, he/she will be oriented to the use of the grievance form.
 - c. The grievance form will be filled out by the patient when he/she feels that a problem should be formally brought to the attention of the facility manager and mailed back to the facility using the self-addressed stamped envelope enclosed in the patient folder. (The envelope will be addressed to the facility manager at 600 La Terraza Blvd Escondido, CA 92025.) Or 3044 Ridgelake Dr., Metairie, LA 70002
 - d. Upon receipt of a grievance form, the facility manager will immediately investigate the grievance by telephoning the patient and following up with a written reply within five (5) working days.
 - e. The facility manager will document the necessary information under the administrative component of the grievance form.
 - f. Grievances will be reviewed by the Quality Assurance Committee and reported to the Advisory Board.
3. If you are not comfortable with addressing the facility manager with your concern, you may contact the Corporate Office at **(858)-379-0299**
4. You may also contact the state's toll-free home care hotline, which receives complaints or questions about local home care agencies. Their hours are 8:00 am to 5:00 pm Monday through Friday and may be reached at 1-800-227-7308. The purpose of the hot line is to receive complaints or questions about local home health agencies and to lodge complaints concerning the implementation of advance directive requirements.
5. You may also contact The Compliance Team at (275) 654-9770 or toll free at 7-888-297-5353. The Compliance Team will document and investigate all complaints and/or allegations received against currently accredited organizations.
- 6.

SECTION III. Medication and Equipment Delivery, Storage, and Handling

DELIVERY OF MEDICATION AND SUPPLIES

On admission, the home infusion nurse will evaluate your specific supply needs and an inventory checklist will be started. Our staff will contact you frequently during the course of your therapy to check on any supplies you may need. Every effort will be made to give you an exact number of supplies to meet your therapy needs. Extra supplies may be provided for certain types of therapy in case of contamination.

The length of time between deliveries will depend on the needs of your therapy. You will be called before each shipment to schedule a delivery time that is convenient for you and to discuss exactly which supplies will be sent. We ask that you take weekly inventory of your supplies. It is not a problem if you need supplies at times other than our scheduled deliveries; however, you need to give us an advance notice so we can fill your order and make delivery arrangements. We do not want to interrupt your therapy. If you are running low on supplies, call us.

The prescription for your first delivery of supplies is placed by your doctor with the home infusion pharmacy. Our pharmacy will prepare your medications and arrange for delivery to your home. Your medications and solutions will be delivered to you in individual dosage units. Please read and follow all label directions carefully. Make sure the label contains the correct patient's name, dose, and date.

The home services representative at the pharmacy will call you to arrange a date for your first home delivery. This delivery will be larger than routine deliveries and will include all of the supplies you will need to administer your infusion therapy at home. Reserve supplies are usually included in your first delivery. You should always keep reserve supplies on hand in case of delays in delivery. You will receive regular shipments of replacement supplies.

Your inventory needs will be delivered in the most prompt and timely manner appropriate to your location. Our company utilizes personal staff delivery, FedEx®, UPS®, or parcel post to meet your needs.

Someone must be home when your supplies are delivered. If you cannot be at home to receive your delivery, please call the pharmacy to reschedule.

In addition, if you should stop therapy, if your therapy changes or if your supply needs change for any reason (for example, a hospital stay), please call our office immediately.

At the time of delivery, you will be asked to sign a delivery ticket. Before signing the receipt, it is very important that you check the contents of the delivery to make sure all items listed on the delivery ticket are included in the shipment. If the delivery ticket differs, make corrections before signing.

Before using the medication/supplies:

- Double check all items for damage and make sure supplies are in good condition. Check for signs of hidden damage, such as water marks, holes, dents, or leaks.
- Be sure your name appears on each prescription label.
- Check the expiration date on all intravenous medications and solutions. Do not use outdated items.

HANDLING DELIVERY PROBLEMS

If you have a problem with your delivery, please follow these guidelines. If you have a delivery problem not listed below, please contact us immediately.

Damaged Goods – Write in the number of damaged boxes and the type of damage on the delivery ticket before signing it. Tell the driver to return the damaged goods to your home infusion pharmacy listed on the return address label. Then call the pharmacy to plan for a replacement delivery.

If you find damaged items inside the boxes after the driver has left, call the pharmacy and you will be told what to do.

Incomplete Delivery – Make a list of the missing items on the packing list. Then call the home infusion pharmacy to plan for a completed order.

Wrong Supplies – Call your home infusion pharmacy as soon as you find the error. You will be told whether to send the supplies back with the driver or keep them for exchange when the right supplies arrive. Keep these items away from your regular supplies so you don't use them by mistake.

Late Delivery – If your delivery does not arrive on time, call your home infusion pharmacy. The delivery service will be contacted to locate your shipment. If necessary, alternate arrangements will be made for you.

STORING YOUR SUPPLIES

Do not let a shipment sit untouched. Be sure to check each item for storage requirements. Set aside a separate area in your home for storing your infusion therapy supplies. Store supplies close to your work area if possible. The supply storage area must not freeze and should remain at room temperature. Store supplies where there is no possibility of them getting wet.

Supplies should be stored away from direct sunlight. Store all of your solutions and supplies away from other household items and out of the reach of children, confused adults, and pets. Some of your supplies, however, may need refrigeration or special handling. Refrigerated supplies should have their own special area in your refrigerator (clean shelf or clean drawer). The pharmacy will tell you how to store these items.

Keep all supplies together with the oldest in front or on the top. When you put your supplies away, place the new items behind any reserve supplies. Always use the oldest supplies first.

This way, you will never need to throw away any supplies because the expiration date passed.

STORAGE AND HANDLING OF MEDICATIONS AND SOLUTIONS

Store medication as directed on the labels in a clean, dry area out of reach of children, confused adults, and pets. If available, use a thermometer to check the temperature in the refrigerator. Keep all supplies in the original packaging until used.

When your medication solution bags are delivered, it is important that they be stored so that you use the older ones before starting on your new supplies.

Your medication solutions are usually supplied in strong plastic bags; however, they should be handled gently. Protect the bags from sharp objects. If the bag leaks, it must not be used.

Your solution bags may be delivered to you at room temperature, refrigerated, or frozen, depending on the medication.

Storage and handling of solutions kept at room temperature:

If your intravenous medications are to be stored at room temperature:

- The storage area must not get colder than 59° F or warmer than 86° F.
- It is important to keep medications at a constant temperature range.
- A temperature of 70° F to 72° F (21°C to 30°C) is best.

Storage and handling of refrigerated solutions:

- Keep the refrigerator temperature at 36° F to 46° F (2°C to 8°C). We can help you measure the temperature of your refrigerator, if requested to do so.
- Warm the refrigerated solution bags at room temperature for at least 10 to 60 minutes, depending on the size and type of solution, in an area protected from the extreme heat and light. The bag is usually still "cool to touch" when ready to use. Larger bags of solution may require more time to reach room temperature.
- Do not warm solution bags by using water baths or other direct sources of external heat, like a microwave oven, direct sunlight, or a radiator.
- After warming, check the bag for any leaks by squeezing it gently.
- If a solution is removed from the refrigerator, it must be used within the specified stability time at room temperature listed on the label. The medication must be discarded after this time period.

Storage and handling of frozen solutions:

- The freezer temperature should be -4° F to 14° F (-20°C to -10°C). We can help you measure the temperature of your freezer, if requested.
- Remove enough solution bags from the freezer to supply you for 24 hours. Thaw the frozen bags at room temperature 70° F to 74° F (21 °C to 30°C) for at least three (3) hours. When thawing, place the solution bags in an area protected from extreme heat and light.
- Do not thaw the solution by using water baths or other sources of external heat, like a microwave oven, direct sunlight, or a radiator.
- After thawing, check the bag for any leaks by squeezing it gently.
- Thawed bags should not be refrozen.

- After removal from the freezer, thawed bags should be used within the specified stability time at room temperature listed on the label.
- Once the solution has thawed, it must then be placed in the refrigerator until ready to use.

Do Not Use the Bags if:

- Any leaks are present.
- There is any cloudiness that does not disappear with gentle mixing of the solution.
- Any particles or specks appear in the solution.
- The label on the bag does not have your name on it.
- The label on the bag has a different drug or dose listed.
- The expiration date on the label has passed.

