



**Siouxland Home
Medical Equipment**

Client Information for
**Home Medical
and Respiratory Equipment**

**MercyOne Siouxland
Home Medical Equipment**
711 Fifth St.
Sioux City, IA 51101

T 712-233-5151
T 866-331-4167
F 712-233-5156

Accredited by The Joint Commission

Business Hours/ After Hours Coverage

This booklet belongs to:

INSTRUCTIONS

This information is provided to you as a quick reference source in case an emergency occurs. Keep this information where it can be easily found. Inform other persons close to you (relative, neighbor, etc.) of its location.

BUSINESS HOURS

Our business hours are Monday through Friday from 8:00 a.m. to 4:30 p.m., except during company holidays. The store and business office are closed on national holidays. Please call us during regular business hours if:

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

AFTER HOURS COVERAGE

We provide 24 hour on call service, 7 days per week to ensure you receive necessary equipment and/or services. Qualified personnel are on-call to accept client calls. If you have an emergency need for service on your rental equipment, please call 866-331-4167. During non-business hours, call us if:

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

You are always welcome to pick up supplies and oxygen cylinders at our retail store located on the campus of MercyOne Siouxland Medical Center:

MercyOne Siouxland Home Medical Equipment
711 Fifth Street
Sioux City, Iowa 51101

Please let us know if you have any questions about our after hours coverage.

MEDICAL EMERGENCIES

MercyOne Siouxland Medical Center does not want you to waste valuable time should you have a serious medical emergency.

In case of a serious medical emergency call 9-1-1 or take the client to the nearest hospital emergency room. Examples of medical emergencies include but are not limited to:

- A fall with a broken bone or bleeding
- Chest pain that medicine doesn't help
- Difficulty in breathing
- Severe or prolonged pain
- Severe or prolonged bleeding
- Unable to wake client

Note: Please contact our office if the client is admitted to the hospital or nursing home or if the client's condition changes.

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OVERVIEW

SERVICES

Home Medical Equipment Services are ordered by and given under the general supervision of your attending physician. We encourage you, your caregivers and family members to participate in the equipment selection process. You have the right to refuse equipment and supplies ordered for you, but you should consult with your physician for advice and guidance.

We do not provide medications other than home oxygen therapy and we do not provide equipment or supplies that have not been approved by the FDA for home use.

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

DELIVERY OF EQUIPMENT

We offer delivery and setup of medical equipment. An estimated time-frame for your delivery will be provided. At the time of delivery, you will be given information on the equipment, product or device including:

Instructions on the safe, appropriate and intended use of the equipment including cleaning, troubleshooting and any potential hazards of using the equipment/product or device.

- Use of back-up equipment, if applicable
- Potential dangers of misuse or modification of equipment
- Process for requesting additional training on equipment.
- Process for equipment replacement, repair and/or pickup
- The manufacturer's cleaning, maintenance and warranty information will be provided if the equipment is being purchased

Supplies and oxygen cylinder deliveries are scheduled Monday through Friday from 9:00 a.m. to 3:30 p.m. Please call 24 hours before your regularly scheduled delivery day for supply and oxygen orders. Since we serve a large rural area, we are not always able to accommodate same day requests for non-urgent re-supply items. We may choose to deliver some items using a common delivery service such as USPS, UPS or FedEx.

If you are receiving items that require delivery by a service technician, the office staff will contact you to arrange a delivery appointment. Please be home or arrange for a family member to be at your home for the scheduled appointment.

For hospital beds and other large medical equipment deliveries, please be sure to have hallways and steps clear of household items, and be sure to clear enough space for our staff to set up the equipment. Our staff is not able to move your furniture, so please arrange for family or friends to help you create an appropriate space before our staff arrives.

Even the most docile household pet may become aggressive when a stranger comes into their home. Please keep our staff safe by restraining your pets while we are in your home.

ROUTINE DELIVERIES/REORDERS

Routine supply orders called in on Friday will be delivered the following Monday. MercyOne Siouxland Home Medical Equipment does not make routine deliveries on weekends or holidays. Please place your order at least 3 to 4 business days in advance. This will enable us to provide you with quality service and ensure that you will have your supplies when you need them.

CHARGES/BILLING & PAYMENT POLICY

We accept payment for services from Medicare, certain Medicaid Plans, most Private Insurance plans and private payments. Our billing policies, payment procedures and any non-covered or non-reimbursable charges will be discussed with you, your family, caregiver or guardian before the equipment and/or services are provided.

As a service to you, MercyOne Siouxland Home Medical Equipment will submit your claims to our insurance carrier whenever possible. We will make every effort to provide you with information regarding coverage limitations and the amount that you will be expected to pay after your insurance carrier pays.

However, insurance plans have differing coverage rules. If you have coverage questions you should contact your insurance carrier directly.

In order to avoid any unnecessary bills, you are responsible for providing:

- All Medicare and/or insurance information, including information on secondary policies
- Immediate notification to MercyOne Siouxland Home Medical Equipment of any changes in insurance
- Immediate notification to MercyOne Siouxland Home Medical Equipment if you change your address or phone number

MercyOne Siouxland Home Medical Equipment does not guarantee coverage by your insurance carrier and cannot guarantee payment of your claims by your insurance carrier. If coverage or payment is denied, by Medicare or private insurance, you will be notified by phone or letter of that denial. At that time if you wish to keep the equipment it will

be converted to a private rental. If your claim is denied, MercyOne Siouxland Home Medical Equipment may choose to appeal your claim with the insurance carrier; however, MercyOne Siouxland Home Medical Equipment reserves the right to limit the number of appeals filed with your insurance carrier. You are responsible for all unpaid claims. Unless otherwise noted, there will be a one-month minimum rental on any equipment delivered.

Reasonable upkeep and repairs during the rental period are the responsibility of MercyOne Siouxland Home Medical Equipment. Please do not attempt to service medical equipment yourself and do not allow family members to service the equipment. You are responsible for the cost of repairs required due to abuse or neglect of the equipment.

A monthly charge will be assessed until MercyOne Siouxland Home Medical Equipment is notified to pick up the equipment. Please call for a pick up appointment as soon as you are done using the equipment.

TRAVEL POLICY

Home medical equipment is designated for home use. Insurance carriers normally do not pay for your equipment to travel. Any additional costs related to equipment rentals or shipping while you travel are the responsibility of the client.

MOVING POLICY

Please note that if you are moving out of our service area, rental equipment must be returned to our facility before your departure. We can assist you in making arrangements for similar equipment in your new location.

CUSTOMER SATISFACTION

MercyOne Siouxland Home Medical Equipment will make every effort to provide exceptional service that exceeds your expectations. Your satisfaction is very important to us. Please ask questions if something is unclear to you or you fail to receive expected equipment or services.

You may receive a Client Satisfaction Survey in the mail. When you receive one, please complete the survey and return it immediately. Your answers help us to evaluate the effectiveness of equipment/products, improve our services and ensure that we meet your needs. However, if there is any time that you feel that you could not rate our services as "Excellent" please call us immediately at 866-331-4167 so that we can take appropriate steps to serve you better.

We fully recognize your right to comfort, dignity and individuality, including privacy in your treatment and in the care of your personal needs.

CONTACT INFORMATION

For your billing questions or concerns, or to reorder supplies, please call our office:

MercyOne Siouxland Home Medical Equipment
(712) 233-5151 or you may call toll free: 866-331-4167
Visit MercyOne Siouxland Home Medical Equipment to see a complete line of equipment and assistive devices that will meet your medical needs. Our showroom is conveniently located on first floor of the Professional Office Building at 711 Fifth Street, on the MercyOne Siouxland Medical Center campus.

If you have a medical emergency and need assistance immediately, call 911. Contact MercyOne Siouxland Home Medical Equipment if:

- You are hospitalized
- The physician changes your order for your home medical equipment
- You are involved in an emergency situation that threatens your safety with home medical equipment (i.e. fire, flood, tornado)

COMMENTS/COMPLAINTS

Our goal is to provide you, our client, the best possible services and equipment available. If you feel that your rights have been denied, or you are unhappy with our service or equipment and wish to communicate your issue to us, please call us or write our office, preferably within 30 days of the occurrence. MercyOne Siouxland Home Medical Equipment will address and evaluate any concerns or complaints that have been filed. If the concern or complaint cannot be resolved with the initial contact, it will be forwarded to the manager or you may call our office at (712) 233-5151 with your concerns. You will receive a response within 5 calendar days.

Client reporting will in no way affect your eligibility for services or equipment. Clients may report their concerns to the Manager of MercyOne Siouxland Home Medical Equipment at 712-233-5151.

If you are not satisfied that we have addressed your concerns, we encourage you to contact the Joint Commission, an independent, not-for-profit organization that evaluates and accredits nearly 15,000 health care organizations and programs in the United States.

How to file a complaint:

Online: http://www.jointcommission.org/report_a_complaint.aspx

E-mail: complaint@jointcommission.org

Fax: 630-792-5636

Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

PRODUCTS/EQUIPMENT AVAILABLE

DURABLE MEDICAL EQUIPMENT

- Canes
- Crutches
- Walkers
- Commodes
- Four Wheeled Walkers with seat
- Walker Accessories
- Manual Wheelchairs
- Patient Lifts/Slings
- Hospital Beds/Trapeze/Over Bed Tables
- Lift Chairs
- Enteral Pump
- Enteral Supplements
- Bath Aids such as grab bars, tub benches, transfer benches, raised toilet seats
- Multiple Assistive Devices such as reachers, shoe horns, dressing sticks, sock-aid, and many more items
- Technical & Repair Services for equipment
- Breast Pump Products/Supplies
- Compression Stockings/Garments
- Orthotic Braces and Supports

RESPIRATORY EQUIPMENT

- Oxygen Concentrators
- Oxygen Gaseous Portables, Small Cylinders
- Conserving Devices
- Portable Oxygen Concentrators
- Home Fill units
- Suction Machines
- Phototherapy Lights
- Air Compressor
- Nebulizers and supplies
- CPAP and BiPAP Machines and supplies
- Oximeters

HEAVY DUTY (BARIATRIC) EQUIPMENT

- Walkers
- Canes
- Crutches
- Commodes
- Wheelchairs

We offer Rental or Sale on most of our Home Medical Equipment.

AMBULATORY ITEMS

Crutches, walkers and canes are used to remove weight from one or both legs if you are weak or have joint or muscle problems. Walkers provide greater stability and security than a cane or crutches.

USING CRUTCHES PROPERLY

It is important to use your crutches properly.

