

Instructional Guide for Home Medical Equipment



LymphaCare

Statement of Confidentiality

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

PHONE: (877)799-6863 FAX: (866)799-6863

www.lymphacare.com



LymphaCare

WELCOME AND MISSION

LymphaCare extends a warm welcome to you, our client, and to your family and friends. Your medical treatment, safety and happiness are most important to us.

We believe being invited into your home to care for you is the highest possible compliment, deserving of the utmost trust. We understand that home is the place that holds our memories and our dreams. It's where we feel most at ease, surrounded by familiar things and people we love. And overwhelmingly, it's where we prefer to be when recovering from illness and injury.

Our mission is to continue to be the premier provider of home medical equipment and services for Lymphedema throughout the country. This is realized through consistently providing our clients with the highest quality Lymphedema products and services. We couple every product we provide with the most progressive technology, professional care and exemplary customer service.

All home care services are delivered by highly trained and qualified staff and are available 24 hours a day, seven days a week to ensure that your medical needs are being met.

Many aspects of our services and procedures may be new to you. This booklet is designed to help you become better acquainted with us and understand the home care process and how we can help you meet your healthcare goals. It also explains the rights you have as a client.

We are committed to ensuring your rights and privileges as a healthcare client. We encourage you to direct any concerns, questions or comments to your caregiver or the office so we can address them promptly. We value your input and continually strive to improve our services.

Thank you for entrusting us with your care.

-The Management and Staff of LymphaCare

MEDICAL EMERGENCIES



LymphaCare does not operate an emergency service and does not want you to waste valuable time should you have a serious medical emergency.

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

Examples of medical emergencies include, but are not limited to:

A fall with a broken bone or bleeding ■ Difficulty in breathing ■ Chest pain that medication does not help ■ Severe or prolonged pain or bleeding ■ Unable to wake client

Note: Please call our office at (877)799-6863 if the client is admitted to the hospital or nursing home or if the client's condition changes.



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This company is in compliance with Title VI of the Civil Rights Act of 1954, with Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination act of 1975. We do not discriminate on the basis of race, color, religion, sex, national origin, age or disability with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes. If you feel you have been discriminated against, please call (877)799-6863

SECTION I. Company Overview

POLICIES

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

CRITERIA FOR ADMISSION

Admission criteria include:

- For customers needing prescription equipment, the customer must be under the care of the physician. The customer's physician must order the equipment.
- The customer and/or family must desire home care equipment and will provide a written signature of acceptance of delivery.
- The customer must reside within the geographical area which the company services.
- The physical facilities and equipment in the customer's home must be adequate for safe, effective care.
- Services and care must conform to current standards of practice for the respective discipline.
- Acceptance for equipment is realistically based on the customer's willingness and ability to function in a non-institutional environment. Family support or assistance is required for a child or customers unable to manage their care.
- Eligibility for participation is not based on the customer's race, creed, color, ancestry or national origin, sex, age or handicap.

SERVICES

LymphaCare provides services nationwide, in all states in which we are authorized to do so. We provide durable medical equipment (specifically pneumatic compression devices and other items that treat lymphedema) for adult, pediatric, and geriatric populations. These services will be provided in a quality, customer focused manner. Services appropriate to the needs of the individual will be planned, coordinated, and made available under the direction of the attending physician and our qualified staff. We will notify your physician or other healthcare professional within five (5) calendar days if we are unable to provide the prescribed equipment. We offer delivery and set-up with all the instructions you will need. For more information, please call 877-799-6863.

Our services include Home Medical Equipment:

- Pneumatic Compression Devices (Lymphedema Pumps)
- Lymphedema compression treatment items and surgical dressings

HOURS OF OPERATION

- **BUSINESS HOURS:** Our business hours of operation are Monday through Friday from 9:00 a.m. to 4:00 p.m.
- **AFTER HOURS COVERAGE:** We provide 24 hour on-call service, 7 days per week to insure you receive necessary equipment and/or medical services. Qualified personnel are on-call to accept client calls, referrals for service and to arrange for service for client emergencies as needed. If you have an emergency need for services on your rental equipment, please call 1-877-799-6863. In life threatening situations go to the emergency department at the hospital or call 911.
- **WEATHER CONDITIONS:** During the snow, ice and flood season we will make every effort to continue deliveries. However, the safety of our staff must be considered. When roads are too dangerous to travel, our staff will, if possible, contact you by phone to let you know that they are unable to make your delivery that day.

EMERGENCY PREPAREDNESS PLAN

In cases of environmental/natural disaster (earthquake, blizzard, and flood) or emergency, we have an emergency plan to continue necessary client services. Every possible effort will be made to assure that your medical equipment and supply needs are met.

All clients are assigned a priority level code that is updated as needed. The code assignment determines company response priority in case of a disaster or emergency. These codes are maintained in our office, along with information which may be helpful to Emergency Management Services in case of an area disaster or emergency.