MEDICATION AND SUPPLY RETURNS

Due to infection control, regulations do not permit the return of medical supplies and medications. Once the supplies leave the pharmacy, they cannot be returned for credit. We will work with you to ensure you receive an appropriate amount of supplies for your therapy. If you have medications and supplies left after you have completed your treatment, please call our office for further direction.

EQUIPMENT

During your therapy, you will be using certain equipment items to infuse your medications and solutions. These items are very expensive, and you will be held responsible for the equipment in your possession throughout the course of your therapy. Please use the following guidelines to insure the equipment functions properly:

- Manufacturer's instructions are followed for proper operation of infusion equipment.
- Adequate electrical power is available for infusion equipment such as intravenous pumps and other equipment, as appropriate.
- Equipment batteries are checked regularly by a qualified support person.
- Electrically powered intravenous infusion pumps and life-sustaining electrical equipment are equipped with battery packs. Pumps and battery packs should always be kept charged. If you experience a power failure, please contact our on-call personnel or the home health agency for further instructions.
- If you have no electricity, you may be instructed how to use a gravity drop-counting method of infusion fluids. Your pharmacy will give you an emergency "gravity" feed plan, if approved for your therapy by your doctor.
- An alternative infusion device may be chosen for your intravenous therapy. These elastomeric devices are intended for one-time use only and may be discarded after use.

EQUIPMENT PICK UP

When your therapy ends, arrangements will be made to pick up our equipment. If a nurse is scheduled to see you, the nurse may pick up the equipment at this time. Please do not deliver your equipment to the hospital and/or physician office.

We will contact you by phone to schedule an equipment pick up. If for some reason we are unable to contact you by phone, you will receive a letter notifying you of your responsibilities, the financial cost of unreturned equipment and how to contact us to arrange for a pick-up of the equipment in order to avoid unnecessary charges.

If there is no response to our letter within 74 days, you will receive a bill for all unreturned equipment.

EQUIPMENT RENTAL AGREEMENT

When our company delivers equipment to your home, it is considered a rental item and you and/or your insurance agree to pay a per-month rental fee. During this time, it is the responsibility of our company to service and maintain the equipment for the entire rental agreement period.

SECTION IV. Intravenous (IV) Therapy Precautions and Complications

Since the infusion equipment used in the home is portable, you are usually able to get up and move about your home while receiving IV therapy, unless instructed otherwise.

A nurse will assess your IV site and administer your treatments. In time, you and your caregivers may learn to safely give yourself the therapy

PRECAUTIONS

In order to keep the catheter/needle in place and the infusion flowing, it is important to follow the following precautions:

- Don't lay on your arm or the part of your body where the IV is located;
- If the catheter/needle is in your arm, limit the amount you move your arm, especially in the joint area that is closest to the needle/catheter insertion site; and
- If you are not using an infusion pump, always keep your arm or catheter/needle insertion site below the IV bottle/bag.

COMPLICATIONS

While IV therapy is considered safe, like any medical procedure, there may be a few risks. It is important that you understand the risks and know what to look for and to report to your home care provider.

The following are some possible complications:

- Infection locally around the catheter (needle) site;
- Swelling at the catheter (needle) site due to the vein being inflamed;
- Thickening or hardening of the vein;
- Infiltration of the IV fluid (fluid leaks out into the tissues);
- Generalized infection; and/or
- Circulatory overload (too much fluid in your circulatory system).

You will also need to follow the infection control guidelines that are outlined in the Infection Control section of this booklet, as well as your home care provider's recommendations and instructions.

MONITORING YOUR INTRAVENOUS (IV) SITE

You will need to monitor your IV site for the following problems:

INFECTION:

- Redness around the site or going up the vein, toward your body Tenderness extending around the site.
- Warmth extending around the site.
- Drainage or discharge from the site. It is usually white pus-like. Fever -your temperature elevated above:
 100.5° F 101° F _____ ° F

Call: Genefic Infusion Rx and your Home Health Agency at _____ if any of the above symptoms occur.

INFILTRATION:

Swelling, puffiness around the IV sit area as fluid leaks out of the vein and under the skin.

Call: Genefic Infusion Rx and your Home Health Agency at _____ if any of the above symptoms occur.

DISLODGEEMENT:

The catheter or needle comes out of the vein/skin.

Call: Genefic Infusion Rx and your Home Health Agency at _____ if any of the above symptoms occur.

ALLERGIC RESPONSE:

- Itchiness
- Rash
- Red blotchiness
- Hives

Stop the infusion! Call Genefic Infusion Rx and your Home Health Agency at _____

ANAPHYLACTIC REACTION:

This is a very severe allergic reaction. If you experience the above allergic response symptoms and shaking, sudden nervousness, flushing, shortness of breath, wheezing, coughing spells, nausea and/or vomiting occurs, take the following action immediately.

Stop the infusion! Call 911!

Lie the patient down.

Genefic Infusion Rx and your Home Health Agency at _____

Remember, if you have a problem with your IV therapy call the home care provider immediately Do not try to remove the catheter, pull on the catheter or change your IV flow.

Don't hesitate to ask questions at any time while receiving infusion therapy!

SECTION V. Medicare Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.P. § 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, and State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must notify beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted office hours is prohibited.
10. A supplier must have correspondence liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 C.F.P. § 424.57(c)(11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of the beneficiaries and maintain documentation of such contacts.

14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new OM EPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the OMEPOS quality standards and be separately accredited to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 C.F.P. § 424.57(d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with the provisions found in 42 C.F.P. § 424.576(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 7848(j)(3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.
- 31.

SECTION VI. Patient Rights and Responsibilities

As a home infusion therapy provider, we have an obligation to protect your rights and explain these rights to you in a way you can understand 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.

YOUR RIGHTS

YOU HAVE THE RIGHT TO:

- Receive information about organization ownership and control.
- Have a relationship with our staff that is based on honesty and ethical standards of conduct and to have ethical issues addressed. You have the right to be informed of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.
- Be free from mistreatment, neglect, verbal, mental, sexual, and physical abuse, including injuries of an unknown source and misappropriation of your property (exploitation). All verified violations will be reported to state/local bodies having jurisdiction (e.g., state survey agency or local law enforcement agency) and The Compliance Team within five (5) working days of becoming aware of the violation, unless state regulations are more stringent.
- Be treated with respect and consideration; recognition of your individuality and dignity; and to have cultural, psychological, spiritual, and personal values, beliefs, and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex, or disability. If you feel that you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so. Our staff is prohibited from accepting gifts or borrowing from you.
- Receive information in a manner that you can understand and have access to interpreters as indicated and necessary to ensure accurate communication.
- Lodge complaints and have your complaints as well as your family or your guardian's complaints heard, reviewed and, if possible, resolved regarding treatment or care that is (or fails to be) furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the organization. You also have the right to know about the results of such complaints. The organization must document both the existence of a complaint and the resolution of the complaint. Our complaint resolution process is explained in our Problem-Solving Procedure.
- Voice grievances/complaints regarding treatment or care, lack of respect for property or recommend changes in policy, staff or service/care without fear of coercion, discrimination, restraint, interference, reprisal or an unreasonable interruption in care, treatment, or services for doing so.
- Be advised when you are accepted for treatment or care, of the availability of the state's toll-free home care hot-line number, its purpose and hours of operation.

The hot line receives complaints or questions about local home care agencies and is also used to lodge complaints concerning the implementation of the advance directives requirements. Hot line hours are 8:00 am to 5:00 pm Monday through Friday. The hot-line may be reached at 7-800-227-7308. You may also contact The Compliance Team at (979) 78S-7274 or toll free at 1-BSS-937-2242.