- Stand straight, looking ahead rather than at your feet.
- Walk using short, even strides.
- Keep crutches near your sides and against your rib cage.
- Bear the weight of your body on both your hands and arms.
- Practice with your therapist or home medical equipment representative nearby until you feel comfortable and safe using your crutches.

USEFUL TIPS FOR CRUTCHES

Partial/Non-weight bearing, one leg:

- Move both crutches and your affected leg 6–8" forward.
- Bring your unaffected leg forward, bearing most of your weight on the crutches (and partially on the affected leg, if allowed).

Climbing stairs with crutches:

- Step up with your unaffected leg.
- Follow with crutches and your affected leg.

Descending Stairs:

- Step down with the crutches and your affected leg.
- Follow with your unaffected leg.
- Get someone to help you until you are comfortable climbing stairs.

Partial/Full-weight bearing, both legs:

- Advance right crutch and left foot at the same time.
- Move left crutch and right foot at the same time. This type of crutch walking is just like your normal walk.

TIPS FOR SITTING AND RISING

To get up from a sitting position:

- Hold both crutches in one hand.
- Place the tips of the crutches firmly on the floor.
- Push yourself up on the armrest of the chair with your free hand and support yourself with the crutches.

To sit down, reverse the above:

- Support yourself with your crutches in one hand.

- Place the other hand on the armrest of the chair.
- Lower yourself with the other hand into a sitting position.

USING YOUR WALKER PROPERLY

It is important to use your walker correctly.

- Be sure your walker is the correct height and level before use.
- Before using a folding walker, make sure that it is locked securely.
- Hold the hand grips firmly and equally if possible.
- Keep your pathways clear of clutter, throw rugs and other loose floor coverings.
- Use a walker pouch or basket to carry things.
- Take steps of equal length.
- Rest when you are tired.
- Practice with your home medical equipment representative nearby until you feel comfortable and safe using your walker.
- Check the rubber tips and or walker caps regularly for wear and replace worn tips.

WALKING TIPS

Walking when you have weakness in one leg:

- Advance the walker 6–8".
- Step forward with your affected leg.
- Support yourself with your arms.
- Move the unaffected leg.

Walking with equal strength in both legs:

- Advance the walker 6–8".
- Step forward with either leg.

Climbing a single step when using a walker:

- Facing forward, place the walker on the step.
- Step up with your unaffected leg.

OR

- Facing backwards, back up to the step.
- Step up with your unaffected leg.
- Follow with your walker and your affected leg.

Stepping down a single step using a walker:

- Place the walker on the step below.
- Step down with your affected leg.
- Then step down with your unaffected leg.

TIPS FOR SITTING AND RISING

Place your walker directly in front of you. Stand with the back of your unaffected leg against the front of the chair.

- Shift your weight to the unaffected leg.
- Lift your affected leg slightly off the floor.
- Lower yourself into the chair and slide back.
- Move the walker to the side of your chair.

TIPS FOR RISING

Place the walker in front of your chair and slide forward.

- Place the heel of your unaffected foot slightly under the front edge of the seat.
- Bring your affected leg forward.
- Keep your feet about 6" apart.
- Place both hands on the armrest of the chair and push yourself up to a standing position.
- Support your weight with your unaffected leg and opposite hand.
- Grasp the walker with your free hand first and then your supporting hand.

USING YOUR CANE PROPERLY

Canes are used to provide balance and support for walking and decrease strain on your joints such as the knees and ankles. Canes are either adjustable or cut to fit. They come in many different shapes and designs with handgrips and bases to meet special needs.

TIPS FOR WALKING WITH YOUR CANE

- For your safety, it is important to use your cane correctly. In most cases the cane should be used on the side opposite your weakness or injury. This allows you to support your weight away from your affected leg.
- Hold the cane close to your body so that you don't lean.
- Move the cane and your affected leg at the same time, then your unaffected leg.
- Keep your steps of equal length.
- Always climb stairs holding onto the handrail. Step up with your unaffected leg first, and your affected leg second. Reverse this for going down the stairs—the affected leg first followed by the unaffected leg.
- Rest when you are tired.
- Store wooden canes in a cool, dry place.

AMBULATORY EQUIPMENT SAFETY CHECK LIST

- Wear flat, comfortable, non-slip shoes.
- Wear clothing that will not interfere with walking.
- Use caution on wet, slippery, or uneven surfaces.
- Keep pathways clear of clutter, throw rugs and other loose floor coverings.
- Watch for hazards such as loose shoelaces and electrical cords.

- Check your cane tips, crutch tips, walker tips and walker caps for extensive wear.
- Check the locking device on the walker for wear.
- If you are using a four-pronged quad cane, keep the extended legs pointed away from your body.

LIFETIME LIMITED WARRANTY

Canes, crutches, and walkers are warranted to be free of defects in materials and workmanship. This warranty is limited to the original consumer purchaser. This warranty does not cover product failure due to owner misuse or negligence, or normal wear and tear. The warranty does not extend to non-durable components, such as but not limited to rubber accessories and grips, which are subject to normal wear and tear and replacement. This warranty gives you specific legal rights, and you may have other rights, which vary from state to state. In the event of a defect covered by this warranty, we will at our option repair or replace the product. For warranty service please contact MercyOne Siouxland Home Medical Equipment.

SUCTION MACHINES

Suctions are used to remove secretions such as mucus or saliva from the mouth and/or throat.

INSTRUCTIONS

- Connect power cord. Be sure to use a grounded outlet.
- Connect tubing to the machine.
- Connect suction catheter or tonsil tip (oral suction only) to tubing.
- Turn machine up.
- Follow suction instructions as prescribed by your physician or hospital staff.
- Keep suction periods brief. Apply suction intermittently, no longer than 8 to 10 seconds.

CLEANING INSTRUCTIONS

- Clean collection unit daily.
- Wash in hot soapy water.
- Rinse with warm water.
- Clean tubing using 1 part distilled white vinegar and 2 parts tap water solution. Suck cleaning solution through tubing into collection unit as demonstrated. This will help cut mucus in the tubing and freshen collection unit.
- Discard solution.
- Rinse tubing with clean water by repeating procedure above.
- Rinse collection unit with warm water.
- Allow parts to air-dry.

COMMODOES

A commode is a portable toilet which can be used in a convenient location. It may also be used over a standard toilet after the pail has been removed.

COMMODE TIPS

- Place the commode in an area convenient to the majority of your daily activities and in an area that allows for privacy.
- Be sure that the commode pail is in place if you are not using the commode chair over a standard toilet.
- If your commode has casters, be sure that the wheels are locked before use.
- Lower yourself onto the seat, using the commode arms for support.
- Empty the pan into the toilet and rinse or clean as needed.
- The commode can be cleaned with mild soap and water or with mild bathroom cleaner as part of your normal cleaning routine. The commode seat, lid and pail can be removed from the chair frame for more thorough cleaning. Rinse or clean the pail as needed after each use.
- Replacement pails are available for most models.

DROP ARM COMMODOES

Commodes with a drop arm feature are designed to aid you in transferring from your bed or chair if you are not able to stand.

To use this feature:

- Place the commode next to you. Lower the arm on the side nearest you completely below the seat level.
- Using the upright arm for support, slide onto the commode.
- Return the arm to the upright position, locking it securely. You will hear a click when the arm is in place.

COMMODE/BATHROOM SAFETY

- Make sure you are using the proper commode for your weight.
- Periodically check all parts for signs of wear.
- On height-adjustable models, be sure that the legs are securely locked and level before use.
- If your commode has casters, be sure that they are locked before use.

BATHROOM SAFETY

- Use a non-slip mat or decals in your tub and shower.
- Place rubber feet on your shower seat or stool. Add non-slip tape or decals to the seat.

- Remember to exercise caution on wet floors.
- If you have trouble standing, use a bath seat and a hand-held shower or shampoo spray.
- If you can't step over the side of the tub, use a tub transfer seat.
- Never use a towel rack or ceramic soap dish for support. It may easily pull out of the wall.
- Lock the wheels or casters of commodes and chairs after moving them into place. Double check the locks before using them.
- Keep your water temperature no higher than 120 degrees to prevent scalding.
- Keep small bathroom appliances unplugged when not in use.
- Do not use electrical appliances while bathing or near water.
- Install a ground fault circuit interrupter in the bathroom to protect against electric shock.

WARRANTY

The commode is warranted to be free of defects in materials and workmanship. Warranty does not cover product failure due to owner misuse or negligence or normal wear and tear. This warranty does not extend to non-durable components such as but not limited to rubber accessories and grips, which are subject to normal wear and tear and replacement.

CPAP/BIPAP

CPAP stands for Continuous Positive Airway Pressure Machine while BiPAP stands for Bi-level Positive Airway Pressure machine. CPAP or BiPAP machines are used to treat sleeping problems such as sleep apnea, central sleep apnea, progressive neuromuscular diseases, COPD and other medical problems. A physician prescribes the pressure settings and the machine is set for the client prior to set up.

OPERATING INSTRUCTIONS:

- Place your CPAP or BiPAP on a dry, flat surface.
- Plug the electrical cord from the CPAP/BiPAP into a grounded electrical outlet.
- Be sure that there is good airflow around the equipment. DO NOT place it against a wall, furniture or drapes.
- Position the mask or nasal pillows securely to your face as instructed by the respiratory therapist.
- Make sure your head straps are snug and tightened.
- Turn on the CPAP or BiPAP and check for airflow. Breathe normally through your nose.

Note: It may be difficult to exhale at first. This is normal—don't be alarmed. You will get used to this.

It is very important that you always keep your equipment clean. Dirty equipment can carry germs directly into your lungs and may cause you to become sick. To prevent this, follow these cleaning instructions.

CLEANING YOUR EQUIPMENT

Daily cleaning technique:

- WASH YOUR HANDS.
- Wipe your mask or nasal pillows with a clean washcloth every day. You can wash them as needed in a mild dishwashing detergent to keep them clean. Rinse well with warm water.
- Wash your face daily before you use your mask to remove any dirt or oils. This will help your mask or nasal pillows last longer.

WEEKLY CLEANING TECHNIQUE:

- WASH YOUR HANDS.
- Unplug the machine and wipe with a clean, slightly damp cloth. DO NOT PLACE IN WATER.
- Remove the straps/cap from your mask or nasal pillows.
- Take your mask/nasal pillows and any connectors and place in soapy water (soaking your hose is optional). Use a mild dish washing detergent for cleaning your supplies.
- Rinse well in warm water and air-dry all your parts on a clean towel.
- If your unit has a disposable white filter it should be checked weekly and changed when dirty.
- If your unit has a grey reusable filter, clean the filter with warm water and let air-dry all day and place back in machine before using.
- The straps/cap should be washed by hand and left to air-dry. Machine drying may cause shrinking.
- DO NOT use alcohol. Alcohol will dry out your mask/nasal pillows.