If transportation and phone services are available, we will be providing services if conditions are favorable for this. Our clinical staff will be trying to contact you to determine your status or needs. If you are staying at a different address, please contact us with this information. If you are unable to reach us, and we have not contacted you and your oxygen or supplies are running out, go to the emergency room nearest you to continue your therapy.

CHARGES

We accept payment for services from Medicare, Worker's Compensation, private insurance or private (self) pay. Some insurers limit the number and type of supplies and equipment they will pay for and may require pre-certification and /or co-payments.

Any charges for services not covered under Titles XVII (Medicare) and XIX (Medicaid) of the Social Security Act or non-reimbursable charges will be discussed with you before these services are provided. In fact, our billing policies, payment procedures and any non-covered or non-reimbursable charges will be discussed with you, your family, caregiver or guardian before the equipment and/or services are provided. You will receive a copy of all charges incurred at the time of admission.

If you have questions about charges or insurance billing, please call our billing office at 877-799-6863, Monday through Friday, between 9:00 a.m. and 4:00 p.m.

RETURNS, REFUNDS, AND RECALLS

Items that are in a sealed, uncontaminated container can be returned within 30 days of purchase with the sales receipt for a sales credit on your account. In order to protect our clients from contaminated or unsafe products we do not accept returns of opened items or unused pharmaceutical supplies once delivered to your home. By law, intimate apparel cannot be returned once sold. We will notify you and your physician if any applicable items are recalled by the manufacturer of the Food and Drug Administration (FDA).

PERCEPTION OF CARE, TREATMENT, AND SERVICES

You, our customers, are very important to us. Please ask questions if something is unclear regarding our services, or the care you receive or fail to receive. A member of our team will be in contact with you in order to conduct a Patient Satisfaction Survey. Please answer the questions and give any comments. Your answers help us improve our services and ensure that we meet your needs and expectations.

PLAN OF CARE

LymphaCare involves key professionals and other staff members in developing your individual plan of care, which is based upon admission information, your physician's treatment orders, our observations, your environment and your personal goals and wishes. The plan of care includes:

- Equipment and supply needs
- Frequency of visits, if applicable
- Goals and actions for client compliance and satisfaction
- Conditions of the home (i.e.- caregivers)

The plan of care is reviewed and updated as needed, based on your changing needs. We encourage your participation and will provide necessary medical information to assist you.

You have the right to refuse any medical equipment, supplies or services. However, such refusal may require us to obtain a written statement releasing LymphaCare from all responsibility resulting from such action. Should this happen, we would encourage you to discuss the matter with your physician for advice and guidance.

We fully recognize your right to comfort, dignity and individuality, including privacy in treatment and in care of your personal needs. We do not participate in any experimental research connected with client care except under the direction of your physician and with your written consent.

MEDICAL RECORDS

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

DISCHARGE, TRANSFER, AND REFERRAL

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

- treatment/service goals are achieved;
- the level of care you need changes;
- company resources are no longer adequate to meet your needs;
- situations may develop affecting your welfare or the safety of our staff;
- failure to follow the attending physician's orders;
- nonpayment of charges;

- failure to meet Medicare and/or other insurance coverage guidelines; and/or
- a personal decision made by you.

You will be involved in discharge planning and will be given advance notice or a transfer to another company or discharge, except in care of emergency. If you should be transferred or discharged to another organization, we will provide the information necessary for your continued care. All transfers or discharges will be documented in the client chart. When a discharge occurs, an assessment will be done and instructions will be provided for any needed ongoing care or treatment. We will coordinate your referral to available community resources as needed.

PROBLEM SOLVING PROCEDURE

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

LymphaCare would like you to know that at any time during your course or service with us, should you have any questions regarding your rights and responsibilities, you may call our Customer Service Representatives at 1-877-799-6863. Within five (5) days or receiving your complaint, we will notify you by telephone, e-mail, fax or written letter that we have received your complaint. You will receive the results of our investigation, in writing, within 14 calendar days.

You may also contact the state's home care toll free hotline in the state you receive services. The hotline receives complaints or questions about local home health agencies and complaints regarding the implementation of advance directive requirements.