DECISION MAKING – YOU HAVE THE RIGHT TO:

- Choose your health care providers, including your attending physician, and communicate with those providers.
- Be fully informed in advance of the service/care that is to be furnished, the scope of services we will provide, specific limitations on services, disciplines/name(s) and responsibilities of staff members who are providing and responsible for your care, treatment or services, the planned frequency of visits proposed to be furnished, expected and unexpected outcomes, potential risks or problems and barriers to treatment.
- Actively participate in planning your care, treatment and services; and to participate in changing the plan whenever possible and to the extent that you are competent to do so.
- Be advised of any change in your plan of care before the change is made.
- Have family involved in decision making as appropriate concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law.
- Be fully informed of your responsibilities.
- Participate or refuse to participate in research, investigational, or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research.
- Formulate advance directives and receive written information about the agency's policies and procedures on advance directives, including a description of applicable state law before care is provided. You will be informed if we cannot implement an advance directive on the basis of conscience.
- Have your wishes concerning end-of-life decisions addressed and to have health care providers comply with your advance directives in accordance with state laws. You have the right to receive care without conditions or discrimination based on the execution of advance directives.
- Accept, refuse or discontinue care, treatment and services without fear of reprisal or discrimination after being informed of the consequences for doing so. You may refuse part or all of care/services to the extent permitted by law; however, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.

PRIVACY AND SECURITY – YOU HAVE THE RIGHT TO:

- Personal privacy and security during home care visits and to have your property treated with respect. Our visiting staff will wear proper identification so you can identify them.
- Confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances or about what takes place in your home.
- Refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis, or treatment.
- Access, request changes to and receive an accounting of disclosures regarding your own protected health information as permitted by law.
- Request us to release information written about you only as required by law or with your written authorization and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail.

FINANCIAL INFORMATION – YOU HAVE THE RIGHT TO:

- Be advised orally and in writing before care is initiated of our billing policies and payment procedures and the extent to which payment may be expected from Medicare Medicaid any other federally funded or aided program or any other third-party sources known to us; charges for services that will not be covered by Medicare; and the charges that you may have to pay.
- Be advised orally and in writing of any changes in payment, charges, and patient payment liability as soon as possible when they occur but no later than 30 calendar days from the date that we become aware of a change.
- Have access to all bills, upon request, for the services you have received regardless of whether the bills are paid by you or another party.

QUALITY OF CARE – YOU HAVE THE RIGHT TO:

- Receive high quality, appropriate care without discrimination, in accordance with physician orders.
- Pain assessment and to receive effective pain management and symptom control. You also have the right to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments.
- Be admitted only if we can provide the care you need. A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our care/service limitations and the lack of a suitable alternative. Receive emergency instructions and be told what to do in case of an emergency.

YOUR RESPONSIBILITIES

YOU HAVE THE RESPONSIBILITY TO:

- Provide complete and accurate information to the best of your knowledge about your present complaints and past illness(es), hospitalizations, medications, allergies, and other matters relating to your health.
- Remain under a doctor's care while receiving infusion therapy services.
- Notify us of perceived risks or unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status, or change of physician).
- Follow the plan of care and instructions and accept responsibility for the outcomes if you do not follow the care, treatment, or service plan.
- Ask questions when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- Report and discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Tell us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc.
- Tell us if your Medicare or other insurance coverage changes or if you decide to enroll in a Medicare, a private HMO (Health Maintenance Organization) or hospice.
- Promptly meet your financial obligations and responsibilities agreed upon with your company.
- Follow the organization's rules and regulations.
- Tell us if you have an advance directive or if you change your advance directive.
- Tell us of any problems or dissatisfaction with the services provided.
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, putting away weapons or not smoking during your care).
- Show respect and consideration for our staff and equipment.
- Carry out mutually agreed responsibilities.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

Our agency is required by law to maintain the privacy of protected health information, to provide you adequate notice of your rights and our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information [45 C.F.P. § 164.520] We will use or disclose protected health information in a manner that is consistent with this notice.

The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physicians' orders, assessments, medication lists, clinical progress notes, and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we coordinate care and services provided to our patients. These policies and procedures include how we create, receive, access, transmit, maintain, and protect the confidentiality of all health information in our workforce and with contracted business associates and/or subcontractors; security of the agency building and electronic files; and how we educate staff on privacy of patient information.

As our patient, information about you must be used and disclosed to other parties for purposes of treatment, payment and health care operations. Examples of information that must be disclosed:

- **Treatment:** Providing, coordinating or managing health care and related services, consultation between health care providers relating to a patient or referral of a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care for patients and to schedule visits.
- **Payment:** Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UP), pre-certification, medical necessity review. For example, occasionally the insurance company requests a copy of the medical record be sent to them for a coverage review prior to paying the bill.
- **Health Care Operations:** General agency administrative and business functions, quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating agency performance; conducting training programs with students or new employees; licensing, survey, certification, accreditation and credentialing activities; internal auditing; and certain fundraising activities and with your authorization, marketing activities. For example, our agency periodically holds clinical record review meetings where the consulting professional of our record review committee will audit clinical records for meeting professional standards and utilization review.

The following uses and disclosures do not require your consent, and include, but are not limited to, a release of information contained in financial records and/or medical records, including information concerning communicable diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records, and/or laboratory test results, medical history, treatment progress and/or any other related information as permitted by state law to:

1. Your insurance company, self-funded or third-party health plan, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
2. Any person or entity affiliated with or representing us for purposes of administration, billing, and quality and risk management;
3. Any hospital, nursing home or other health care facility to which you may be admitted;
4. Any assisted living or personal care facility of which you are a resident;
5. Any physician providing you care;
6. Licensing and accrediting bodies;
7. Contact you to raise funds for the Agency; you will be given the right to opt out of receiving such communications;
8. Any business associate or institutionally related foundation for the purpose of raising funds for the agency (information may include: demographics -name, address, contact information, age, gender, date of birth; dates of health care provided; department of services; treating physician; outcome information; and health insurance status). You will be given the right to opt out;
9. Refill reminders for drugs, biologicals, and/or drug delivery systems that have already been prescribed to you;
10. Marketing communications promoting health products, services and information if the communication is made face to face with you or the only financial gain consists of a promotional gift of nominal value provided by the agency; and
11. Other health care providers to initiate treatment.

We are permitted to use or disclose information about you without consent or authorization in the following circumstances:

1. In **emergency treatment situations**, if we attempt to obtain consent as soon as practicable after treatment;
2. Where **substantial barriers to communicating with you** exist and we determine that the consent is clearly inferred from the circumstances;
3. Where we are **required by law** to provide treatment and we are unable to obtain consent;
4. Where the use or disclosure of medical information about you **is required by federal, state or local law**;
5. To provide information to **state or federal public health authorities**, as required by law to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; notify a person

who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse; neglect or domestic violence (if you agree or when required or authorized by law);

6. **Health care oversight activities** such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil rights laws;
7. **To business associates** regulated under HIPAA that work on our behalf under a contract that requires appropriate safeguard of protected health information;
8. **Certain judicial administrative proceedings** in response to a court or administrative order, a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order from the Court protecting the information requested;
9. **Certain law enforcement purposes** such as helping to determine whether a crime has occurred, to alert law enforcement to a crime on our premises or of your death if we suspect it resulted from criminal conduct, identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;
10. **To coroners, medical examiners and funeral directors**, in certain circumstances, for example, to identify a deceased person, determine the cause of death or to assist in carrying out their duties;
11. **For cadaveric organ, eye or tissue donation purposes** to communicate to organizations involved in procuring, banking or transplanting organs and tissues (e.g., if you are an organ donor);
12. **For certain research purposes** under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individually identifiable health information;
13. **To avert a serious threat to health and safety**: To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat;
14. **For specialized government functions**, including military and veterans' activities, national security and intelligence activities, protective services for the President, foreign heads of state and others, medical suitability determinations, correctional institution and custodial situations; and
15. **For Workers' Compensation purposes**: Workers' compensation or similar programs provide benefits for work-related injuries or illness

We are permitted to use or disclose information about you provided you are informed in advance and given the opportunity to individually agree to, prohibit, opt out or restrict the disclosure in the following circumstances:

1. Use of a directory (includes name, location, condition described in general terms) of individuals served by our Agency;
2. Provide proof of immunization to a school that is required by state or other law to have such proof with agreement to disclosure by parent, guardian or other person acting in loco parentis if record is of an un-emancipated minor; and
3. Provide a family member, relative, friend or other identified person, prior to, or after your death, the information relevant to such person's involvement in your care or payment for care; to notify a family member, relative, friend or other identified person of your location, general condition or death.

Other uses and disclosures not covered in this notice will be made only with your authorization. Authorization may be revoked, in writing, at any time, except in limited situations for the following disclosures:

1. Marketing of products or services or treatment alternatives that may be of benefit to you when we receive direct payment from a third party for making such communications;
2. Psychotherapy notes under most circumstances, if applicable; and
3. Any sale of protected health information resulting in financial gain by the agency unless an exception is met.