CLEANING YOUR HUMIDIFIER:

- Daily rinse and refill your humidifier with distilled water.
- Twice weekly wash in warm soapy water; rinse well.

Please refer to the manufacturer guidelines for additional information on use and care of your machine. Call MercyOne Siouxland HME to reorder supplies for your CPAP or BiPAP machine, or if you have any questions concerning your equipment or how to use it.

If you still are experiencing snoring, sleepiness during the daytime and/or morning headache, contact your physician.

TROUBLESHOOTING YOUR CPAP OR BIPAP

If your machine doesn't turn on:

- Make sure your power cord is plugged into the wall and into the machine.
- Report any error codes to MercyOne Siouxland Home Medical Equipment.

If you are receiving little or no airflow through your mask:

- Check your tubing and mask connections to be sure they are tight.
- Check for kinks or blockage in the tubing.

SAFETY INSTRUCTIONS

Routine care:

- After your CPAP or BiPAP unit is purchased, you should call MercyOne Siouxland Home Medical Equipment to schedule a yearly visit with us for preventive maintenance.
- Do Not use the CPAP/BiPAP with the air vents covered or blocked.
- Do Not put the CPAP/BiPAP in water or allow water to seep into the motor.
- Do Not carry the CPAP/BiPAP machine with the humidifier attached.
- Do unplug the CPAP/BiPAP before cleaning it to prevent electric shock.
- Do keep your CPAP/BiPAP equipment clean.
- Do store your CPAP/BiPAP equipment covered in a clean, dry place.
- Do wash your hands well before using or cleaning your equipment.
- Do notify your physician if you should develop a sinus or middle ear infection. This equipment could make these conditions worse.

GETTING COMFORTABLE WITH YOUR CPAP OR BIPAP

- It may take up to two weeks to adjust to your CPAP/BiPAP to feel comfortable.
- If you are having problems with your mask after the first 2-week adjustment period, please contact our office at (712) 233-5151 to schedule an appointment to be seen within 30 days of setup.

ACCESSORY REPLACEMENT GUIDELINES

If replacement supplies are needed before the replacement guideline, your insurance may not pay for them and you would be responsible for the charges. We recommend that you contact your insurance company for specific information. If you receive the wrong item, DO NOT OPEN the package. Opened items cannot be returned. MercyOne Siouxland HME will exchange or accept returns on unopened items WITHIN 10 DAYS OF RECEIPT.

TRAVELING WITH CPAP/BIPAP

- To prevent damage or breakage, CPAP/BiPAP equipment should be part of your “carry-on” luggage when flying.
- Before traveling you may want to contact MercyOne Siouxland Home Medical Equipment to obtain a written prescription and further instructions regarding your CPAP or BiPAP machine.

HOSPITAL BEDS

A Hospital Bed may be advised for a long-term illness or disability. In a semi-electric bed, knee and head positions are operated electrically. The height of the bed is adjusted manually with the crank. An emergency crank is included in case of power failure.

INSTRUCTIONS

- Choose a convenient location for the bed. Try to achieve privacy and quiet, yet avoid isolation from family activities. A first floor location, close to the bathroom, may be best.
- The height must be comfortable for you to sit with your feet flat on the floor if you are able to get out of bed.
- Place the bed controls within easy reach.
- The mattress should be firm. Use a bed board if more support is needed.
- Use the side rails that are placed on your bed for safety as well as to provide assistance in changing position. They should be kept in the raised position.
- Keep linens clean and dry, avoid wrinkled linens underneath you, and avoid lying in one position for more than two hours at a time to help prevent pressure sores.
- Reduce friction by lifting rather than dragging when repositioning.
- Avoid sitting in bed with the head of the bed raised to the maximum height for long periods of time. This places too much pressure on the tailbone and buttocks, which may cause pressure sores to develop more quickly.
- If you tend to develop sores, special mattresses and pads are available. Contact MercyOne Siouxland Home Medical Equipment 712-233-5151 for more information.
- Based upon State regulations, you may be required to keep or dispose of the mattress.

CARE OF YOUR BED

- Wipe the exposed area of your bed frame with a damp cloth as a part of your normal cleaning routine.
- For beds with waterproof mattresses, clean with mild detergent and a damp cloth if soiled. Use flannel covered rubber or plastic sheeting for a non-waterproof mattress.

SAFETY CHECKLIST

- On models with cranks, turn the crank so that it does not block the pathway around the bed.
- The bed should be stationary. If the bed has wheels, all four should be locked. In addition, the bed might be placed in a corner against a wall.
- Place a lamp or light switch within reach of the bed.
- Provide a nightlight in the bedroom and bathroom.
- Do not smoke in bed.
- Place a telephone within easy reach of the bed in case of emergency.
- Keep at least a three-foot pathway clear for easy movement around the bed.

TROUBLESHOOTING

If the electric bed won't go up or down:

- Bed may be unplugged or have a loose connection .
- Bed control may be loose or disconnected from bed frame.
- There may be a power failure.

Solutions:

- Make sure to insert plug into wall outlet securely.
- Securely insert plug into outlet on bed.
- Use emergency hand crank.

LIFT CHAIRS

Lift chairs raise the client to a position that will help them get in and out of the chair safely.

LIFT CHAIR PLACEMENT

Your lift chair should be placed near a standard electrical outlet on dry, level ground where there is ample room to allow for proper operation.

Follow these steps to make sure your lift chair is positioned properly:

1. Place the back of the lift chair 30" minimum from the nearest obstruction while the chair is in the seated position. This distance may vary depending on the model
2. Adjust the leg levelers to stabilize the lift chair.
3. Install the batteries into the external transformer if applicable.
4. Position the external transformer on the floor in an open, well ventilated area where it will not be an obstruction.
5. Position the low voltage connection cable where it will not be pinched between the frame and the lift mechanism.

6. Connect the low voltage connection cable to the external transformer if it is not already connected.
7. Plug the power cord directly into the electrical outlet.

DO NOT USE AN EXTENSION CORD FOR YOUR LIFT CHAIR

BATTERY INSTALLATION

Your lift chair may be equipped with a battery backup system that will activate during a power failure. The backup system is powered by 9 volt batteries, which need to be installed into the external transformer.

Follow these steps to install the batteries:

1. Unplug the external transformer power cord from the electrical outlet.
2. Open the marked battery door on the external transformer
3. Install the two 9 volt batteries into the external transformer.
4. Replace the battery door.

Note: Make sure that you always have fresh batteries in the external transformer. Replace batteries once a year or after you have had to use them during a power failure. These batteries do not recharge.

OPERATING SAFETY PRECAUTIONS

- Do not use an extension cord.
- Do not place anything on top of or near the external transformer box.
- If external transformer or hand control requires cleaning, unplug the power cord from the electrical outlet and use a clean, dry cloth or lightly dampened cloth. Allow ample drying time before plugging the power cord back into the electrical outlet.
- Periodically check the hand control and all power cords for visible damage.
- Keep the hand control away from all heated surfaces.
- Ensure the hand control is out of the way before sitting in the chair.
- Keep children and pets away from all moving parts while operating the lift chair.
- Do not allow children to play on or operate the lift chair. Only the intended user should operate the lift chair.
- Always leave the lift chair in an upright and closed position when not in use.
- Do not sit or stand on the footrest.
- Do not “drop” into the lift chair when sitting if it is in a partially raised position.

- Stay within the specified weight capacity of your lift chair.

TO SIT IN YOUR LIFT CHAIR

- Engage and hold the UP/DOWN switch in the UP position to raise your lift chair to a standing position.
- Back into the chair and sit in the center of the seat, using the armrests for support if needed.
- Engage and hold the up/down switch in the DOWN position to lower the lift chair to a comfortable seated position.

TO RECLINE YOUR LIFT CHAIR FROM THE SEATED POSITION

- Engage and hold the UP/ DOWN switch in the DOWN position until comfortably reclined.
- Engage and hold the UP/DOWN switch in the UP position to return to an upright, seated position. Release the switch when the lift chair reaches a comfortably seated position. To Stand Up from Your Lift Chair
- Engage and hold the UP/DOWN switch in the UP position to raise your lift chair.
- Release the switch when the lift chair reaches a height where you can stand up comfortably.

TROUBLESHOOTING

What if my lift chair will not operate at all?

- Make sure the electrical cord is plugged into the electrical outlet.
- Make sure the black power cords are connected to both ends of the transformer box.

What if my lift chair will only operate in one direction?

- Check the up and down buttons on your hand control to make sure the buttons do not stick. If the buttons are sticking in either position, the hand control may need to be replaced.
- Contact MercyOne Siouxland Home Medical Equipment at (712) 233-5151 for service on your lift chair.

What if my lift chair stops during a lifting cycle?

- Your lift chair is equipped with an internal thermal shutoff switch inside the transformer box that prevents the motor control box from overheating. If this shutoff activates, allow the lift chair to remain in a stationary position for 10 minutes to allow the motor to cool, then resume normal operation. If the overheating occurs frequently, contact MercyOne Siouxland Home Medical Equipment for service on the lift chair.
- There may have been a power failure and/or the batteries have no charge. Always make sure that there are fresh 9 volt batteries in the transformer.

What if my lift chair is rocking from corner to corner after I position the chair?

- The floor may be uneven or the carpet may be affecting chair position. Adjust the leg levelers in the area where the chair is rocking.

Who do I call for service?

Call MercyOne Siouxland Home Medical Equipment at (712) 233-5151 for service to your lift chair.

NEBULIZERS

Nebulizers are used to deliver moisture and/or medication deep into the lungs. Air is moved from a compressor into a small cup containing liquid. It passes rapidly through this liquid and produces a fine mist. It settles deeply in the lungs when it is inhaled properly.

To set up the compressor:

- Set the compressor on a clean dry surface in a convenient area. Do not place the compressor where it can fall or be pulled into a tub or sink.
- Be sure that the ON/OFF switch is in the OFF position.
- Plug the electric cord into a grounded electrical outlet.

TO ASSEMBLE YOUR NEBULIZER:

- Wash your hands
- Remove the lid from the disposable nebulizer cup.
- Place your medication in the nebulizer cup.
- Replace the lid on the nebulizer cup. Keep the nebulizer cup upright to prevent the medication from spilling.
- Securely attach the T-piece to the top of the nebulizer.
- Insert the mouthpiece into one end of the T-piece and extension to the other end.
- Connect one end of the tubing to the connector on the bottom of the nebulizer cup. Connect the other end to the compressor outflow port.