State & Hotline Number					
Alabama	334-206-5876	Kentucky	502-564-7963	North Dakota	800-545-8256
Alaska	888-387-9387	Louisiana	800-327-3419	Ohio	800-342-0553
Arizona	602-364-3567	Maine	800-621-8222	Oklahoma	800-234-7258
Arkansas	800-233-0340	Maryland	800-492-6005	Oregon	971-673-0540
California	VARIES BY DISTRICT	Massachusetts	617-753-8150	Pennsylvania	800-222-0989
Colorado	303-692-2910	Michigan	800-882-6006	Puerto Rico	787-782-0120
Connecticut	860-509-7400	Minnesota	800-369-7994	Rhode Island	401-222-5200
Delaware	800-942-7373	Mississippi	800-227-7308	South Carolina	803-545-4370
District of Columbia	202-442-5833	Missouri	800-392-0210	South Dakota	800-738-2301
Florida	888-419-3456	Montana	800-762-4618	Tennessee	615-741-7221
Georgia	800-878-6442	Nebraska	402-471-0316	Texas	800-458-9858
Hawaii	808-692-7420	Nevada	800-225-3414	Utah	800-999-7339
Idaho	800-345-1453	New Hampshire	800-621-6232	Vermont	888-700-5330
Illinois	800-252-4343	New Jersey	800-792-9770	Virginia	800-955-1819
Indiana	800-246-8909	New Mexico	800-752-8649	Washington	800-633-6828
Iowa	877-686-0027	New York	800-628-5972	West Virginia	304-558-0050
Kansas	800-842-0078	North Carolina	919-855-4500	Wisconsin	800-642-6552
		North Dakota	800-545-8256	Wyoming	800-548-1367

SECTION II. Client Bill of Rights and Responsibilities

LymphaCare believes that all clients deserve to be informed of their rights and responsibilities while being served in the home setting. Please know that your rights, as listed herein, are fully documented by LymphaCare policies and procedures. You may request to see any policy or procedure relevant to your Client Bill of Rights and Responsibilities.

RIGHTS

You have the RIGHT to...

1. be treated promptly and professionally with dignity, courtesy, respect and receive appropriate service in a professional manner regardless of race, religion, politics, sex, social status, age, physical or mental handicap.
2. make informed decisions regarding care/services including, when possible, participation in decisions in the development and revision of the Plan of Care and in resolving problems related to your care/services.
3. self-determination, which encompasses the right to make choices regarding life-sustaining treatment including resuscitative services. The right to self-determination may be effectuated by an advance directive, in accordance with applicable law.

4. receive information necessary to make decisions in a language or form that you can understand.
5. be informed about aspects of your condition related to care/service provided, and about the nature and purpose or procedures to be performed, including benefits and burdens; to receive the names and qualifications of staff performing procedures; and the equipment to be utilized during care.
6. be fully informed as to LymphaCare's policies and procedures including; regarding the withholding of resuscitative services and the withdrawal of life-sustaining treatment.
7. be informed of your payment responsibilities and of LymphaCare's policy concerning payment for services including, to the extent possible, expected insurance coverage and other methods for payment.
8. be informed about the ownership or control of LymphaCare
9. be informed of LymphaCare's mechanism for receiving, reviewing and resolving client complaints.
10. be informed of your right and the opportunities to express and lodge grievances and to recommend changes in policies and services without coercion, discrimination, reprisal or unreasonable interruption of services if a complaint or grievance is filed.
11. be provided with adequate information from which you can give informed consent for the beginning of services, the continuation of services, the transfer of services or the termination of services within the confines of the law and to be informed by your physician of the consequences of your action.
12. privacy in treatment and personal care.
13. select your home care provider.
14. be free from mental and physical abuse and exploitation. Should this right be violated, LymphaCare must notify, within five (5) working days, the appropriate investigative and regulatory authorities.
15. be informed of your right not to receive experimental treatment and drugs or participate in research or educational training, unless you give documented, voluntary, informed consent.
16. be assured that your rights are honored by all of LymphaCare staff.
17. be informed of your right, when referred to another organization, service or individual and to be informed of our policies and procedures regarding any financial benefits to LymphaCare.
18. be informed of your right to participate in the consideration of ethical issues arising in the course of care/service.
19. expect that all verbal, written or electronic information concerning your care/service is kept in total confidence and your privacy is at all times respected.
20. expect that LymphaCare staff at all times respects your property and discusses your wishes regarding property with you when appropriate.
21. be provided equipment and services in a timely manner, receive a timely response from LymphaCare when assistance is needed, and have available a 24-hour emergency call number for assistance by qualified personnel.

RESPONSIBILITIES

You are RESPONSIBLE for...

1. notifying LymphaCare when you will not be available for scheduled services/visits.
2. notifying LymphaCare if extra equipment and/or supplies will be needed.
3. participation as agreed in the Plan of Care and treatment.
4. notifying LymphaCare prior to changing your address or your telephone number.
5. notifying LymphaCare of any change in condition, physician orders, physician or insurance coverage.
6. notifying LymphaCare of needed medical equipment repair.
7. notifying LymphaCare when service or rental equipment is no longer needed so that pick-up of equipment can be arranged.
8. notifying LymphaCare as soon as possible of an unexpected incident involving staff or injury from using the equipment/device.
9. notifying LymphaCare when traveling with rental equipment.
10. proper care and maintenance of rental equipment and returning rental equipment in good working condition (normal wear expected).
11. payment for any services/equipment not covered by insurance.
12. reviewing LymphaCare safety instructions and actively participate in developing and maintaining a safe environment in your place of residence.