YOUR RIGHTS – You have the right, subject to certain conditions, to:

- **Request restrictions on uses and disclosures of your protected health information** for treatment, payment or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however, be terminated under applicable circumstances (e.g., emergency treatment).

We must agree to your request to restrict disclosure of protected health information about you to a health plan if: 1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and 2) the protected health information pertains solely to a health care item or service for which you or someone on your behalf paid the covered entity in full. (164.522 Rights to request privacy protection for protected health information).

- **Confidential communication of protected health information.** We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.

If you request your protected health information to be transmitted directly to another person designated by you, your written request must be signed and clearly identify the designated person and where the copy of protected health information is to be sent.

- **Inspect and obtain copies of protected health information** that is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that may not be disclosed under the Clinical Laboratory Improvements Amendments of 1988 [42 USC§ 263a and 45 C.F.R. § 493(a)(2)]. If you request a copy of your health information, we will charge a reasonable, cost-based fee that includes only the cost of labor for copying, supplies and postage, if applicable, in accordance with applicable state and federal regulations.

If the requested protected health information is maintained electronically and you request an electronic copy, we will provide access in an electronic format you request, if readily producible, or if not, in a readable electronic form and format mutually agreed upon.

If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.

- **Request to amend protected health information** for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to 30 days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request.

We may deny the request for amendment if the information contained in the record was not created by us, unless you provide a reasonable basis for believing the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; would not be available for inspection under applicable laws and regulations; or the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.

- **Receive and accounting of disclosures of protected health information** made by our Agency for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name/ address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of the written request for disclosure. We will provide the accountings within 60 days of receipt of a written request. However, we may extend the time period for providing the accounting by 30 days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 72-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- **Receive notification of any breach in the acquisition, access, use or disclosure** of unsecured protected health information by the agency, its business associates and/or subcontractors.
- **Obtain a paper copy of this notice**, even if you had agreed to receive this notice electronically, from us upon request.

COMPLAINTS – If you believe that your privacy rights have been violated, you may complain to the Agency or the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred and must describe the acts or omissions believed to be in violation of applicable requirements. [45 C.F.R. § 160.306] For further information regarding filing a complaint, contact:

**Compliance Officer
Genefic Infusion Rx
3044 Ridgelake Drive
Metairie, LA 70002
Phone: (504) 394-9037**

EFFECTIVE DATE - This notice is effective May 13, 2024. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving service), we will promptly revise and distribute a revised notice to you as soon as practicable by mail, email (if you have agreed to electronic notice), hand delivery or by posting on our website.

If you require further information about matters covered by this notice, please contact:

**Compliance Officer
Genefic Infusion Rx
3044 Ridgelake Drive
Metairie, LA 70002
Phone: (504) 394-9037**

SECTION VII. Advance Directives

PATIENT SELF-DETERMINATION ACT

Written description of the Law of the State of Mississippi

Introduction. You have the right to make health care decisions, including decisions about nursing home care, for yourself. Under the law, a patient must consent to any treatment or care received. Generally, if you are a competent adult, you can give this consent for yourself. For you to give this consent, you should be told what the recommended procedure is, why it is recommended, what risks are involved with the procedure and what the alternatives are.

If you are not able to make your own health care decisions, your advance directives can be used. An "advanced directive" can be an Individual Instruction or a Power of Attorney for Health Care.

An "Individual Instruction" is a directive concerning a health care decision. An Individual Instruction can be written or oral. No specific format is required for Individual Instructions.

A "Power of Attorney for Health Care" (PAHC) is a document through which you designate someone as your agent to make health care decisions for you if you are unable to make such decisions. The PAHC comes into play when you cannot make a health care decision, either because of a permanent or temporary illness or injury. The PAHC must specifically authorize your agent to make health care decisions for you and must contain the standard language set out in the law. This language is included in the form of a PAHC, which can be obtained upon request. Otherwise, the PAHC can contain any instructions which you wish.

If you are unable to make a decision and have not given or prepared individual instructions or a PAHC, you may designate an adult of your choice, called a surrogate, to make health care decisions for you. If you do not appoint a surrogate, the members of your family may make decisions for you.

The law on making health care decisions and advance directives is discussed in the following information in detail. Please read the entire contents.

YOUR RIGHT UNDER MISSISSIPPI AND LOUISIANA LAW

To make decisions concerning health care: The Patient Self-Determination Act of 1990 (PSDA) is a federal law which imposes on the state and providers of health care - such as hospitals, nursing homes, hospices, home health agencies, and prepaid health care organizations-certain requirements concerning advance directives and an individual's rights under state law to make decisions concerning medical care. The following information will discuss your right under state law to make health care decisions and set out a description of the Mississippi law on advance directives.

What are my rights to accept or refuse treatment or cure? In general, you have the right to make health care decisions, including decisions about nursing home care, for yourself if you are 18 or older and are competent.

What information must I be told to give my consent? The physician should explain to you the pertinent facts about your illness and the nature of the treatment in non-technical terms which are understandable to you. The physician also should explain to you why the proposed treatment is recommended.

The physician should inform you of all reasonable risks and material consequences or side effects associated with the proposed treatment.

Finally, the physician must tell you about any other types of treatment which you could undergo instead. The nature, purpose, and reasonable risks and consequences of these treatments should be explained to you. With this information, you can then make your health care decisions.

What if I am unable to make these decisions? If you cannot make a health care decision because of incapacity, your advance directive, such as an Individual Instruction or Power of Attorney for Health Care, can be used. If you have not signed an advance directive, you may designate an adult of your choice, called a surrogate, to make the decision. If you do not have an advance directive and you have not designated a surrogate, a family member may make the decision for you. If you do not have an advance directive, have not designated a surrogate and do not have a family member available to make a health care decision for you, then an adult who shows care and concern and who is familiar with your values may make health care decisions for you. If you do not have advance directives and do not have anyone to make health care decisions for you, then a court might have to make the decision for you.

What is an Advance Directive? The PSDA defines an advance directive as a written instruction, such as an Individual Instruction or Power of Attorney for Health Care, recognized under State law and relating to the provision of health care when the individual is incapacitated. Two types of advance directives are statutorily recognized in Mississippi and Louisiana: Individual Instruction and Power of Attorney for Health Care.

INDIVIDUAL INSTRUCTION

What is an Individual Instruction? An Individual Instruction means an individual's direction concerning a health care decision for the individual. The instruction may be oral or written. The instruction may be limited to take effect only if a specific condition arises.

What must the Individual Instruction say? Mississippi and Louisiana law do not prescribe any particular format for individual instructions. However, the law does specify an acceptable format for those instructions which deal with End-of-Life Decisions, Artificial Nutrition and Hydration, and Relief from Pain. This form can be made available upon request.

Where should I keep my Individual Instruction? You should provide a copy of your Individual Instruction to anyone you designate to make health care decisions for you and to your health care provider. Your Individual Instruction should not be filed with the Mississippi or Louisiana State Department of Health.

How can my Individual Instruction be revoked? The Individual Instruction is valid until revoked. You may revoke an Individual Instruction in any manner that indicates an intent to revoke.

Will my Individual Instruction be followed? Your Individual Instruction must be honored by your agent, family, surrogate or health care provider.

For reasons of conscience, a physician, hospital, nursing home or other provider has the right to refuse to follow your Individual Instruction; but a provider not honoring your Individual Instruction must cooperate in your transfer to another provider who will follow your Individual Instruction.

Upon admission, you should receive a copy of the facility's policies concerning advance directives. You should review these policies and determine whether the facility will follow your Individual Instruction.

Should I give my physician a copy of my Individual Instruction? Yes. If you have a written Individual Instruction, you should give a copy to the physician who has primary responsibility for your health care. A copy also should be given to any other provider, such as a hospital, home health agency or nursing home, from which you are receiving care.

POWER OF ATTORNEY FOR HEALTH CARE

What is a Power of Attorney for Health Care? You may designate an individual or agent to make health care decisions for you if you are unable to make such a decision because of a permanent or temporary illness or injury. The document authorizing this action is the Power of Attorney for Health Care (PAHC).