OPERATING INSTRUCTIONS

- Sit in a comfortable position with your back as straight as possible. Do not lie flat.
- Turn on the compressor by pressing the ON/OFF switch.
- Hold the nebulizer firmly upright. Close your lips securely around the mouthpiece or place the mask on your face. Avoid blocking the flow of mist with your teeth and tongue.
- Breathe slowly through your mouth. Occasionally take a big breath and hold it for 4-10 seconds. Then breathe out slowly. If you need to stop during your treatment, turn off the compressor. This will prevent the medication from being wasted.
- When your medication is almost gone, tap the side of the nebulizer to get the last few drops.

- Slowly continue to breathe through the mouthpiece until you have used all of the medication. Turn off the compressor.
- When you have finished your treatment, take several deep breaths and cough. Spit any secretions into a tissue and throw it away.
- Wash your hands well.

CLEANING TECHNIQUE USED AFTER EVERY TREATMENT:

- Wash your hands well.
- Take the medication cup, mouthpiece, extension and T-piece apart and rinse all parts with warm water.
- Wash all the parts in a mild dishwashing detergent. Rinse well with clear warm water and air-dry the clean parts on a clean paper towel.
- Reassemble the equipment when you are ready for your treatment or when the parts are dry.
- You do not need to wash the tubing.

Cleaning Technique Used Once a Day:

- Wash your hands well.
- Take the medication cup, mouthpiece, extension, and T-piece apart.
- Wash all parts in warm, soapy water.
- Rinse all parts in warm water.
- Air-dry parts on a clean paper or cloth towel.
- When completely dry, store the parts in a clean plastic bag until your next treatment.
- You do not need to wash the tubing.
- (Optional) Soak all parts in a solution of 1 part vinegar mixed with 3 parts warm water for 30 minutes. Rinse well with warm water. Do not reuse the solution.

ROUTINE MAINTENANCE:

- Inspect the filter weekly.
- Replace the filter when it turns dark.
- Replace your nebulizer kits monthly.
- Most insurance companies will allow 2 nebulizer kits and 1 filter for replacement every month.

TROUBLESHOOTING

If the nebulizer is not working properly:

- Check to make sure that the compressor is plugged in and turned on.
- Check to see if a fuse has blown or the electric power has been interrupted.
- Tighten the hose connector as needed.
- Check that all of the tubing connections are tight.
- Check for kinks or blockage in the tubing.

- Check to make sure the lid of the nebulizer cup is firmly attached to the bottom. (Some connections require you to push and twist. Others simply screw on).
- Check to make sure that you added the solution to the nebulizer cup.
- Change the nebulizer kit and see if that corrects the problem.

If your nebulizer is still not working, depending upon the age of the unit, we may replace the nebulizer or you may be eligible to receive a new machine.

MEDICATIONS

Medications must be obtained from your pharmacy. To reorder medications or report any reactions to the medications, call your pharmacist or primary care physician.

TO REORDER YOUR DISPOSABLE NEBULIZER CUPS OR FILTERS, PLEASE CALL OR STOP BY THE MERCYONE SIOUXLAND HOME MEDICAL EQUIPMENT.

WHEELCHAIRS

A wheelchair will help restore your ability to participate in mobility related activities of daily living at HOME.

Wheelchairs are available in many sizes and types and must be adjusted to fit you.

WHEELCHAIR SAFETY

- Always engage wheel locks when transferring in and out of your chair. Ensure locks are neither too loose nor too tight.
- Never step on footplates.
- Keep pathways clear of clutter, throw rugs and other loose floor coverings.
- Avoid or use caution on wet, slippery or uneven surfaces.
- Whenever possible use two caregivers for transferring purposes.
- Never exceed the manufacturer's weight restrictions for your specific chair.
- Ensure seat and back upholstery is free of rips and tears.
- Always remove or swing away front footrest or elevating leg rest when transferring in and out of wheelchair.
- Routinely check tires for excessive wear. Replace worn tires immediately.
- Inspect wheelchair for cracks, sharp edges and peeling plating over entire chair.
- Ensure wheelchair folds smoothly without sticking.
- Review spokes of tires for loose or broken spokes. Replace immediately if found.

TIPS FOR REACHING FROM WHEELCHAIR:

Reaching, Bending Forward

1. Maneuver chair as close as possible.
2. Rotate front casters forward.
3. Engage wheel locks.
4. Utilize a reaching device when attempting to retrieve an object.

Reaching, Bending Sideways

1. Maneuver chair as close as possible.
2. Rotate front casters forward.
3. Engage wheel locks.
4. Utilize a reaching device when attempting to retrieve an object.

Reaching, Bending Backward

1. Maneuver chair as close as possible.
2. Do not engage wheel locks
3. Utilize a reaching device when attempting to retrieve and object.

Tips for Transferring

1. Engage wheel locks.
2. Do not step on footplates.
3. Detach or remove swing away foot rest or elevating leg rests.
4. Utilize caregivers whenever possible.
5. Take extra precautions to prevent tipping.
6. Utilize good body mechanics to keep from injuring yourself.

Tips for Ramps and Inclines:

Going Up

1. Inspect ramp for possible hazards.
2. Lean upper body forward slightly as you propel up the incline.
3. Do not attempt inclines steeper than 10% without caregiver.
4. If incline is steep, it is advisable to go up backwards.

Going Down

1. Inspect the ramp for hazards.
2. Always face forward, but do not lean forward.
3. Descend slowly.

Tips for Tilting a Wheelchair Backwards

1. Never attempt this without the assistance of a caregiver.
2. Caregiver should apply pressure to the tipping lever while pulling back and down on both handgrips.
3. Tilt chair to a stabilized point of approximately 30%.

- Caregiver can return wheelchair to upright position by placing pressure on tipping lever while having a firm hold on the handgrips and slowly lowering front caster to the ground.

Tips for Curbs and Steps

- Never attempt this activity without a caregiver.

Tips for Transferring your Wheelchair

- Do not place the wheelchair where it will interfere with the safe operation of the vehicle or endanger the driver or passengers. The front seat is not a good location.
- Always remove the footrest or elevating leg rest and arms when lifting chair in the vehicle to reduce weight of chair.
- The back seat, between the back seat and the front seat, and the trunk are both recommended transport areas.

OXYGEN CONCENTRATOR _____

Oxygen concentrators are electrically powered machines that take in room air and provide a streaming flow of oxygen. Air is pumped into a compressor, separated, and the oxygen is sent to the patient. It is normal to hear the air cycling through the compressor.

Another oxygen supply is needed in case of a power failure or concentrator malfunction. MercyOne Siouxland Home Medical Equipment provides you with an emergency back-up system in case of power failure. There are multiple manufacturers of concentrators.

Each model works in the manner described above, but may vary in external appearance, displays or alarms.

OPERATING INSTRUCTIONS

- Place the concentrator in a convenient location in or near the rooms you use most. The area should be clean, dry, well ventilated and away from any direct source of heat.
- Plug the concentrator into an electrical outlet. **DO NOT USE EXTENSION CORDS OR OVERLOAD THE CIRCUIT WITH OTHER ELECTRICAL DEVICES.**
- Attach the nasal cannula to the tubing and then attach the tubing to the concentrator outlet port.
- Turn the concentrator on. The alarm(s) will sound for a few seconds.
- Set the flow meter to the rate prescribed for you by your physician. The most accurate flow rate is obtained by reading the number next to the center of the ball. (You need to bend down so you are eye level with the flow meter).
- Put the nasal cannula on and position it comfortably.

MAINTENANCE

Cleaning the air inlet filter is the most important maintenance activity that you will perform, and should be done at least once a week.

- Remove the filter from the cabinet.
- Rinse and wash the filter in warm water. A mild detergent may be used if rinsed thoroughly.
- Squeeze out the excess water and allow the filter to air-dry. The filter should be completely dry before using again. Excess moisture may impair the proper operation of the device.
- Reinsert the filter on the cabinet.

CLEANING THE CONCENTRATOR

You should also clean the exterior case of the concentrator. You may use a damp cloth to wipe down the exterior case.

TROUBLESHOOTING OXYGEN CONCENTRATOR

If the alarm sounds:

FIRST: Convert to your back-up cylinder before looking for the problem.

NEXT:

- Check to see if the unit is plugged in.
- Check your electrical/fuse box or try another appliance in the outlet.

No Oxygen Flow

- Check all the tubing connections.
- Check for kinks or obstructions in the tubing.
- Make sure the filter is clean and nothing is obstructing the air-intake filter (e.g., drapes or bedspread).
- If you are using a humidifier, make sure the lid is screwed on tightly. Also make sure the lid is threaded properly on the concentrator outlet port.

USING A HUMIDIFIER BOTTLE WITH YOUR CONCENTRATOR

If you are using a humidifier bottle with your concentrator, add **DISTILLED** water to the humidifier bottle until it almost reaches the maximum level. Replace the lid tightly, and securely attach the humidifier bottle to the concentrator.

- Attach the nasal cannula to the tubing and then attach the tubing to the humidifier outlet port.
- Turn the concentrator on.
- Check to make sure the oxygen is bubbling through the humidifier bottle.

Note: If moisture collects inside your nasal cannula and tubing, change the tubing and cannula.

CLEANING YOUR HUMIDIFIER BOTTLE

It is very important that you keep your respiratory equipment clean and disinfected. Contaminated or dirty respiratory equipment can carry germs directly into your lungs and can cause serious infections. To help prevent this, please follow the instructions below.

Twice a week disinfect the humidifier bottle and lid as follows:

- Disconnect your humidifier bottle and empty out the water.
- Wash the humidifier bottle and lid in warm detergent water. Use a mild detergent that does not contain creams.
- Rinse the humidifier parts in clean tap water.
- Soak your humidifier bottle and lid for 30 minutes in a solution of one part white vinegar and three parts warm water. Rinse well with hot tap water and place on a towel to air-dry.
- Store the humidifier parts in a clean plastic bag.

PORTABLE CYLINDER OPERATING INSTRUCTIONS

To attach the regulator:

1. Remove the tab from the cylinder stem and locate the three holes underneath.
2. You will find a plastic sealing washer underneath the tape. DO NOT USE THIS. Replace this plastic washer with the rubber ones that you were given at the time the oxygen was set up. Place the rubber washer on the regulator as the technician or respiratory therapist instructed you.
3. Slip the regulator over the cylinder stem with the regulatory pegs lined up with the three cylinder stem holes.