SECTION III. Safety

All clients need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by eliminating hazards. This checklist will help you find potential hazards in your home. Check each statement that you need to work on to make your home a safer place. Please speak with your nurse/therapist or call LymphaCare any time if you have any concerns or questions about client safety. Please report any injury related to the use of equipment or device immediately.

PREVENTING FALLS

At least half of all falls happen at home. Each year, thousands of older Americans experience falls that result in serious injuries, disability and even death. Falls are often due to hazards that are easily overlooked but easy to fix. Use the following SELF-ASSESSMENT.

Check all of the risk factors below that apply to you and your home. The more factors checked, the higher your risk for falling:

- ☐ History of Falling – 2 or more falls in last 6 months
- ☐ Vision Loss – changes in ability to detect and discriminate objects; decline in depth perception; decreased ability to recover from a sudden exposure to bright light or glare.
- ☐ Hearing Loss – may not be as quickly aware of a potentially hazardous situation.
- ☐ Foot Pain/Shoe Problems – foot pain; decreased sensation/feeling; skin breakdown; ill-fitting or badly worn footwear.
- ☐ Medications – taking 4 or more medications; single or multiple medications that may cause drowsiness, dizziness or low blood pressure.
- ☐ Balance and Gait Problems – decline in balance; decline in speed of walking; weakness of lower extremities.
- ☐ High or Low Blood Pressure that causes unsteadiness.
- ☐ Hazards Inside Your Home – uneven walkways, poor lighting, gravel or debris on sidewalks, no handrails, pets that get under foot, hazardous materials (snow, ice, water, oil) that need periodic removal and clean up.

Review each of the following safety tips. Check the ones you need to work on:

- ☐ Keep emergency numbers in large print near each telephone.
- ☐ Put a phone near the floor in case you fall and can't get up.
- ☐ Wear shoes that have good support and have thin, non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.
- ☐ Remove things you can trip over (such as papers, books, clothes and shoes) from stairs and places where you walk.
- ☐ Keep outside walks and steps clear of snow and ice in the winter.
- ☐ Remove small throw rugs or use double-sided tape to keep them from slipping.
- ☐ Ask someone to move any furniture so your path around the house is clear.
- ☐ Clean up spills immediately.
- ☐ Be aware of where your pets are at all times.
- ☐ Do not walk over or around cords or wires; i.e., cords from lamps, extension cords or telephone cords. Coil or tape cords and wires next to the wall so that you can't trip over them. Have an electrician add more outlets if needed.
- ☐ Keep items used often within easy reach (about waist high) in cabinets.
- ☐ Use a steady step stool with a hand bar. Never use a chair as a step stool.
- ☐ Improve the lighting in your home. Replace burned out bulbs. Lamp shades or frosted bulbs can reduce glare.
- ☐ Make sure stairways, halls, entrances and outside steps are well lit. Have a light switch at the top and bottom of the stairs.
- ☐ Place a lamp, flashlight and extra batteries within easy reach of your bed.
- ☐ Place night-lights in bathrooms, halls and passageways so you can see where you're walking at night.
- ☐ Make sure the carpet is firmly attached to every step. If not, remove the carpet and attach non-slip rubber treads on the stairs. Paint a contrasting color on the top front edge of all steps so you can see the stairs better.
- ☐ Install grab bars next to your toilet and in the tub or shower.
- ☐ Use non-slip mats in the bathtub and on shower floors.
- ☐ Use an elevated toilet seat and/or shower stool, if needed.
- ☐ Exercise regularly. Exercise makes you stronger and improves your balance and coordination. Talk to your doctor about what exercise is right for you.
- ☐ Have your nurse, doctor or pharmacist look at all of the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- ☐ Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- ☐ Get up slowly after you sit or lie down.
- ☐ Use a cane or assistive device for extra stability, if needed.
- ☐ Think about wearing an alarm device that will bring help in case you fall and can't get up.

FIRE SAFETY AND BURN PRECAUTIONS

- The fire department number is posted on every telephone. All family members and caregivers are familiar with emergency 911 procedures.
- Notify the fire department if a disabled person is in the home.
- Do not smoke in bed or where oxygen is being used. Never leave burning cigarettes unattended. Do not empty smoldering ashes in a trash can. Keep ashtrays away from upholstered furniture and curtains.
- Install smoke alarms on every floor of your home, including the basement. Place smoke alarms near rooms where people sleep. Test smoke alarms every month to make sure they are working properly.
- Install new smoke alarm batteries twice a year or when you change your clocks for daylight savings time in the spring and fall.
- Fire extinguishers are checked frequently for stability.
- Make a family fire escape plan and practice it every six months. At least two different escape routes are planned from each room for each family member. If your exit is through a ground floor window, make sure it opens easily.
- If you live in an apartment building, know where the exit stairs are located. Do not use an elevator during a fire emergency.