What must a PAHC Contain? The PAHC must be properly witnessed, must specifically authorize your agent to make health care decisions for you and must contain the standard language set out in the law. This language is included in the form of a PAHC than can be provided upon request. Otherwise, the PAHC can contain any instructions which you wish.

What should I do with the PAHC? The PAHC does not need to be filed with the Mississippi State Department of Health or any court. You should keep the PAHC for yourself and give a copy to the agent you named in the PAHC. A copy should also be given to your physician to make a part of your medical records. You should also give a copy to any other provider from which you are receiving care, such as a nursing home, hospital or a home health agency. You might also want to provide a copy to your clergy, family members and friends who are not named in the documents.

Who will decide if I cannot act, and my agent should act for me? Unless otherwise specified in the PAHC, the physician designated by you or your agent to have primary responsibility for your health care will make this determination. In making this determination, your physician will act in accordance with "generally accepted health care standards."

Who can act as my agent? Unless related to you by blood, marriage or adoption, your agent may not be an owner, operator or employee of a residential long term care institution at which you are receiving care. Otherwise, any person, such as a family member or a friend, may act as the agent. The agent does not need to be a lawyer.

What are the powers of my agent? Your agent has whatever power you give in the PAHC to make health care decisions for you. "Making health care decisions" means a decision regarding our health care, including the selection and discharge of health care providers and institutions; approval and disapproval of diagnostic tests, surgical procedures, medications and orders not to resuscitate; and direction to provide, withhold or withdraw artificial nutrition and hydration.

Are there limitations on the power of my agent? Your agent has a duty to act according to what you put in the PAHC or as you otherwise have made known to him or her. If your desires are unknown, he/she must act in your best interest. Your agent cannot make a particular health care decision for you if you are unable to make that decision.

What if someone other than the agent wants to make health care decisions for me? Unless the PAHC says otherwise, your agent has priority over any other person to act for you.

Will a health care provider recognize my agent's authority? In general, yes. Upon admission, you should receive a copy of the facility's policies on advance directives. You should review these policies and determine whether the facility will follow your PAHC.

Can my PAHC be changed? You can change your agent by signed writing, or you can revoke the authority for your agent to make decisions by personally informing your primary physician or the health care provider who has undertaken primary responsibility for your health care.

GENERAL

What if I have an Individual Instruction or PAHC I signed when living in another state? To be binding, these documents must meet Mississippi and Louisiana law. Many out-of-state documents will not meet these requirements. The safest route is to execute new documents following the Mississippi and Louisiana statutes.

Do I need both an Individual Instruction and PAHC? No. You may include Individual Instructions in your PAHC.

What other documents should be considered? Individual Instructions and PAHCs are the only documents recognized in Mississippi and Louisiana by statute. However, depending upon particular circumstances, the state may recognize other health care directives or indications of your desires concerning health care. You also should discuss these options with your lawyer.

Can I let my family make these decisions? Members of your family may make decisions for you if you are unable to do so and have not left Individual Instructions or a PAHC. Family members, however, might disagree among themselves or with the physician. In such instances, Individual Instructions or a PAHC can help to clarify the decisions and who can make them.

When will a court make this decision? As a last resort, if someone authorized to consent for you has refused or declined to do so and no other person known to be available is authorized to consent, a court may order treatment for you if you are not able to do so.

POLICY

The agency will comply with state laws in regard to the Self-Determination Act of 1990 (Advance Directives). The agency will execute any Advance Directives the patient may have.

OBJECTIVE

The ultimate aim of the Advance Directive procedures that this agency has in place is to comply with the state laws regarding the Self-Determination Act of 1990; to provide guidelines for care; to relieve family members of the responsibility of making difficult decisions; and to protect the patient's right to make medical choices that can affect his/her life.

GOAL

The agency will comply with all state law requirements regarding Advance Directives by:

1. Providing all patients with written information on their rights under state law to make decisions concerning their medical care; including the right to accept or refuse medical treatment and the right to execute Advance Directives. This will be done prior to admission to the agency.
2. Providing the patient with a copy of agency policies regarding implementation of Advance Directives. This will be done prior to admission to the agency.
3. Documenting any specific Advance Directives that the patient/caregiver voices on the Initial Assessment form.
4. Attempting to obtain a copy of any Advance Directive the patient has previously executed to be placed on the patient's chart; including name and relationship of person names as Power of Attorney for Health Care.
5. Providing an education of Advance Directives to employees and patient/caregiver as they apply to home health care.
6. Providing a copy of appropriate forms upon request.
7. Discussing and providing information on Advance Directives and answering questions in non-judgmental fashion.

NOTE: Under no circumstances will an agency employee witness or file the Advance Directives for the patient or family.

SECTION VIII. Emergency Preparedness

EMERGENCY PREPAREDNESS PLAN

In the event of a natural disaster, inclement weather or emergency, we have emergency operations plan to continue necessary patient services. 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 updated as needed. The code assignment determines agency response priority in case of a disaster or emergency. These codes are maintained in the agency office, along with information which may be helpful to Emergency Management Services in case of an area disaster or emergency.

You will be contacted for medical attention:

- Level I -Within 24 hours
- Level II -Within 24--48 hours
- Level III -Within 48-72 hours

In case of bad weather or other situations that might prevent our staff 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.

POWER OUTAGE

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

- Call 977 or go to the emergency room if you have an emergency.
- Call your closest relative or neighbor if it is not an emergency.

LIGHTNING

If you are inside:

- Avoid tubs, faucets, and sinks because metal pipes conduct electricity.
- Stay away from windows.
- Avoid using phone with cords except for emergencies.

If you are outside:

- Avoid natural lightning rods such as tall trees in open areas.
- Get away from anything metal.

FLOOD

Be aware of flood hazards, especially if you live in a low-lying area, near water or downstream from a dam. Flooding can take days to happen, but flash floods produce raging waters in minutes. Six inches of moving water can knock you off your feet. Avoid

moving water if you must walk in a flooded area. Use a stick to test if the ground is firm enough to walk on.

Be ready to evacuate if a flood watch is issued. Move important items upstairs. Fill a clean bathtub with water in case water becomes contaminated or is shut off. Turn off your utilities at the main valves if you are instructed to do so. Do not touch electrical equipment if you are wet or standing in water.

TORNADO

As soon as a tornado is sighted, go to the lowest floor and find an interior room. Good shelters are basements, rooms and halls with no outside walls, bathtubs and spaces under the stairs. Many public buildings have designated shelter areas. Stay away from windows, doors and outside walls. Get under a sturdy item, such as a table, and protect your head. Stay until the danger passes.

If the patient is bed-bound, move the bed as far from windows as you can. Use heavy blankets or pillows to protect the head and face.

If you are in a vehicle, trailer, or mobile home, get out immediately and go to a sturdy structure. If there is not one close by, lie flat in the nearest ditch and cover your head. Do not try to out-drive a tornado. They are erratic and move swiftly.

HOT WEATHER

There is a higher risk for heat-related illness in the summer. When it is hot 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 deflect 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.

WINTER STORM

Heavy snowfall and extreme cold can immobilize a region, resulting in isolation. Icy and/or blocked roads and downed power lines can happen any time it is cold or snowy. Wear layers of loose, lightweight, warm clothes, rather than one heavy layer. Wear hats and outer

layers that are tightly woven and water repellent. Mittens will keep your hands warmer than gloves.

HURRICANE

Preparation is the key to surviving a hurricane. Stay informed of the storm's path and its anticipated arrival. Be prepared for floods, high winds, and damage to buildings and landscapes. Move anything that is outside to a waterproof place. Cover windows with wood, shutters or masking tape. Fill your clean bathtub with water. Evacuate to a shelter if necessary.

EMERGENCY KIT FOR THE HOME

Bad weather can be dangerous, so be prepared. Keep a kit with these items in case you have a weather emergency:

- Battery-powered radio
- Lamps and flashlights
- Extra batteries
- Food that you don't have to cook
- Manual can opener
- Utensils, cups, and plates
- Medications
- Extra blankets
- Water in clean milk or soda bottles
- Rock salt or sand for walkways
- Extra fuel

SHELTER SUPPLIES

The following is a list of what to bring to a shelter during an evacuation:

- Two-week supply of medications
- Medical supplies and oxygen
- Wheelchair, walker, cane, etc.
- Special dietary foods/can opener
- Air mattress/cot and bedding
- Lightweight folding chair
- Extra clothing, hygiene items, glasses
- Important papers
- Valid ID with current name and address
- Home care folder

Most shelters have electric power from a generator. If you evacuate to a shelter, bring your electrical devices (such as an oxygen concentrator).