4. Turn the viselike screw on the side of the regulator to secure it in place.
5. To open the cylinder, place the tank key or position the toggle on the cylinder valve and turn counter-clockwise. The pressure gauge will rise to indicate the amount of oxygen inside the cylinder. The flow meter should be turned off.
6. Listen for oxygen gas leaks. If you hear a leak, tighten the regulator connection. If the leak persists, call MercyOne Siouxland Home Medical Equipment.

To use the oxygen cylinder:

1. Attach the nasal cannula to the tubing and then attach the tubing to the flowmeter adapter.
2. Set the oxygen flow to your prescribed rate by turning the flow meter control dial. The cylinder should always be in an upright position when setting the flow meter.
3. Put the nasal cannula on and position it comfortably.

TROUBLESHOOTING PORTABLE OXYGEN CYLINDERS

No Oxygen Flow:

- Check all tubing connections.
- Check for kinks or obstructions in the tubing.
- Check to make sure the oxygen valve is completely open.
- Check to make sure the flow meter is properly set.
- Check to make sure the tank is not empty.

PORTABLE TANK INFORMATION

The following tables will give you an estimate as to how long your oxygen cylinder will last.

- Match your prescribed liter flow to the amount of pressure in the tank. This will give you the estimated hours of oxygen available in the tank for usage.

E Cylinder (Estimated Time)

Oxygen flow in liters per minute	2000 PSI (FULL)	1500 PSI (3/4 FULL)	500 PSI (1/2 FULL)	500 PSI (1/4 FULL)
1	9 Hours	6 1/2 Hours	4 Hours	2 Hours
2	4 Hours	3 Hours	2 Hours	1 Hour
3	3 Hours	2 Hours	1 Hour	1/2 Hour
4	2 Hours	1 1/2 Hours	1/2 Hour	20 Min
5	1 1/2 Hours	1 Hour	1/2 Hour	15 Min
6	1 Hour	1/2 Hour	15 Min	10 Min

OXYGEN SAFETY

Oxygen does not explode or burn by itself, but it will feed a fire if one occurs. Therefore it is important for you to learn how to use oxygen safely by following these simple rules:

- **DO NOT** allow smoking or the use of any open flame (gas stove, fireplace, candles) near where oxygen is being used or stored. If you would like to receive additional information on smoking cessation contact MercyOne Siouxland Home Medical Equipment.
- **DO NOT** store oxygen near radiators, space heaters, heat ducts, steam pipes or other sources of heat.
- **DO NOT** use electrical equipment (electric razors, radios, vaporizers, electric blankets, heating pads) within 5 feet of the oxygen source.
- **DO NOT** leave oxygen cylinders in a closed car during warm weather.
- **DO NOT** place oxygen cylinders within 5 feet of an electrical outlet.
- **DO NOT** place oxygen cylinders in closets with clothes and no ventilation.

- **DO NOT** use heavy coating of oily lotions, face creams or hair spray while receiving oxygen. (Use only water-soluble products such as K-Y Jelly).
- **DO NOT** use aerosol sprays in the vicinity of oxygen equipment.
- **DO NOT** put oil or grease on or near the oxygen equipment.
- **DO NOT** set liquids on top of the concentrator.
- **DO NOT** block the inlet or outlet filters.
- **DO NOT** use cardboard cylinder totes for cylinder storage. If you require a storage rack please notify us and we can provide one to you.

Do the following things:

- **DO** post the warning sign stating that oxygen is in use.
- **DO** have an all-purpose fire extinguisher readily available and visible.
- **DO** store cylinders securely so they can't topple over.
- **DO** store all cylinders in a stand or cart or lying down in a safe, ventilated area.

Remember—when used properly, oxygen is safe for home use.

PREVENTING FALLS IN THE HOME

LIVING AREA

- Ensure all pathways are clear of items, debris and loose flooring. **DO NOT** use loose, thin rugs.
- Keep items within easy reach.
- Use a non-slip step stool with a handle.
- Wear non-slip shoes, especially when using a step stool or ladder. Avoid slippers and athletic shoes with deep treads.
- Use enough light so you can see well in each room you enter.
- Keep your phone close to you.
- Be aware of where your oxygen tubing is at all times.

BATHROOM SAFETY

- Use secure grab bars around your tub and shower.
- Use non-slip mats in your tub and shower.
- Use night-lights in bedrooms, bathrooms and hallways.
- Be aware that soap makes tub and shower surfaces slippery.
- Consider using a raised toilet seat to improve safety.
- Consider the use of a bench or stool to improve shower safety.

STAIR SAFETY

- Use handrails.
- Keep stairs clear of all items.
- Keep stairways well lit.
- Exercise daily to maintain strength, balance, and coordination.

MEDICATION

- Talk to your physician if your prescription, over-the-counter, or herbal medications make you feel sleepy, dizzy, or unsteady on your feet.
- Alcohol use is responsible for many falls and injuries in the home.
- Drink plenty of nutritious liquids and water to maintain a healthy fluid balance.
- Discuss your fluid restrictions, if any, with your nurse or physician.

PERSONAL

- Have regular eye exams. Wear your glasses.
- Rise slowly from lying to sitting and sitting to standing to avoid dizziness.

OUTSIDE SAFETY

- Avoid ice and snow if possible.
- Remove ice and snow from walkways.
- Use assistive devices (cane, walker) especially on uneven surfaces.
- Paint or mark bright colors on steps
- Make sure steps and porches have rough surfaces.

The two main causes of falls at home are:

1. Health and age issues such as
 - Medications
 - Slow reflexes
 - Poor eyesight
 - Balance problems
2. Dangerous home situations such as
 - Slippery floors
 - Poor lighting
 - Pathways obstructed with clutter, electrical cords, thin rugs, and raised thresholds

EMERGENCY PREPAREDNESS SAFETY CHECKLIST

While MercyOne Siouxland Home Medical Equipment will do its best to meet your emergency needs, we ask that you have a plan in place should a disaster strike. A disaster (natural or man-made) is an event that significantly disrupts the environment of care. Some examples are severe wind, storms or flooding.

Get started with this checklist. Discuss these ideas with your family. Then prepare your Emergency Plan. Post the plan where everyone can see it.

THINGS YOU SHOULD CONSIDER:

- Availability of family, neighbors, or community resources for assistance in moving ventilator, BiPAP, and/or oxygen equipment to a place of safety.
- Plans for emergency admission to an inpatient facility or evacuation to an emergency shelter.
- Maintaining an adequate supply of medications in the home to take along if evacuated.
- Having adequate amounts of back-up oxygen sufficient to move to a place of safety with power or a generator.
- Keeping a back-up battery for ventilator charged and ready for use.
- Ensuring an adequate amount of other necessary supplies needed to maintain your care in an emergency. Place supplies and medications in a plastic bag to prevent contamination.

- A list of family physicians.
- A list of important family information.
- The style and serial number of medical devices such as pacemakers.
- Special items for infants, elderly or disabled family members.

FIRE SAFETY

- Plan two escape routes out of each room.
- Teach family members to stay low to the ground when escaping from a fire.
- Teach family members never to open doors that are hot. In a fire, feel the bottom of the door with the palm of your hand. If it is hot, do not open the door. Find another way out.
- Install smoke detectors. Clean and test smoke detectors once a month. Change batteries at least once a year.
- Keep a whistle in each bedroom to awaken household members in case of a fire.
- Check electrical outlets. Do not overload outlets.
- Purchase a fire extinguisher (5 lb. A-B-C type)
- Have a collapsible ladder on each upper floor of your home.
- Consider installing home sprinklers.

DISASTER SUPPLY KIT

- Assemble supplies you might need in an evacuation. Store them in an easy-to-carry container such as a backpack or duffle bag.
- Include a supply of fresh water (one gallon per person per day). Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.
- A supply of non-perishable packaged or canned food and a non-electric can opener.
- A change of clothing, rain gear and sturdy shoes.
- Blankets or sleeping bags.
- A first aid kit.
- An extra pair of glasses.
- Battery operated radio, flashlight and plenty of batteries.

IF YOU NEED TO EVACUATE

Listen to a battery powered radio for the location of emergency shelters. Follow the instructions of local officials.

- Wear protective clothing and sturdy shoes.
- Take your disaster supply kit. Be sure to include all current medication.

- Use travel routes specified by local officials.
- Contact MercyOne Siouxland Home Medical Equipment to inform us of your temporary residence or location.

If you are sure you have time:

- Shut off water, gas and electricity, if instructed to do so.
- Let others know when you left and where you are going.
- Make arrangements for pets. Animals may not be allowed in public shelters.

EMERGENCY CHECKLIST

- Meet with household members and discuss how to respond to the dangers of fire, severe weather, tornadoes and other emergencies.
- Identify the safe spots in your home for each type of disaster.
- Discuss what to do about power outages and personal injuries.
- Draw a floor plan of your home. Mark two escape routes from each room.
- Learn how to turn off the water, gas and electricity at main switches.
- Post emergency telephone numbers near telephones.
- Instruct household members to turn on the radio for emergency information.
- Pick one out-of-state and one local friend or relative for family members to call if separated by disaster. It is often easier to call out-of-state than within the affected area.
- Pick two meeting places:
 1. A place near your home in case of fire.
 2. A place outside your neighborhood in case you cannot return home after a disaster.
- Take a basic first aid and CPR class.
- Keep family records in a water and fireproof container.

If you have children at home:

- Teach them how and when to call 911, police and fire.
- Teach them how to make long distance telephone calls.
- Teach them about your out-of-state contact’s phone numbers.

ELECTRICAL SAFETY

- Make sure equipment is secure, and not in danger of tipping or falling.
- To prevent tripping, make sure electrical cords and oxygen tubing are not in the walk way.

- Make sure three-prong plugs are only plugged into 3-pronged outlets. If an adapter is used to convert from 3 prongs to 2, the outlet should be grounded.
- Keep liquid away from electrical devices.
- No home medical equipment should be plugged into an extension cord unless it is a 3-prong, heavy-duty type, preferably with surge protection.
- Home medical equipment should not be on the same circuit with the air conditioning or stove.
- Home medical equipment should be plugged into a grounded outlet or a surge protector.

DISPOSING OF SHARPS/NEEDLES

Place used needles, syringes, lancets, and other sharp objects in a hard-plastic or metal container with a screwed-on or tightly secured lid. Many containers found in the household will do, such as coffee can, bleach container, orange juice jug, laundry soap, or fabric softener container. Before discarding the container, secure the lid tightly with heavy-duty tape.

INFECTION PREVENTION IN THE HOME

Decrease the chance of infection and the spread of germs:

Clean your hands – help prevent the spread of germs that may be on your hands.

Wash hands after using the restroom, touching garbage or animal waste, before preparing food, after coughing or sneezing, or whenever hands are visibly dirty.