- Designate a safe place in front of the house or apartment building for family members to meet after escaping a fire.
- If your fire escape is cut off, remain calm, close the door and seal cracks to hold back smoke. Signal for help at the window.
- A bed bound client can be evacuated to a safe area by placing him/her on a sturdy blanket and pulling/dragging them out of the home.
- Remember, life safety is first, but if the fire is contained and small. You may be able to use your fire extinguisher until the fire department arrives.
- Have your heating system checked and cleaned regularly by someone qualified to do maintenance.
- Wood burning stoves are properly installed, chimney is inspected and cleaned by a professional chimney sweep and trash is not burned in stove because this could overheat the stove. Gasoline or other flammable liquids should never be used to start wood stove fires.
- Portable heaters (electric or kerosene) are placed out of the path of traffic areas. The heater is operated at least three feet away from upholstered furniture drapes, bedding and other combustible materials. The heater is used on the floor and is turned off when family members leave the house or are sleeping. A kerosene heater is only used in a well-ventilated room. Kerosene is stored outdoors in a tightly sealed, labeled container.
- Make sure electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Electrical outlets are grounded. "Octopus" outlets with several plugs are not used.
- Keep cooking areas free of flammable objects (potholders, towels, etc).
- Keep storage area above the stove free of flammable/combustible items.
- Wear short or tight-fitting sleeves while cooking; don't reach over stove burner.
- Do not leave the stove unattended when cooking, especially when the burner is turned to a high setting.
- Turn pan handles away from burners and the edge of the stove.
- Avoid cooking on high heat with oils and fat.
- Puncture plastic wrap before heating foods in the microwave.
- Never place hot liquids/solids at edge of counter.
- Place layered protection between skin and heating pad.
- Keep electrical appliances away from the bathtub or shower area.
- Never leave client alone in the shower/tub.
- Set water heater thermostat below 120°F to prevent accidental scalding.
- Store flammable liquids in properly labeled, tightly closed, non-glass containers. Store away from heaters, furnaces, water heaters, ranges and other gas appliances. Make sure the garage is adequately ventilated

MEDICATION SAFETY

- Do not take medications that are prescribed for someone else.
- Create a complete list of current medications (including prescription, over-the-counter, vitamins, herbals). Review the list for discrepancies and make changes immediately as they occur. Share the list with your doctor and/or pharmacist to keep from combining drugs inappropriately.
- Know the name of each of your medicines, why you are taking it, how to take it, what foods to avoid or other things to avoid while taking it and its potential side effects.
- Report medication allergies and any medications side effects to your healthcare provider. Take medications exactly as instructed. If the medication looks different than you expected, ask your health care provider or pharmacist about it.
- Drug names can look alike for sound alike. To avoid errors, check with your health care provider if you have questions.
- Do NOT use alcohol when you are taking medicine.
- Do not stop or change medicines without your doctor's approval, even if you are feeling better.
- Use a chart or container system (washed egg carton or med-planner) to help you remember what kind, how much, and when to take medicine.
- Take your medicine with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label of the medication.
- If you miss a dose, do not double the next dose later.
- Keep medicines away from children and confused adults.

Federal disposal guidelines for medications: Remove drugs from their original containers. Conceal or remove personal information and Rx number using a black marker, duct tape or by scratching it off. Mix drugs with an undesirable substance like coffee grounds or kitty litter. Put the mix in an empty margarine tub or sealable bag. Throw it and the empty containers in the trash. Some medications can be flushed down the toilet, but check the prescription label, patient information insert or FDA's website before doing so. If your community has a pharmaceutical take-back program, take your unused drugs to them for proper disposal.

HAZARDOUS ITEMS AND POISON

- Know how to contact your poison control team.
- Carefully store hazardous items in their original containers.

- Do not mix products that contain chlorine or bleach with other chemicals.
- Insecticides are only bought for immediate need and excess is stored or disposed of properly.
- Keep hazardous items, cleaners and chemicals out of reach of children and confused or impaired adults.
- Dispose of hazardous items and poisons only as directed.

MEDICAL EQUIPMENT

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

Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator.

POWER OUTAGE

If you require assistance during a power outage and our phone lines are down, do the following:

- If you are in a crisis or have an emergency situation, call 911 or go to the nearest hospital emergency room.
- If it is not an emergency, call your closest relative or neighbor.
- Only one-piece approved pacifiers are used.

PEDIATRIC SAFETY

- There are no small loose objects and toys that can fit into a toddler's mouth.
- Infants are not left unattended with bottles propped.
- Safety gates are placed on the top and bottom of staircases and elevated areas such as porches or fire escapes.
- Infants/toddlers are not left alone while bathing.
- Medicines/chemicals are kept out of children's reach.
- Formula temperature is always tested prior to feeding an infant.
- Pot handles face inward on the stove while cooking.
- Outlets have outlet covers over them when they are not in use.
- Children under the age of 5 or 40 pounds (or according to state regulations) are placed in approved car seats.