NOTE: Pets are not usually allowed in shelters.

CHILD SAFETY

- Keep small objects and hanging crib toys out of reach of infants and out of their mouths. Use only one-piece pacifiers.
- Restrain infants when they are in highchairs, walkers, etc. Paise crib and playpen rails to full height.
- Put gates at the top and bottom of elevated places such as stairs, porches, and fire escapes. Put guard rails on upstairs windows and locks on all windows to limit size of opening.
- Close toilet lids, bathroom and oven doors, trunks, dishwashers, refrigerators, and washers and dryers at all times.
- Store plastic bags away from children. Tie large plastic garment bags and throw them away.

- Keep pails, buckets, and small pools empty. Keep swings, slides, and play equipment in safe condition.
- Keep medicine, chemicals, batteries, and cleaning supplies away from children. Put safety locks on cabinets and drawers.
- Store knives, power tools, and firearms in a place safely out of the reach of children, such as in a locked cabinet.
- Do not leave infants or toddlers alone in a home, car or bath.
- Do not prop infants with pillows or bean bags or leave infants unattended with propped bottles.
- Burp infants often and keep their heads elevated during feeding. Do not lay infants flat on their backs or stomachs during or after feeding.
- Always test formula to see if it is too hot or too cold. Serve food in bite-sized pieces. Face pot handles inward on the stove when cooking.
- Keep cords away from children. Use outlet covers when outlets are not in use. Children under the age of 5 or 40 pounds (or as required by state law) should be placed in car seats approved by the American Academy of Pediatrics. The car seat should not be placed in the front seat of the vehicle.
- Keep emergency numbers (Poison Control, doctor, police, fire, nearest relative), your home address and the name of the nearest cross street handy by your phone.

EMERGENCY PREPAREDNESS AND PETS

When disaster strikes, the same rules that apply to people apply to pets - if it is not safe for you, it is not safe for them. Planning ahead can make all the difference in whether your pet will survive a disaster.

- **ID your pet:** Consider having your pet micro-chipped. Make sure your pet is wearing a securely fastened collar with up-to-date identification. Put your cell phone number on your pet's tag. Birds should be caged with identification attached to the cage.
- **Put together a disaster kit for your pet:** Food and water for at least five days for each pet; bowls, manual can opener, medications and medical records, including vaccination schedules; leashes, harnesses, and carriers; cat litter box, litter and scoop; paper towels and garbage bags to collect your pet's waste; current photos of you with your pets to help others identify them in case you and your pets become separated, written information about feeding schedules, medical conditions and behavior issues. Plan to take your pets with you in an evacuation. If it is not safe for you to stay, it is not safe for them either.
- **Find a pet-friendly refuge ahead of time:** Except for service animals, pets usually are not allowed in public shelters. Make sure you know the hotels that will accept you and your pets in an emergency and prepare a list with phone numbers. Call ahead for reservations if you know you may need to evacuate. Ask if no-pet policies could be waived in an emergency. Identify friends, boarding facilities, animal shelters or veterinarians that can care for your animals in an emergency. Although your animals may be more comfortable together, be prepared to house them separately.

SECTION IX. Home 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 risk factors below that apply to you and your home. The more factors checked, the higher your risk of 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 tips and note the ones you need to work on:

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case 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 your pets are at all times.

- Do not walk over or around cords or wires, i.e., cords from lamps, extensions 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 bulbs as needed. Lamp shades or frosted bulbs can reduce glare.
- Make sure stairways, halls, 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 of 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 sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- 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

- Make sure the patient has easy access to a telephone and 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 (including e-cigarettes) 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 detectors on every floor of your home, including the basement. Place smoke detectors near rooms where people sleep. Test smoke detectors every month to make sure they are working properly

- Install new smoke detector batteries twice a year or when you change your clocks 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. Plan at least two different escape routes 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 bed-bound patient to a safe area by placing him or her on a sturdy blanket and pulling or dragging the patient out of the home.
- Avoid excess clutter of newspapers, magazines, clothing, etc. These piles can become a fuel source for potential fires.
- 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. The chimney should be inspected and cleaned by a professional chimney sweep and trash should not be burned in the stove because it could overheat. 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 members leave the house or go 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 fats.
- 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 appliances away from the bathtub or shower area.

-
- Never leave patient alone in the shower/tub.
- Set water heater thermostat below 720° F to prevent accidental scalding.
- Store flammable liquids in properly labeled, tightly closed, non-glass containers. Store away from heaters, furnaces, water heaters, ranges and other gas appliances. Make sure the garage is adequately ventilated.

MEDICATION SAFETY

- Do not take medications that are prescribed for someone else.
- Create a complete list of current medications (including prescription and over-the-counter medications, herbal remedies and vitamins), and keep this list with you at all times in the event of emergency situations. Review the list for discrepancies and make changes immediately as they occur. Show the list to your doctor or pharmacist to keep from combining drugs inappropriately.
- Know the name of each of your medicines, why you take it, how to take it, potential side effects and what foods or other things to avoid while taking it.
- Report medication allergies or side effects to your health care provider.
- Take medications exactly as instructed. If the medication looks different than you expected, ask your health care provider or pharmacist about it.
- Drug names can look alike or sound alike. To avoid errors, check with your health care provider if you have questions.
- Do not use alcohol when you are taking medicine.
- Do not stop or change medicines without your doctor's approval, even if you are feeling better. If you miss a dose, do not double the next dose later.
- Use a chart or container system (washed egg carton or med-planner) to help you remember what kind, how much and when to take medicine.
- Take your medicine with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label of the medication.
- Keep medicines away from children and confused adults.
- Federal disposal guidelines for medications: Follow any specific disposal instructions on the prescription drug labeling or patient information insert. Do not flush medications down the sink or toilet unless this information specifically instructs you to do so. If your community has a pharmaceutical take-back program, take your unused drugs to them for proper disposal. If no such program is available, remove drugs from their original containers and mark out any identifying information on the original containers. Mix the drugs with an undesirable substance like coffee grounds or kitty litter. Place the mixture in a sealable bag, empty can or other container and place it and the empty, original containers in the trash.

HAZARDOUS ITEMS AND POISINS

- Know how to contact your poison control team.
- Carefully store hazardous items in their original containers.
- Do not mix products that contain chlorine or bleach with other chemicals.
- Purchase insecticides for immediate need only and store excess properly.
- Keep hazardous items, cleaners, and chemicals out of reach of children and confused or impaired adults.
- Dispose of hazardous items and poisons only as directed.

MEDICAL EQUIPMENT SAFETY

- Keep manufacturer's instructions with or near specialized medical equipment. Perform routine and preventive maintenance according to the 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 bedside 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.
- The 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.
- Oxygen creates a high risk for fire because it causes an acceleration of flame in the presence of flammable substances and open flames.
- **Do not smoke around oxygen.** Post "**No Smoking**" signs inside and outside 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 stoves and candles) at least 70 feet away from the oxygen source

- Always keep at least 6 inches of clearance around an oxygen concentrator. Plug it directly into a wall outlet and limit the use of extension cords.
- Have electrical appliances such as razors and hairdryers while using oxygen. Keep any electrical equipment (including e-cigarettes) that may spark at least 70 feet from the oxygen system.
- Use 700% 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 decks or in the trunk of a car.
- Have a backup portable oxygen cylinder in case of a power or oxygen concentrator failure.
- Alert property management of oxygen use when living in a multi-dwelling residence.

SECTION X. Infection Prevention and Control

Stay clean and use good hygiene to help stop the spread of infection. Items used in health care, such as bandages or gloves, can spread infections and harm the environment. They can harm trash handlers, family members, and others who touch them if they are not disposed of properly. Be careful when you handle them.

Some illnesses and treatments (such as chemotherapy, dialysis, AIDS, diabetes, and burns) can make people more at risk for infection. Your nurse will tell you how to use protective clothing (such as gowns or gloves) if you need it.