- Wet hands with warm water and lather with soap
- Scrub hands for 15-20 seconds
- Dry hands on a clean or disposable towel.

Family members or caregivers should wash their hands before and after giving care.

A hand sanitizer containing at least 60% alcohol may be used if soap and water are not available and your hands are not visibly soiled.

Make sure health care providers clean their hands:

Doctors, nurses, and other health care providers should also wash their hands or use a hand sanitizer before they treat you, ask them if they’ve cleaned their hands. You are not being rude to ask if your equipment can be touched with clean hands.

Cover your Cough – help prevent germs that may spread in the air.

When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose to prevent the spread of infection to others.

- Use a tissue! Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands.
- If you cough in your hands, clean them right away.

Contact Precautions – help prevent the spread of germs to healthcare providers or to other patients they may be visiting.

Your healthcare worker may use special precautions if you are infected with or carry certain types of bacteria or germs.

- Understand what these precautions mean and what you should expect from the hospital staff.

- Depending on your illness, gloves, gowns, and masks may be used by your healthcare worker

Prevent the spread of germs to others in your home.

- Keep draining wounds or open areas covered
- Don't share towels, toothbrushes, or razors.
- Make sure to wash your hands if you are preparing food.
- Linens such as towels should be used only once and placed in the laundry.
- Linens should be washed on a routine basis.
- Clean your home routinely and if there are areas soiled with body fluids.
- Normal household cleaning products can be used.

CLIENT RIGHTS & RESPONSIBILITIES

RIGHTS

MercyOne Siouxland Home Medical Equipment is committed to providing you with caring, quality, health services in your home. As a healthcare client you are entitled to specific rights. You have a right to:

- Exercise your rights and have your family or guardian exercise your rights if you have been judged incompetent.
- Be treated with respect and dignity, including privacy in treatment or care, and to have your property treated with respect.
- Have care specific to your needs provided by qualified staff without regard to race, color, religion, sex, age, national origin, gender preference, handicapped condition, communicable disease, marital status, veteran status, type of health problem or decision regarding Advance Directives.
- Be informed, in advance, about the care to be furnished, and of any changes in the care to be furnished before the change is made; to participate in the planning of your care and any changes in your plan of care.
- Be advised about disciplines that will furnish care and the frequency of visits proposed to be furnished; and to be informed, in advance, about our affiliation with other healthcare organizations.
- Be informed, before care is initiated, of the extent to which payment may be expected from Medicare or other sources, and the extent of payment that may be required from you. Any changes in this information will be provided to you orally and in writing as soon as possible, but no later than 30 calendar days from the date that the agency becomes aware of the change.
- Be provided with information to make informed decisions concerning your health care, including the

right to accept or refuse treatment or experimental research, and the right to prepare an Advance Directive.

- Be provided with education and training specific to your needs and abilities so that you and your family can fully understand and participate in your care.
- Confidentiality of all records, including in home records, and the right to refuse release of records except in the case of client transfer to healthcare organization or as required by law or third-party payment contracts.
- Be notified in a timely manner if the company is not able to provide the needed or requested service and to receive information about alternative services.
- Receive timely information and assistance with continuing care needs, transfer and other available services as needed at the time of discharge.
- Voice grievances 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 agency, and not be subjected to discrimination or reprisal for doing so.
- Be informed about the client concern/complaint procedure and to make suggestions about policies or care. We recommend that you let us know of your concern or complaint as soon as possible, preferably within one month of occurrence. You can expect a response from the agency within 2 business days.
- File complaints about the agency's implementation of Advance Directive requirements with the state survey and certification agency, or by telephoning the state home health hotline.

**MercyOne Siouxland Home Medical Equipment
(712) 233-5151**

IOWA ADDENDUM RECOGNIZES ADDITIONAL RIGHTS

The client has the right to:

- Freedom to communicate by letter, telephone, in person or other means and to visit and receive visitors.
- Freedom of choice in activities of daily living and where the person lives, works and spends leisure time.
- Manage one's own finances and possessions.
- Enter into contracts.
- Due process, free speech, sexual expression, vote.

CLIENT RESPONSIBILITIES

As a client you have the responsibility to:

- Remain under the medical care of a physician while receiving nursing, therapy and/or related services and certain home medical equipment.
- Provide the agency with all your insurance and financial information.
- Tell the home medical equipment staff if you change physicians or insurance coverage.
- Give truthful and complete health information regarding health problems you experience including any complications or side effects from the care received.
- Sign required consents and releases for service and pay for services as agreed.
- Tell the company if you have prepared any Advance Directives at any time during service.
- Participate in your plan of care and cooperate with your physician, home medical equipment staff and other caregivers and accept responsibility if you fail to follow directions.

- Identify a primary caregiver who is knowledgeable of, and able to provide, the care that you require in the rare and unavoidable instance that there is an interruption in agency services.
- Make it known if you do not understand what you have been taught
- To use and maintain the equipment and supplies as taught.
- Follow the emergency plan when necessary.
- Provide a safe, suitable environment in which your care can be given.
- Protect your valuables by storing them carefully and appropriately.
- Treat home medical equipment personnel with respect and consideration.
- Notify the home medical equipment office if you are unable to keep an appointment.
- Notify the home medical equipment office if you are unhappy with your services, using the client concern procedure.
- Understand and agree that caregivers may vary with regard to race, religion, gender and ethnic origin.
- Follow-up with your physician as required by your Insurance for continued coverage of your home medical equipment/supplies.

ADVANCE DIRECTIVES

DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

You have the right and the responsibility to take an active part in decisions about your medical care, including decisions to accept or refuse medical treatment. You also have the right to prepare what is known as an “advance directive” about your care. An advance directive is a document in which you make some decisions about your care. That way, your choices will be known to your physician and loved ones if you are unable to communicate for yourself at the time the decision must be made.

Both a durable Power of Attorney for Health Care and Living Will are two types of Advance Directives.

The type of Advance Directive you can prepare depends upon the law of the state in which you live (or are hospitalized). Here are answers to some commonly asked questions about Advance Directives.

Q. What kind of Advance Directives does a state law permit a person to make?

A. State law permits you to prepare both a Durable Power of Attorney for Health Care and a Living Will. This generally means that your healthcare providers and others may rely upon your wishes as stated in a legally valid Durable Power of Attorney or Living Will. Your wishes need to be consistent with accepted medical practice.

Q. What is a Durable Power of Attorney for Health Care?

A. A durable Power of Attorney is a document where an adult, 18 years of age or older, appoints another (“attorney-in-fact”, “agent” or “representative”) to act on his or her behalf. A power of attorney is “durable” if it is valid when a person is not capable of making decisions. A Durable Power of Attorney for Health Care is a document in which you name another person, such as a family member or close friend, as your representative to make decisions about your care, custody and medical treatment. Your representative will only make decision for you if you become unable to do so. It also allows you to give your representative instructions about your wishes for medical treatment.

Q. What is a Living Will?

A. A Living Will is a document in which you give instructions, in advance, regarding the types of medical treatment you do or do not want to receive if you become unable to make your own decisions. A Living Will declaration instructs your doctor to provide, withhold or withdraw life-sustaining procedures (including foods and fluids) if you develop a terminal condition or become permanently unconscious.

Q. When does an Advance Directives take effect?

A. A Durable Power of Attorney for Health Care takes effect

when you are no longer capable of making medical treatment decisions. A Living Will takes effect if you have terminal condition or become permanently unconscious and are no longer capable of making medical treatment decisions.

Q. Do I have to make an Advance Directive?

A. No. Preparing an Advance Directive such as a Durable Power of Attorney for Health Care or a Living Will is a personal decision that is completely up to you, and does not affect your ability to obtain medical care. You may also revoke an advance directive at any time and in any manner, even if you have been deemed incapable of participating in treatment decisions.

Q. What should I do with my Advance Directive if I choose to have one?

A. Be sure that someone, such as a family member, a close friend, or your lawyer, knows that you have an Advance Directive and knows where to find it. You should also let your doctor know. Some doctors may make it part of your medical record. You should also consider the following:

- If you have a Durable Power of Attorney, give a copy to the appointed representative.
- Give a copy to your family and/or close friend if they may be affected by your decision to appoint a representative.
- If you enter a nursing home or hospital, make sure the facility has a copy of your Advance Directive.
- Finally, we recommend that you give a copy of your advance directive to your home medical equipment representative who is working for you.

Q. What is MercyOne Siouxland Home Medical Equipment’s policy respecting the implementation of Advance Directives?

A. It is our policy to respect the medical treatment decisions you have made which are consistent with accepted medical practice, following consultation with your physician. We also reserve the right to decline to follow an advance directive. If this occurs, we would help you in locating alternative arrangements for care.

Q. How can I prepare an Advance Directive?

A. You can prepare an advance directive by preparing it yourself or consulting with an attorney. If you would like more information about Advance Directives, you should contact your local state legislator, Social Service Department or the American Association for Retired Persons (AARP).

Q. To whom can complaints be made regarding my rights to formulate advance directives and put them to use?

A. Your state Survey and Certification Department or the Home Health Agency hot-line number can be called to register complaints about the agency’s implementation of advance directive requirements.

MEDICARE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS) SUPPLIER STANDARDS

Below is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 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. An authorized individual (one whose signature is binding) must sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs or from any other federal procurement or non-procurement programs.
5. A supplier must advise 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 business hours is prohibited.
10. A supplier must have comprehensive 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 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery 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 beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly or through a service contract with another company 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.

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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 implementing regulations.
 22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order 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 DMEPOS location is opened.
 24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order 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.R. 424.57(c).
 27. A supplier must obtain oxygen from a state-licensed oxygen provider.
 28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(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 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics
- Note:** If you do not know which Regional Carrier to call, please ask the supplier where your claims are billed.

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
Revised Date: September 23, 2013

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.

MercyOne Siouxland Medical Center in Sioux City, IA is required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively referred to as "HIPAA"), as amended from time to time, to maintain the privacy of individually identifiable patient health information (this information is protected health information" and is referred to herein as "PHI"). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

MercyOne Siouxland understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

This Notice applies to the delivery of health care by MercyOne Siouxland Medical Center and its medical staff in the main hospital, outpatient departments, home care, nursing home and clinics. This Notice also applies to the utilization review and quality assessment activities of CHE Trinity Health and MercyOne Siouxland Medical Center as a member of CHE Trinity Health, a Catholic health care system with facilities located in multiple states throughout the United States.