SECTION IV. Infection Control at Home

Cleanliness and good hygiene help prevent infection. "Contaminated materials" such as bandages, dressings or surgical gloves can spread infection and harm the environment. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with them.

Certain illnesses and treatments (i.e. chemotherapy, dialysis, AIDS, diabetes, burns) can make people more susceptible to infection. Your nurse will instruct you on the use of protective clothing (gowns/gloves) if they are necessary.

HOME CARE DISPOSAL TIPS

You can help control infection by following these guidelines.

You can help prevent injury, illness and pollution by following some simple steps when you dispose of the sharp object and contaminated materials you use in administering health care in your home. You should place the following in a hard-plastic or metal container with a screw-on or tightly secured lid:

■ Needles ■ Syringes ■ Lancets ■ Other sharp objects

Many containers found in the household will do, or you may purchase containers specially designed for the disposal of medical waste or sharps. Before discarding a container, be sure to reinforce the lid with heavy-duty tape. Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or clear plastic containers (see additional information below).

Finally, make sure that you keep all containers with sharp objects out of the reach of children and pets.

We also recommend that the following be placed in securely fastened plastic bags before you put them in the garbage can with your trash:

■ Soiled bandages ■ Disposable sheets ■ Medical gloves

WASH YOUR HANDS

Wash your hands before and after giving any care to the client (even if wearing gloves), before handling or eating foods, and after using the toilet, changing a diaper, handling soiled linens, touching pets, coughing, sneezing or blowing nose. Handwashing needs to be done frequently and correctly.

Soap and Water Procedure: When hands are visibly dirty or contaminated or soiled with blood or other body fluids, use soap and running water for washing your hands. Remove jewelry; use warm running water and soap (liquid soap is best); place hands together under water; and rub your hands together for at least 20 seconds.

Wash all surfaces (wrists, palms, back of hands, between fingers, under fingernails) and clean any dirt from under nails. Rinse soap from hands and dry with a clean towel. Air dry if a clean towel is not available or if the towel is shared with others.

If using a paper towel, throw it in the trash after use. Use a paper towel to turn off the faucet. Pat dry to avoid chapping and cracking. Apply hand lotion to help prevent and soothe dry skin.

Waterless Antiseptic Hand Cleanser Procedure: If hands are not visibly dirty or contaminated or soiled with blood or other body fluids, an alcohol-based hand rub may be used for routinely decontaminating hands. The antiseptic agent should contain 60-90% ethyl or isopropyl alcohol. When using a waterless antiseptic hand cleanser, make sure the cap or spout is open. Place a quantity of liquid or gel (about the size of a dime or the amount recommended by the product manufacturer) in the palm of one hand; and rub hands vigorously, covering all surfaces of hands and fingers, until hands are dry.

Washing your hands is the single most important step in controlling the spread of infection.

SECTION V. Equipment and Insurance Acceptance

EQUIPMENT RENTAL AGREEMENT

When equipment is rented from LymphaCare the customer agrees to pay a periodic rental fee for the product(s) rented. It is the responsibility of LymphaCare to service and maintain the equipment for the entire rental agreement period.

Rental agreements can be terminated by renter/purchaser if discontinued by physician or if the client/resident expires. LymphaCare may terminate a rental agreement for monthly non-payment of the rental agreement fee.

We will provide you with a schedule for preventative maintenance, repairs and testing of equipment and/or devices as recommended by the manufacturer(s) and will provide a replacement when maintenance requires removal of the item from the home.

We will provide a loan or replacement for any equipment, device or item that we are renting/loaning you in the event of failure, breakage or poor performance.

All rentals will be for the stated rental period and no pro rata adjustments will be made for the unused portion of the rental period.

The Customer agrees to be responsible to either return the equipment to LymphaCare to be responsible for payment of said equipment if Medicare or your insurance company denies payment.

WARRANTY

LymphaCare extends the same warranty as the equipment manufacturer on all new equipment. A proof of purchase receipt is needed for warranty work. LymphaCare extends no warranty on used equipment unless it is given in writing at the time of purchase or as specified in Medicare lease-purchase guidelines.

LymphaCare will always provide instructional literature where applicable on the operation of the equipment and instruction by a qualified technician (i.e. turning it on and adjustments as in oxygen and suction), but will stop short of actually administering care to the client. In the event your equipment is purchased by (Private, Medicare and Private Insurance) please note the following:

LymphaCare maintains a qualified technician to assist you with your equipment repair and replacement parts at a reasonable charge. If repairs cannot be done in house for any reason, we will make our best efforts to assist in sending equipment back to manufacturer that is still under the warranty period. Equipment that is no longer under warranty will be your financial responsibility. All shipping and handling charges whether under warranty or not will be your responsibility.