Please tell your doctor or a home care staff member if you notice any of the following signs and symptoms of infection:

- Pain, tenderness, redness or swelling
- Inflamed skin, rash, sores or ulcers
- Pain when urinating
- Confusion
- Nausea, vomiting or diarrhea
- Fever or chills
- Sore throat or cough
- Increased tiredness or weakness
- Green or yellow pus

WASH YOUR HANDS

Wash your hands frequently and correctly, even if you wear gloves. It is the single most important step in controlling the spread of infection.

Always wash hands before:

- Tending to a sick person
- Treating a cut or wound
- Touching or eating food

Always wash hands after:

- Tending to a sick personal
- Treating a cut or wound
- Using the bathrooms
- Touching animals or their waste
- Touching soiled linens
- Touching garbage
- Changing diapers
- Coughing, sneezing or blowing your nose

If you have visibly dirty hands, or they are contaminated or soiled in any way, wash them with soap (liquid soap is best) and warm running water. Remove jewelry, apply soap, wet your hands and rub them together for at least 20 seconds. Wash all surfaces, including wrists, palms, back of hands, between fingers and under nails. Rinse off the soap and dry your hands with a clean towel that has not been shared. If one not available, air-dry your hands. Use a towel to turn off the faucet. If you used paper towels, throw them in the trash. To avoid dry or chapped hands, pat them dry and use lotion after washing.

If you do not have visibly dirt hands, use an alcohol-based hand rub to clean them. Use a rub with 60-90% ethyl or isopropyl alcohol. Open the cap or spout and apply a dime-size amount (or the amount recommended on the label) in one palm, then rub vigorously, covering all surfaces of hands and fingers, until they are dry.

COVER YOUR COUGH

Cover your mouth and nose with a tissue when you cough or sneeze. If you do not have a tissue, cover your mouth with your upper sleeve, not your hands. Throw your used tissue in the trash. You may be asked to wear a mask to protect others.

DISPOSABLE ITEMS AND EQUIPMENT

Some items that are not sharp: *paper cups, tissues, dressings, bandages, plastic equipment, catheters, diapers, Chux, plastic tubing, gloves, etc.*

Store these in a clean, dry area. Throw away used items in waterproof (plastic) bags. Fasten the bags securely and throw them in the trash.

NON-DISPOSABLE ITEMS AND EQUIPMENT

Some items that are not thrown away: *dirty laundry dishes, thermometers, toilets, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc.*

Wash dirty laundry separately in hot, soapy water. Handle it as little as possible so you don't spread germs. If the patient has a virus, add a mix of 1 part bleach and 10 parts water to the load.

Clean equipment as soon as you use it. Wash small item (not thermometers) in hot, soapy water, then rinse and dry them with clean towels. Wipe thermometers with alcohol before and after each use. Store them in a clean, dry place. Wipe off equipment with a normal disinfectant or bleach mix. Follow the cleaning instructions that came with the item and ask your nurse or therapist if you have questions.

Pour liquids in the toilet. Clean their containers with hot, soapy water, then rinse them with boiling water and let them dry.

SHARPS CONTAINER RETURN GUIDELINES

For needles and catheters used for your infusion therapy, we will provide a red "sharps" container for disposal.

Do not throw your sharps container away with the normal trash!

- When your sharps container is about $\frac{3}{4}$ full, it needs to be replaced. Please cap the top of the container securely when $\frac{3}{4}$ full.
- When the sharps container is $\frac{3}{4}$ full, please call Genefic Infusion Rx or your Home Health Agency at _____ We will replace your container and have your full one properly disposed of for you.
- Your sharps container is to be used solely for the disposal of your syringes and needles.
- **Do not** put mini-bags, elastomeric infusion devices, home infusion pumps, tubing or garbage into the sharps container unless directed to do so by your home care team. (In some cases, the drug containers need to be placed in the sharps container.)
- Do not put your fingers or hands into the opening of the sharps container.
- **Please keep the sharps container out of children's reach!**

BODY FLUID SPILLS

Put on gloves and wipe the fluid with paper towels. Use a solution of 1 part bleach and 10 parts water to wipe the area again. Double bag used paper towels and throw them in the trash.

CHEMOTHERAPY SPILLS

All patients receiving chemotherapy should receive a Chemo Spill Kit for use in cleanup of any spills associated with chemotherapy agents. It is important to carefully follow the directions contained in this spill kit. Please notify one of our professional staff members of any chemotherapy spills as soon as they occur for further instructions.

PREPARING YOUR WORK AREA

Germs can be found in all areas of your home such as tabletops, bathrooms, food, and pets. Germs can also be found in the air and on your skin, especially your hands.

Most of the germs that live in the air or on your skin will not hurt you. Some germs, if allowed to enter the bloodstream, could cause an infection or serious illness.

A few ways germs could enter your bloodstream include a cut or opening in the skin, your catheter exit site and the opening at the end of your catheter. It is important to use only sterile supplies when touching these opening and caring for your catheter.

All supplies used for your home therapy should be in sealed packages to prevent contamination. Needles and the end of the tubing will have protective covers which will keep them sterile when handling your supplies.

The following steps will help you learn techniques to prevent contamination of sterile solutions and supplies. You should not allow a sterile item to touch a non-sterile item or surface. If this happens, new sterile supplies should be used.

Selecting your work area:

1. Select an area in your home that is free from drafts, visible dirt, dust and clutter.
2. Select a smooth table, countertop or tray that can be cleaned with rubbing alcohol.
3. Select an area that has enough space and good light in which to work.
4. Select an area that is close to all your supplies.

Preparing your work area:

1. Pour a small amount of rubbing alcohol onto your work area.
2. Wipe dry with a clean cloth or paper towel.
3. Your work area has now been prepared for your supplies. If you contaminate your work area during use, re-clean with rubbing alcohol and a clean cloth or paper towel.

Wash your hands:

Although your hands may look clean, it is always important to wash your hands to remove invisible germs. Hands should always be washed before gathering your supplies and before beginning preparation of the medication for administration. (See "Wash Your Hands" in this booklet.)

SECTION XI. Patient Travel Assistance

One of the benefits of home infusion therapy is the increased mobility and freedom you gain as a patient. This includes the ability to travel away from home, either on business or for a vacation.

If you are traveling away from your home, our company can provide assistance in arranging for your medical needs, we can arrange services on your behalf with a health care company at your destination. **Please allow a minimum two-week advance notification** prior to your departure date so that we can make the appropriate arrangements.

Early planning and careful preparation are the keys to a safe and enjoyable trip. We encourage you to be actively involved in your travel arrangements. Thank you for your cooperation in this matter and for helping us to help you.

SECTION XII. Consents/Forms

As part of the admission process, we ask for your consent to treat you, release information relative to your care and allow us to collect payments directly from your insurer. You or your legal representative must sign this consent before we can admit you.

Consent for Treatment and Services: We require your permission before we can treat you. The treatments that we provide will be prescribed by your doctor and carried out by professional health care staff. Without your consent or the consent of your representative, we cannot treat you.

You may refuse treatment at any time. However, if you decide to refuse treatment, it will be documented in your medical record and may result in discharge from the company.

Consent for Payment: We will directly bill your insurer for the services that we provide to you. This consent allows us to collect payments on your behalf.

Educational Materials: We will provide you educational materials and demonstrate the safe operation of all equipment that we furnish. We provide a description of the equipment, basic operating instructions, troubleshooting, safety precautions, maintenance and storage of equipment.

Consent to Film/Record: You consent for us to record or film your care, treatment and services and allow us to use the photographs and/or recordings for internal use (e.g., performance improvement, education), for documenting your medical condition or for insurers to document your condition for payment purposes.

Advance Directives: You should tell us if you have an advance directive so that we may obtain a copy to allow us to follow your directives. We will provide you with care whether or not you have an advance directive, but having an advance directive may have an impact on the type of care provided during emergency situations.

Release of Information: Your medical record is strictly confidential and protected by federal law. We may release protected health information as explained in our Notice of Privacy Practices to carry out treatment, payment and/or health care operations. Protected health information may be received or released by various means including telephone, mail, electronically, fax, etc.



Service Agreement / Assignment of Benefits

CLIENT NAME: _____ CLIENT ID: _____

INSTRUCTIONS: This form is used to acknowledge receipt of our orientation booklet, any state required documents such as State Specific Patient Bill of Rights/Advance Directives and confirm your understanding and agreement with its contents. Your signature below indicates your approval.