I. Permitted Use or Disclosure

A. Treatment: MercyOne Siouxland Medical Center will use and disclose your PHI to provide, coordinate, or manage your health care and related services to carry out treatment functions. The following are examples of how MercyOne Siouxland and its affiliated clinics will use and/or disclose your PHI:

- To your attending physician, consulting physician(s), and other health care providers who have a legitimate need for such information in your care and continued treatment.
- To coordinate your treatment (e.g., appointment scheduling) with us and other health care providers such as name, address, employment, insurance carrier, etc.
- To contact you as a reminder that you have an appointment for treatment or medical care at our facilities.
- To provide you with information about treatment alternatives or other health-related benefits or services.
- If you are an inmate of a correctional institution or under the custody of a law enforcement officer, MercyOne Siouxland Medical Center will disclose your PHI to the correctional institution or law enforcement official.

B. Payment: MercyOne Siouxland Medical Center will use and disclose PHI about you for payment purposes. The following are examples of how MercyOne Siouxland and its affiliated clinics will use and/or disclose your PHI:

- To an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) for payment purposes such as determining coverage, eligibility, pre-approval / authorization for treatment, billing, claims management, reimbursement audits, etc.
- To collection agencies and other subcontractors engaged in obtaining payment for care.

C. Health Care Operations: MercyOne Siouxland Medical Center will use and disclose your PHI for health care operations purposes. The following are examples of how MercyOne Siouxland and its affiliated clinics will use and/or disclose your PHI:

- For case management, quality assurance, utilization, accounting, auditing, population based activities relating to improving health or reducing health care costs, education, accreditation, licensing and credentialing activities of the MercyOne Siouxland Medical Center.
- To consultants, accountants, auditors, attorneys, transcription companies, information technology providers, etc.

D. Other Uses and Disclosures: As part of treatment, payment and health care operations, MercyOne Siouxland and its affiliated clinics may also use your PHI for the following purposes:

- Fundraising Activities: MercyOne Siouxland Medical Center will use and may also disclose some of your PHI to a related foundation for certain fundraising activities. For example, MercyOne Siouxland Medical Center and its affiliated clinics may disclose your demographic information, your treatment dates of service, treating physician information, department of service and outcomes information to the foundation who may ask you for a monetary donation. Any fundraising communication sent to you will let you know how you can exercise your right to opt-out of receiving similar communications in the future.
- Medical Research: MercyOne Siouxland Medical Center will use and disclose your PHI without your authorization to medical researchers who request it for approved medical research projects. Researchers are required to safeguard all PHI they receive.
- Information and Health Promotion Activities: MercyOne Siouxland Medical Center will use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you general newsletter or specific information based on your own health concerns.

E. More Stringent State and Federal Laws: The State law of Iowa is more stringent than HIPAA in several areas. Certain federal laws also are more stringent than HIPAA. MercyOne Siouxland Medical Center will continue to abide by these more stringent state and federal laws.

i. More Stringent Federal Laws: The federal laws include applicable internet privacy laws, such as the Children's Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

ii. More Stringent State Laws: The State of Iowa is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. In cases where MercyOne Siouxland Medical Center provides treatment to a patient who resides in a neighboring state, MercyOne Siouxland Medical Center and its affiliated clinics will abide by the more stringent applicable state law.

Health Information Exchange: MercyOne Siouxland Medical Center shares your health records electronically with Iowa Health Information Network "IHIN" a Health Information Exchange ("HIE") for the purpose of improving the overall quality of health care services provided to you (e.g., avoiding unnecessary duplicate testing). The electronic health records will include sensitive diagnosis such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse, etc. IHIN is functioning as our business associate and, in acting on our behalf, IHIN will transmit, maintain and store your PHI for treatment, payment and health care operation purposes. IHIN has a duty to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your medical information. You have the right to "opt-out" and prevent your health information from being sent to IHIN by completing and submitting an

"Opt-Out" form to IHIN. Please contact IHIN by calling (866) 924- 4636 or via web-site at www.iowahealth.org.

II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

A. Family/Friends: MercyOne Siouxland Medical Center will disclose PHI about you to a friend or family member who is involved in or paying for your medical care. You have a right to request that your PHI not be shared with some or all of your family or friends. In addition, MercyOne Siouxland Medical Center and its affiliated clinics will disclose PHI about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.

B. MercyOne Siouxland Medical Center– Facility Directory: MercyOne Siouxland Medical Center will include certain information about you in facility directory while you are a hospital patient at MercyOne Siouxland Medical Center. This information will include your name, location in MercyOne Siouxland Medical Center, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation. The directory information, except your religious affiliation, will be disclosed to people who ask for you by name. You have the right to request that your name not be included in MercyOne Siouxland Medical Center's directory. If you request to opt-out of the facility directory, we cannot inform visitors of your presence, location, or general condition.

C. Spiritual Care: Directory information, including your religious affiliation, will be given to a member of the clergy, even if they do not ask for you by name. Spiritual care providers are members of the health care team at MercyOne Siouxland Medical Center and may be consulted upon regarding your care. You have the right to request that your name not be given to any member of the clergy.

D. Media Reports: The MercyOne Siouxland Medical Center will release facility directory information to the media (excluding religious affiliation) if the media requests information about you using your name and after we have given you an opportunity to agree or object.

III. Use or Disclosure Requiring Your Authorization

A. Marketing: Subject to certain limited exceptions, your written authorization is required in cases where MercyOne Siouxland Medical Center and its affiliated clinics receives any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

B. Research: MercyOne Siouxland Medical Center will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA.

C. Psychotherapy Notes: Most uses and disclosures of psychotherapy notes require your written authorization.

D. Sale of PHI: Subject to certain limited exceptions, disclosures that constitute a sale of PHI requires your written authorization.

E. Other Uses and Disclosures: Any other uses or disclosures of PHI that are not described in this Notice of Privacy Practices require your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time.

IV. Use or Disclosure Permitted or Required by Public Policy or Law without your Authorization

A. Law Enforcement Purposes: MercyOne Siouxland Medical Center will disclose your PHI for law enforcement purposes as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

B. Required by Law: MercyOne Siouxland Medical Center will disclose PHI about you when required by federal, state or local law. Examples

include disclosures in response to a court order / subpoena, mandatory state reporting (e.g., gunshot wounds, victims of child abuse or neglect), or information necessary to comply with other laws such as workers' compensation or similar laws. MercyOne Siouxland Medical Center report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

C. Public Health Oversight or Safety: MercyOne Siouxland Medical Center and its affiliated clinics will use and disclose PHI to avert a serious threat to the health and safety of a person or the public. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable diseases, etc. MercyOne Siouxland Medical Center and its affiliated clinics will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA regulated products or activities, including collecting and reporting adverse events, tracking and facilitating in product recalls, etc.

D. Coroners, Medical Examiners, Funeral Directors: MercyOne Siouxland Medical Center and its affiliated clinics will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. MercyOne Siouxland Medical Center and its affiliated clinics may also disclose your medical information to funeral directors as necessary to carry out their duties.

E. Organ Procurement: MercyOne Siouxland Medical Center will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

F. Specialized Government Functions: MercyOne Siouxland Medical Center and its affiliated clinics will disclose your PHI regarding government functions such as military, national security and intelligence activities. MercyOne Siouxland Medical Center and its affiliated clinics will use or disclose PHI to the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

G. Immunizations: MercyOne Siouxland Medical Center and its affiliated clinics will disclose proof of immunization to a school where the state or other similar law requires it prior to admitting a student.

V. Your Health Information Rights

You have the following individual rights concerning your PHI:

A. Right to Inspect and Copy: Subject to certain limited exceptions, you have the right to access your PHI and to inspect and copy your PHI as long as we maintain the data. If the MercyOne Siouxland Medical Center and its affiliated clinic deny your request for access to your PHI, MercyOne Siouxland Medical Center and affiliated clinics will notify you in writing with the reason for the denial. For example, you do not have the right to psychotherapy notes or to inspect the information which is subject to law prohibiting access. You may have the right to have this decision reviewed. You also have the right to request your PHI in electronic format in cases where MercyOne Siouxland Medical Center utilizes electronic health records. You may also access information via patient portal if made available by MercyOne Siouxland Medical Center and its affiliated clinics. You will be charged a reasonable copying fee in accordance with applicable federal or state law.

B. Right to Amend: You have the right to amend your PHI for as long as MercyOne Siouxland Medical Center and its affiliated clinics maintain the data. You must make your request for amendment of your PHI in writing to MercyOne Siouxland Medical Center and its affiliated clinics, including your reason to support the requested amendment.

However, MercyOne Siouxland Medical Center and its affiliated clinics will deny your request for amendment if:

- MercyOne Siouxland Medical Center or its affiliated clinics did not create the information;
- The information is not part of the designated record set;
- The information would not be available for your inspection (due to its condition or nature); or

- The information is accurate and complete.

If MercyOne Siouxland Medical Center or its affiliated clinics deny your request for changes in your PHI, MercyOne Siouxland Medical Center or its affiliates will notify you in writing with the reason for the denial. MercyOne Siouxland Medical Center and its affiliated clinics will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that MercyOne Siouxland Medical Center and its affiliated clinics include your request for amendment and the denial any time that MercyOne Siouxland Medical Center and its affiliated clinics subsequently disclose the information that you wanted changed. MercyOne Siouxland Medical Center and its affiliated clinics may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

C. Right to an Accounting: You have a right to receive an accounting of the disclosures of your PHI that MercyOne Siouxland Medical Center and its affiliated clinics have made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;
- To persons involved in your care;
- For national security or intelligence purposes; or
- To correctional institutions or law enforcement officials.

You must make your request for an accounting of disclosures of your PHI in writing to MercyOne Siouxland Medical Center and its affiliated clinics. You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, MercyOne Siouxland Medical Center and its affiliated clinics will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, MercyOne Siouxland Medical Center and its affiliated clinics will consider your request but is not required to agree to the requested restrictions.

E. Right to Request Restrictions to a Health Plan: You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

F. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that MercyOne Siouxland Medical Center and its affiliated clinics only contact you at work or by mail.

G. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

VI. Breach of Unsecured PHI

If a breach of unsecured PHI affecting you occurs, MercyOne Siouxland Medical Center and its affiliated clinics are required to notify you of the breach.

VII. Sharing and Joint Use of Your Health Information

In the course of providing care to you and in furtherance of MercyOne Siouxland Medical Center and its affiliated clinic's mission to improve the health of the community, MercyOne Siouxland Medical Center and its affiliated clinics will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. Medical Staff. The medical staff and MercyOne Siouxland Medical Center participate together in an Organized Health Care Arrangement (OHCA) to deliver health care to you. Both MercyOne Siouxland Medical Center and the medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health

care to you in the in MercyOne Siouxland Medical Center. Physicians and allied health care professionals who are members of MercyOne Siouxland Medical Center's medical staff will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within MercyOne Siouxland Medical Center. MercyOne Siouxland Medical Center and its affiliated clinics will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations.