MEDICAL CLAIMS

As a courtesy to you, LymphaCare will file all your medical claims with your insurance company, if we have the proper medical necessity and insurance verification. Any deductibles, amounts not covered by your insurance and your percent not covered by

insurance will be billed to you. In order to perform this service in a timely manner and with little or no inconvenience to you, we need to be informed immediately:

- if you change insurance companies
- if your insurance terminates
- if you become eligible for Medicare or Medicaid
- if your secondary insurance should become primary
- if you change doctors or
- if you change equipment companies.

It is vital that you contact our office as soon as any of the above occurs. If you have questions about your account, please call our billing office at 877-799-6863, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m.

Compliance with these guidelines will result in more accurate filing of your claims and more timely response from your insurance company.

SECTION VI. Sales Agreement

If you are purchasing the equipment, you will be requested to inspect the equipment at the time of the delivery as equipment is accepted in “as in” condition. You are required to pay the stated purchase price for the equipment. LymphaCare will credit your account for payments received from any medical insurance program or from any third party.

LymphaCare does not prescribe the equipment and we do not make any guaranty (expressed or implied) of merchantability or fitness for purpose of the equipment. LymphaCare is not a manufacturer of equipment and is not responsible for the adequacy or defects in the equipment, or for any defects or problems that appear from its use and maintenance. You agree to accept whatever warranties are offered by the manufacturer of the equipment in lieu of any warranties of LymphaCare. We are not responsible for any damage relating to the sale or use of the equipment.

You agree to be responsible to either return the equipment to LymphaCare to be responsible for payment of said equipment if Medicare or your insurance company denies payment.

SECTION VII. Admission Consents

As a part of the admission process, we ask for your consent to treat you, release information relative to your care, and allow us to collect payments directly from your insurer. You or your legal representative must sign this consent before we can admit you. The consent is effective unless and until you revoke it in writing.

CONSENT FOR TREATMENT AND SERVICES – We require your permission before we can treat you. The treatments that we provide have been prescribed by your doctor and carried out by professional healthcare staff. Without your authorization or your representative’s authorization we cannot treat you. You may refuse treatment at any time. However, if you decide to refuse treatment, it will be documented in your medical record and may result in discharge from the company.

RELEASE OF INFORMATION – Your medical record is strictly confidential and protected by federal law. We may release protected health information as explained in our Notice of Privacy Practices in order to carry out treatment, payment, and/or health care operations.

To communicate with your doctor, hospitals, and other providers and agencies (including regulatory agencies for survey purposes) involved in your medical care, we require your permission to release this information as well as receive information from them by various means, including telephone, mail, fax, etc.

By signing the consent, you are authorizing LymphaCare to use and/or disclose your health information for treatment, payment, or health care operations. You have the right not to sign the consent. However, if you refuse, LymphaCare has the right to refuse to treat you. You may request restrictions on how LymphaCare uses and/or discloses your protected health information for the purpose of providing treatment, obtaining payment for their services, and/or conduction of health care operations. However, LymphaCare is not required to agree with any restriction that you may request. If we decide to agree to a restriction that you have requested, we will restrict our use and/or disclosure of your health information in the manner described in your request.

You have the right to revoke the consent at any time by placing your request in writing. If you decide to revoke consent, please contact LymphaCare at (877) 799-6863 or in writing to 101 Commerce Dr., Ste. 100, Montgomeryville, PA 18936. Your revocation of the consent will not be effective for disclosures that were already made in reliance on your prior consent.

AUTHORIZATION FOR PAYMENT – We will directly bill your insurer for the services which we provide to you. You authorize us to collect payments on your behalf.

EQUIPMENT RENTAL AGREEMENT – the equipment remains the property of LymphaCare. This is a transaction of lease only. The equipment is accepted in its “as in” condition (having been inspected by the customer upon delivery). The customer must keep the equipment in good condition and return it to us at the end of the rental in the same condition that it was received, except for reasonable wear and tear. We will make all repairs and provide all maintenance to our equipment at our expense.

RETURN DEMONSTRATION – I agree that I have performed a return demonstration on the equipment that I have received.

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

PHOTOGRAPHIC RELEASE – I hereby grant permission for LymphaCare to take photographs/videos which may be used to document medical necessity for equipment or services provided by LymphaCare, and which may be submitted to insurance payors or other medical professional as needed for evaluation and/or consultation.
I hereby release LymphaCare from any liability associated with these photographs/videos so long as they are used for the purposes described above.

EQUIPMENT WARRANTY INFORMATION – Every product sold or rented by LymphaCare carries a 1-year manufacturer’s warranty. LymphaCare will notify all insured beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. LymphaCare will repair or replace, free of charge, any equipment that is under warranty. In addition, an owner’s manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I have been instructed and understand the warranty coverage on the product I have received.

SECTION VIII. Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 of and must instruct beneficiaries on the 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 cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.