PATIENT RIGHTS AND RESPONSIBILITIES

I acknowledge that I have been made aware of my rights and responsibilities as a customer and I understand them, Grievance/complaint procedures have been explained to me, Additionally, the purpose and hours of operation of the state home health hot-line number have been provided and explained to me. I understand I have the right to choose my health care provider, and I choose Genefic Infusion Rx for my therapy/ service/ equipment I have been advised that I may rent any routinely purchased or inexpensive equipment that is showing as a sale to me. I have also been advised I can receive infusion therapy/ service/ equipment depending on my insurance coverage. The Medicare Supplier Standards have been provided to me. I am aware that I am to return rental equipment in good condition, or I will be responsible for its replacement cost together with the costs of collection including any reasonable attorney fees.

CONSENT FOR TREATMENT

I hereby give my permission for authorized personnel of Genefic Infusion Rx to provide/administer infusion therapy; provide equipment and/or services. I have been instructed by my physician about the prescribed treatment and understand the reasons why it is considered necessary, its risks, advantages, possible complications and alternatives. All my questions have been answered. As in any therapy, I understand that there are unknown risks as well as known risks. I certify that no guarantee, promise, expressed or implied, have been made to me in conjunction with my medical supplies. I further understand that this therapy/service/equipment will not be given in a medical facility and that I cannot be given immediate medical attention if complications arise. I have discussed all these matters with my physician and desire to have therapy/service/equipment. I understand that I may refuse treatment or terminate services at any time and Genefic Infusion Rx may terminate their services to me as explained in my orientation.

RELEASE OF INFORMATION

I acknowledge receipt of the Notice of Privacy Practices and was given an opportunity to ask questions and voice concerns. I understand that Genefic Infusion Rx may use or disclose protected health information about me to carry out treatment, obtain payment or health care related operations. I hereby authorize Genefic Infusion Rx to release to or receive from hospitals, physicians or other agencies involved in my care all medical records and information pertinent to my care I hereby give permission for the review of my medical record bodies.

ASSIGNMENT OF BENEFITS/AUTHORIZATION FOR PAYMENT

I hereby assign to provider all insurance benefits and payments to which I am entitled from whatever source for any services, equipment or supplies which are Furnished to me in conjunction with my home infusion therapy/services/equipment, and I authorize provider to seek such benefits and payments on my behalf, It is understood that provider will bill insurers directly and that my assignment of benefits is ongoing and continuous unless and until canceled by me in writing to the insurer(s) providing coverage with copy provided to Genefic Infusion Rx. I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I consent to the release of all records required to act on this request. I request that payment of authorized benefits from Medicare, Medicaid or other responsible payor be made in my behalf to Genefic Infusion Rx.

PRODUCT RETURNS

The State Board of Pharmacy Regulations prohibits the return of dispensed prescription items, Personal hygiene, bathroom safety items, disposable supplies, nutritional products, oxygen contents and specially ordered products are not returnable. No credit will be issued for any unused or excess product. Credit will be issued for returned supplies only if shipped due to Genefic Infusion Rx's error.

TRAVEL ASSISTANCE

I hereby authorize Genefic Infusion Rx to act as my agent in obtaining services from another company if I travel out of the service area while on service. I hereby release Genefic Infusion Rx from any liability in making these arrangements for me.

EDUCATIONAL MATERIALS

I acknowledge receipt of educational materials and have been explained all therapy/service/equipment provided by Genefic Infusion Rx. A home safety assessment was conducted during the admission process and applicable safety precautions material was given to me.

AFTER HOURS/EMERGENCY INFORMATION

I understand that for medical emergencies to call 911. I have been informed on how to contact Genefic Infusion Rx in the event of an emergency or after hours.

CONSENT TO FILM OR RECORD

I hereby consent for Genefic Infusion Rx to record or film my care, treatment and services and allow Genefic Infusion Rx to use the photographs/recordings for their internal use for documenting my medical condition or for insurance providers to document my condition for payment purposes.

ADVANCE DIRECTIVES

I understand that the Federal Patient Self-Determination Act of 1990 requires that I be made aware of my right to make health care decisions for myself. I understand that I may express my wishes in a document called an Advance Directive so that my wishes may be known when I am unable to speak for myself.

- I have made a Living Will NO YES (if yes, provide a copy to the agency.)
- I have made a Durable Power of Attorney for Health Care (Agent) NO YES
If yes, write the name and phone number of the person given power of attorney _____

PHARMACY CONSULTATION

I understand a pharmacist may be contacting me to discuss my drug therapy. I further understand that a pharmacist familiar with my infusion therapy services is available to me 24 hours a day if I have any questions.

I have questions about my drug therapy or request a pharmacy consultation. NO YES

I understand a copy of this Admission Consent/Service Agreement shall be as valid as the original and shall remain in effect until I am discharged from the home medical equipment company. I also understand that I may revoke this consent in writing at any time.

Client Signature Date Responsible Person of Legal Guardian Signature

Company Representative Signature Date Printed Name and Relationship or Person Above

Client unable to sign due to: _____



Grievance Form

CLIENT NAME: _____ CLIENT ID: _____

DATE: _____ TIME: _____

In order that your grievances may receive proper attention and follow-up it must first be put in writing. This form and its contents will be handled confidentially, and you will be advised of the action taken.

Nature grievance (describe fully): _____

Persons involved: _____

Location: _____

Signature: _____

ADMINISTRATIVE USE ONLY

Date of investigation: _____

Person conducting investigation: _____

Findings: _____

Action taken: _____

A copy of the letting from the person making the complaint will be attached.



Financial Responsibility Letter

PATIENT NAME: _____ PATIENT ID: _____

INSURANCE: Primary _____ Secondary _____ Tertiary _____

SERVICES AND THERAPY/EQUIPMENT PROVIDED:

Pharmacy Nursing Respiratory Equipment Other _____

- Your insurance coverage for our service is _____% of charges, with an annual deductible of \$_____. You have a maximum benefit of \$_____. You are responsible for all charges that are not covered by your insurance. Final benefit determination is based on the Explanation of Benefits (EOB) from your insurance.
- Your insurance company does not cover these services. You are responsible for all charges for services rendered. Your estimated total cost may be \$_____.
- We have not been able to verify your current insurance coverage levels. You are responsible for 700% of the charges for services rendered. Your estimated total cost may be \$_____ but the amount may exceed this estimate. We will follow up with you as soon as we can confirm your coverage to explain the amounts you may owe.
- Your total amount due by today for services rendered is: \$_____.

Additional Comments: _____

NOTE: We cannot guarantee that the amounts indicated above are final and will not charge since they were based on information provided by your insurance company at the time we verified your insurance coverage. Positive verification of your coverage cannot always be made at the time of or prior to the time of service. You will receive services and we will provide services with the understanding that in the event your coverage is not effective, you will be billed and held financially responsible for the services rendered. If your benefits change or the insurance(s) listed above change, it is your responsibility to notify us. If you do not notify us, or do not notify us in time to meet your insurance's claim filing requirements, you will be financially responsible for the entire amount due.

If you have any questions, please contact our Billing Department during regular business hours at 800-277-3063.

PATIENT ACKNOWLEDGMENT

I have received, read and understand the above information. I understand and agree that I am responsible for the payment of all sums that may become due for the medical care provided me, or the individual named above, by Genefic Infusion Rx. If, for whatever reason and to what extent, Genefic Infusion Rx does not receive payment from my insurance carrier, I do hereby agree to pay Genefic Infusion Rx for the balance in full for any amounts due within thirty (30) days of receipt of an invoice. I agree that I may be responsible for additional collection costs, including interest and attorney's fees, if my account is referred for further collection activities.

Client Signature	Date	Responsible Person of Legal Guardian Signature
Company Representative Signature	Date	Printed Name and Relationship or Person Above

Client unable to sign due to: _____

Your Home Infusion Therapy

Nurse: _____

Pharmacist: _____

Registered Dietitian: _____

Pharmacy Technician: _____

Other: _____



Ambulance/Police/Fire 911 or _____	Poison Control 1- 800-222-1222
Hospital	Medical Equipment (oxygen)
Doctor	Electric Company
Doctor	Phone Company
Non-Emergency Transportation	Water Company
Pharmacy	Family