B. Membership in CHE Trinity Health. MercyOne Siouxland Medical Center and members of CHE Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of CHE Trinity Health and its members. Members of CHE Trinity Health will abide by the terms of their own Notice of Privacy Practices in using your PHI for treatment, payment or healthcare operations. As a part of CHE Trinity Health, a national Catholic health care system, MercyOne Siouxland Medical Center and other hospitals, nursing homes, and health care providers in CHE Trinity Health share your PHI for utilization review and quality assessment activities of CHE Trinity Health, the parent company, and its members.

Members of CHE Trinity Health also use your PHI for your treatment, payment to MercyOne Siouxland Medical Center and/or for the health care operations permitted by HIPAA with respect to our mutual patients. Please go to CHE Trinity Health's websites for a listing of member organizations at <http://www.trinity-health.org/> and <http://www.che.org/>. Or, alternatively, you can call MercyOne Siouxland Medical Center's Privacy Official to request the same.

C. Business Associates. MercyOne Siouxland Medical Center and its affiliated clinics will share your PHI with business associates and their Subcontractors contracted to perform business functions on MercyOne Siouxland Medical Center and its affiliated clinic's behalf, including CHE Trinity Health which perform certain business functions for MercyOne Siouxland Medical Center.

VIII. Changes to this Notice.

MercyOne Siouxland Medical Center and its affiliated clinics will abide by the terms of the Notice currently in effect. MercyOne Siouxland Medical Center and its affiliated clinics reserve the right to make material changes to the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. MercyOne Siouxland Medical Center and its affiliated clinics will distribute / provide you with a revised Notice at your first visit following the revision of the Notice in cases where it makes a material change in the Notice. You can also ask MercyOne Siouxland Medical Center and its affiliated clinics for a current copy of the Notice at any time.

IX. Complaints.

If you believe your privacy rights have been violated, you may file a complaint with MercyOne Siouxland Medical Center and its affiliated clinic's Privacy Official or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing directly to the MercyOne Siouxland Medical Center's Privacy Official. MercyOne Siouxland Medical Center and its affiliated clinics assure you that there will be no retaliation for filing a complaint. You will not be retaliated against for filing any complaint.

X. Privacy Official - Questions / Concerns / Additional Information.

If you have any questions, concerns, or want further information regarding the issues covered by this Notice of Privacy Practice or seek additional information regarding MercyOne Siouxland Medical Center and its affiliated clinic's privacy policies and procedures, please contact MercyOne Siouxland Medical Center's Privacy Official at (712) 957-2322, 255 N. Welch, Primghar, IA 51245.

FINANCIAL POLICY

The client is ultimately responsible for the payment of the bill. MercyOne Siouxland Home Medical Equipment is committed to helping its clients gain the reimbursement coverage they are entitled to under their insurance plans.

To facilitate this payment process, clients must sign a form authorizing the insurance company to send the payment directly to MercyOne Siouxland Home Medical Equipment. This eliminates the need for the client to personally submit a claim and allows MercyOne Siouxland Home Medical Equipment to receive prompt payment. The client is responsible for the co-pay portion of the bill, and any unmet portion of the deductible. In the event that the insurance company fails to fully reimburse MercyOne Siouxland Home Medical Equipment for any reason, the client will be billed directly for the unpaid balances.

The client is personally responsible for the rental or the purchase price of the equipment or supplies provided until or unless payments are made directly to MercyOne Siouxland Home Medical Equipment by a third-party insurance payer. The client is also responsible for the full amount of the charges if the insurance carrier denies payment.

PATIENT FINANCIAL ASSISTANCE

The following provides information about assistance in helping you pay for your health care services.

Financial Assistance Program

For those who do not have the resources to pay in full for their necessary care, we will make home medical equipment available when needed, and assist our patients in obtaining coverage through any available public program or by establishing a manageable monthly payment plan (if appropriate).

If a patient does not qualify for any available public programs and is unable to make the necessary monthly payments, the Financial Assistance Program can help the patient obtain necessary home medical equipment services in a respectful and efficient manner.

Who is eligible for Financial Assistance?

All patients, regardless of race, creed, gender, age, or national origin, may apply for financial assistance either in advance of or after receiving covered services.

Eligibility is determined on an individual basis, taking into account income, assets and insurance status.

We reserve the right to withhold financial assistance to patients not residing within the established service area of MercyOne Siouxland Home Medical Equipment.

What services qualify for Financial Assistance?

Our Financial Assistance Program applies only to home medical equipment items and services that are considered medically necessary as defined by Medicare guidelines and are products currently supplied by MercyOne Siouxland Home Medical Equipment.

What services do not qualify for Financial Assistance?

Our Financial Assistance Program does not cover equipment services:

- That is not medically necessary.
- To patients who qualify for county, state, federal, or other assistance programs.
- That result from patients going outside of their insurance network.

Qualifying for Financial Assistance

Patients must apply and qualify for the Financial Assistance Program. Patients who apply are evaluated based on:

- Size of the patient's family and household income in comparison to Federal Poverty Guidelines.
- Net assets available to pay for the patient's home medical equipment.

In order to determine your eligibility for our Financial Assistance Program, you will be asked to complete a Financial Assistance Application and provide certain supporting information to verify your household income and net assets.

INSURANCE INFORMATION

MercyOne Siouxland Home Medical Equipment will bill your insurance based on the information we receive at the time of your first order. You may call our office to verify the insurance we billed. If you have questions about what your policy covers, please call your insurance company directly.

It is your responsibility to notify MercyOne Siouxland Home Medical Equipment of any insurance changes immediately.

Failure to notify us could result in a charge directly to you. Many insurance companies require prior authorizations prior to billing. Billing your insurance company is not a guarantee of payment. If we cannot bill your insurance due to inaccurate or insufficient information, you will be billed directly. MercyOne Siouxland Home Medical Equipment will bill you for your co-pays and deductibles after your insurance company has paid the claim.

If the insurance company sends the payment for the claim to you, you are responsible for remitting those payments to MercyOne Siouxland Home Medical Equipment for the services you received.

The financial responsibility listed on the work order is only an estimated amount.

WARRANTY INFORMATION

MercyOne Siouxland Home Medical Equipment follows all manufacturer specific warranties that are associated with the equipment we receive. Warranty does not cover damage caused by accident, misuse, abuse or alteration of the product or equipment. If equipment repairs must be done by the manufacturer, our staff will assist you in shipping the item back to the manufacturer for repair or replacement. Client owned equipment shall be shipped back to the manufacturer for a fee. Equipment that is not under warranty will be the financial responsibility of the client

MercyOne Siouxland Home Medical Equipment reserves the right to refuse to repair items not purchased from our facility. An owner's manual with manufacturer warranty information will be provided to beneficiaries for all durable medical equipment if this manual is available for the equipment provided.

Inexpensive or Routinely Purchased Equipment

Some equipment falls into the category of Inexpensive or Routinely Purchased Equipment. The client has the choice of either renting or purchasing these items. MercyOne Siouxland Home Medical Equipment will provide you these options.

Capped Rental Equipment

Some equipment is in the category of Capped Rental. When equipment is listed in this category, the equipment is rented for a specific number of months and then ownership is transferred to the client. This equipment cannot be purchased outright. If you have any questions on capped rental, feel free to call our office.

Oxygen Benefits

- Oxygen benefits under Medicare are an exception to the capped rental rule.
- Medicare will pay for oxygen benefits for 36 months. For an additional 24 months after that, if your need continues, you may continue to use the oxygen equipment and your supplier must continue to support the oxygen equipment.
- At the end of 60 months, your benefit period has ended, and you may elect to start a new benefit period with the same supplier, or you may choose a different supplier.
- At no time will you own the oxygen equipment rented to you. Your equipment must be returned to your supplier if you stop using it, enter into a long-term care facility, enter into a Hospice program or your 60-month oxygen benefit period has ended and you have chosen a new supplier.

EQUIPMENT RENTAL AGREEMENT

The client agrees that he/she has rented the items described on the work order/delivery ticket and that the items are in good condition.

The client agrees the equipment listed on the work order as rental remains the property of MercyOne Siouxland Home Medical Equipment.

The client agrees that if the rental equipment is destroyed or damaged while in his or her possession, to promptly pay in cash to MercyOne Siouxland Home Medical Equipment the full replacement value of the destroyed property or the reasonable cost of repairing the damaged property.

The client agrees to notify MercyOne Siouxland Home Medical Equipment promptly of any rental item not functioning normally.

MercyOne Siouxland Home Medical Equipment agrees to maintain and service the rental equipment or to replace the equipment in order to comply with the terms of the agreement.

The client agrees to notify MercyOne Siouxland Home Medical Equipment if he or she moves from the address given when the equipment was received.

The client agrees to pay MercyOne Siouxland Home Medical Equipment for all charges which accrue because of the rental. The rental rates are listed on the work order with the equipment. Rental charges are calculated on a monthly basis and are not pro-rated. Charges will continue on a monthly basis until the equipment is returned to MercyOne Siouxland Home Medical Equipment or purchased by the client. MercyOne Siouxland Home Medical Equipment will make no refunds or reductions of charges for any unused portion of the rental period unless prior arrangements have been made.

All rental charges and any other charges to be paid by the client are due and payable to MercyOne Siouxland Home Medical Equipment within thirty (30) days of receipt of the invoice. If payments are not made in accordance with the terms and conditions of this document, MercyOne Siouxland Home Medical Equipment may repossess such equipment without notice to the client. A finance charge of 1.25% of unpaid balance per month may be added if full payment is not received on or before the payment due date.

PRODUCT RETURN POLICY

Returns must be made within ten (10) days of purchase. Returns for product defects or product failure must be returned within thirty (30) days of purchase.

Returns are subject to the following conditions:

- Items that are personally worn or fitted may not be returned or exchanged.
- Special orders may not be returned.
- The customer's copy of the delivery ticket/receipt must accompany all refunds and exchanges.
- A 15% handling or restocking charge may be applied to items returned for reasons other than product failure or defect.
- All products returned for refund or exchange for reasons other than product defect or failure must be in the same condition and in the same unopened packaging as when originally purchased.
- Returns or exchanges due to product defect or failure are subject to inspection by the home medical equipment staff in order to verify that the failure occurred under normal operating conditions.
- Disposable products may not be returned or exchanged.
- Additional manufacturer warranties may be available on some products. Refer to the manufacturers product warranty information details for the specified equipment.