18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization 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 for 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 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 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.

MEDICARE DMEPOS SUPPLIER STANDARDS: DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary. The products and/or services provided to you by LymphaCare are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

SECTION IX. Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

LymphaCare is required by law to maintain the privacy of protected health information and to provide you adequate notice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. (45 CFR § 164.520) We will use or disclose protected health information in a manner that is consistent with this notice.

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

As required by law, LymphaCare maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain and protect medical records; access to medical and information about our patients; how we maintain the confidentiality of all information related to our patients; security of the building and electronic files; and how we educated staff on privacy of patient information.

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

■ **Treatment:** Providing, coordinating or managing health care and related services, consultation between health care providers relating to a patient or referral of a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care to patients and schedule visits.

■ **Payment:** Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), precertification, medical necessity review. For example, occasionally the insurance requests a copy of the medical record be sent to them for review prior to paying the bill.

■ **Health Care Operations:** General company administrative and business functions, quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating company performance; conducting training programs with students or new employees; licensing,

survey, certification, accreditation and credentialing activities; internal auditing and certain fundraising and marketing activities. For example, our company periodically holds clinical record review meetings where the consulting professional of our record review committee will audit clinical records for meeting professional standards and utilization review.

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

1. Your insurance company, self-funded or third-party health plans, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
2. Any person or entity affiliated with our representing for purposes of administration, billing and quality and risk management;
3. Any hospital, nursing home or other health care facility to which you may be admitted;
4. Any assisted living or personal care facility of which you are a resident;
5. Any physician providing you care;
6. Licensing and accrediting bodies;
7. Contact you to provide appointment reminders or information about other health activities we provide;
8. Contact you to raise funds for the company;
9. Other health care providers to initiate treatment.

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

1. In emergency treatment situations, if we attempt to obtain consent as soon as practicable after treatment;
2. Where substantial barriers to communicating with you exist and we determine that the consent is clearly inferred from the circumstances;
3. Where we are required by law to provide treatment and we are unable to obtain consent;
4. Where the use or disclosure of medical information about you is required by federal, state or local law;
5. To provide information to state or federal public health authorities, as required by law to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (if you agree or when required or authorized by law);
6. Health care oversight activities such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil right laws;
7. Certain judicial administrative proceedings if you are involved in a lawsuit or a dispute. We may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
8. Certain law enforcement purposes such as helping to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order to subpoena and other law enforcement purposes;
9. To coroners, medical examiners and funeral directors, in certain circumstances, for example, to identify a deceased person, determine the cause of death or to assist in carrying out their duties.
10. For cadaveric organ, eye or tissue donation purposes to communicate to organizations involved in procuring, banking or transplanting organs and tissues (if you are an organ donor).
11. For certain research purposes under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individually identifiable health information.
12. To avert a serious threat to health and safety: To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat.
13. For specialized government functions, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations.
14. For Workers' Compensation purposes: Worker's compensation or similar programs provide benefits for work-related injuries or illness.

We are permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

1. Use of a directory (includes name, location, condition described in general terms) of individuals served by LymphaCare.
2. To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care; to notify family member, relative, friend, or other identified person of the individual's location, general condition or death.

Other uses and disclosures will be made only with your written authorization. That authorization may be revoked, in writing, at any time, except in limited situations.

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

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

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

☐ Inspect and obtain copies of protected health information which is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 [42 USC § 263a and 45 CFR 493 § (a)(2)]. If you request a copy of your health information, we will charge a reasonable fee for copying of 25¢ per page copied. If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.

☐ Request to amend protected health information for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. We may deny the request for amendment if the information contained in the record was not created by us, unless the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; would not be available for inspection under applicable laws and regulations; and the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.

☐ Receive an accounting of disclosures of protected health information made by LymphaCare up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name/address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of your written authorization or a written request for disclosure. We will provide the accountings within 60 days of receipt of a written request. However, we may extend the time period for providing the accounting by 30 days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

☐ Obtain a paper copy of this notice, even if you had agreed to receive this notice electronically, from us upon request.

COMPLAINTS - If you believe that your privacy rights have been violated, you may complain to LymphaCare or the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing, and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred, and must describe the acts or omissions to be in violation or applicable requirements. [45 CFR § 160.306] You may also contact The Compliance Team complaint line at 888-291-5353. For further information regarding filing a complaint, contact:

LymphaCare Privacy Officer
877-799-6863

101 Commerce Dr., Suite 100
Montgomeryville, PA 18936

EFFECTIVE DATE – This notice is effective September 18, 2007. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving service), we will promptly revise and distribute a revised notice to you as soon as practicable by mail, e-mail (if you have agreed to electronic notice) or hand delivery. If you require further information and matter covered by this notice, please contact:

LymphaCare Privacy Officer
877-799-6863

101 Commerce Dr., Suite 100
Montgomeryville, PA 18936