



PHARMACY PATIENT HANDBOOK



844.215.4264
www.ihcscorp.com



Table of Contents

Hours of Operation, Telephone, Locations, Warranty	3
Scope of Services	4
Care of Services.....	4
Operational Goals	5
Public Notice	5
Fraud, Waste and Abuse.....	6
Reporting.....	6
Complaints, Grievances, or Concerns	6
Charges	6
Patient Rights & Responsibilities	7
Infection Control Safety Tips for Home IV Therapy.....	8
Safety.....	9
Infection Control and Hand Washing.....	10
Emergency / Disaster Preparedness	11
Biomedical Waste	12
Care Planning / Discharge Summary.....	12
Offer of Patient Counseling	13
Ethics	13
Fall Prevention Information	14
Community Resource Information.....	15
Privacy Policy	16
Medicare Supplier Standards	19
Medicare Prescription Drug Coverage & Your Rights.....	21
We Care About What You Think	22

Hours of Operation, Address and Telephone

Office Hours

8:30 a.m. – 5:30 p.m.

Monday thru Friday

Locations

- **Miramar Corporate** - 3700 Commerce Parkway, Miramar, FL 33025
- **Orlando** - 2252 Commerce Park Drive, Suite 100, Orlando, FL 32819

Telephone

844-215-4264

After Hours, Weekends, Holidays and Declared Emergencies

We are available 24 hours a day, 7 days a week, 365 days a year – please call 844-215-4264 and leave a message and phone number with our answering service and a representative will promptly return your call.

In Case of Emergency, Dial 911

Our Mission:

Our goal is to provide patients with high quality Durable Medical Equipment, Home Infusion and Home Health services based on medical necessity and appropriateness to enhance their activities of daily living. Integrated Home Infusion and its associated companies are committed to providing quality services, administered by professionals who recognize the patient's needs first and foremost. Our standards, both personal and professional, reflect and are consistent with the highest of ethics and integrity in mind. At Integrated Home Infusion, we strive for excellence through teamwork.

Warranty

Every product sold or rented by our Company carries a 1-year manufacturer's warranty. Integrated Home Infusion will repair or replace, free of charge, equipment that is under manufacturer's warranty. Integrated Home Infusion is a distributor of home infusion equipment, not a manufacturer, and is not liable for injuries resulting from defective products.

Scope of Services

Integrated Home Infusion is a licensed and accredited Pharmacy. The pharmacy is accredited as a provider of all Home Infusion as listed below. The population we service includes pediatric, adult, and geriatric patients throughout the State of Florida. We provide 24 hour a day service according to clinical and functional needs and insurance eligibility. All medications and products are delivered to the home or designated location, according to a doctor's order. Services are individualized, planned and delivered in coordination with home health agencies, physicians, skilled nursing facilities, hospitals, insurance companies, etc.

This handbook is being provided to you as a resource for you to use while receiving your home infusion medication. It is advisory in nature, and it is not intended to replace or substitute any orders or advice from your physician or healthcare provider. We reserve the right to change the contents of this handbook at any time.

Integrated Home Infusion is a proud provider of:

Nutrition Management
Immune Globulin Therapy
Inotrope Therapy
Transplant Therapy
Line Maintenance / Catheter Care
Antiemetic Therapy
Hematopoietic Therapy

Hydration Therapy
Hemophilia Medications
Antibiotic, Antiviral & Antifungal Therapy
Injectable Medications
Steroid Therapy
Electrolyte Replacement Therapy
Fertility Infusion Therapy

Care and Services

We are a full service home infusion pharmacy. We provide services to all patients of all ages regardless of race, color, creed, religious beliefs, national origin, or handicap status. All patient treatment orders are confirmed with your doctor and are included in your care plan. Your care and the instructions related to treatment are individually planned and coordinated according to your needs and based on the patient's ethnic and cultural background needs and requirements. You and your family/caregivers are encouraged to actively participate in your care, including being informed of your rights and responsibilities, access to care and the formulation of advanced directives and decisions.

Returned Goods Policy

Once your therapy has been completed, we will arrange with you for the equipment and sharps containers to be picked up. Unused or excess medications or supplies cannot be returned or credited. Supplies and medications which are shipped in error or are defective shall be credited during the delivery or pick-up process. The State Board of Pharmacy prohibits the return resale or reuse of dispensed prescription items.

Operational Goals

Integrated Home Infusion strives to:

1. Provide high quality health care services throughout a coordinated plan of care.
2. Assist the ill and/or disabled individual to assume full or partial responsibility for and management of their health care needs.
3. Coordinate health care services for patients through a team approach.
4. Provide the individual patient and/or caregivers with appropriate education on the ordered therapy to promote and enhance their understanding, health and well-being.
5. Maintain good communication with clients including: patients, physicians, nurses, nursing agencies, health care organizations, regulatory and accreditation agencies, and residents of the community.
6. Improve our ability to meet the needs of the community by maintaining up to date knowledge of changes and trends in the health care field and the community.
7. Participate in local, state, and national home infusion organizations to be informed about current trends and innovations.
8. Provide an environment which supports high quality health care services.
9. Assure that there are no conflict of interest issues and, when identified, assure they are immediately addressed.

Public Notice

Integrated Home Infusion is accredited by the Accreditation Commission for Health Care (ACHC). At any given time, we can be evaluated on our compliance with Nationally Established ACHC standards. These standards deal with organization quality and safety of care issues and the safety of the environment. Anyone believing that he/she has valid information about such matters may request an interview with an Accreditation Commission for Health Care field representative at the time of our survey. Requests for an interview must be made in writing and addressed to:

Accreditation Commission for Health Care

139 Weston Oaks Court

Cary, NC 27513

855-937-2242

customerservice@achc.org

If at any time you have concerns regarding safety and quality of care, you may contact ACHC at the above listed number.

Fraud, Waste and Abuse

Fraud is generally defined as an intentional or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Waste is overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system, including Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

Abuse includes any actions(s) that may, directly or indirectly, result in one or more of the following

- Unnecessary costs to the health care system, including the Medicare and Medicaid programs
- Improper payment for services
- Payment for services that fail to meet professionally recognized standards of care
- Services that are medically unnecessary

Reporting

To report **Medicaid Fraud**, you can call the **Attorney General** at 866-966-7226.

You can also call the **Medicaid Fraud Hotline** at 888-419-3456.

To report abuse, neglect or exploitation, please call 800-962-2873 or write –

Medicaid Program Integrity Unit at:

2727 Mahan Drive, MS#6, Tallahassee, FL 32308

To report **Medicare Fraud** – Call the office of the **Inspector General's** Hotline at 800-447-8477

Complaints, Grievances, or Concerns

If you have a complaint, grievance, concern or a suggestion to better serve you, please contact one of our homecare specialist team members. If your complaint or grievance remains unresolved, you may call and speak to the Pharmacy Manager at 844-215-4264. You may call the Accreditation Commission for Health Care at 855-937-2242 to report any concerns or register a complaint.

Charges

Insurance companies and special programs may pay 100% of your prescribed therapy, or you may be responsible for a co-payment or deductible amount. You will be notified of your financial responsibility for these co-payments/charges prior to the provisions of services and arrangements for payments to be made. Integrated Home Infusion accepts most major credit cards, personal checks, or cash.

Any change in the financial arrangement of your care will be communicated to you verbally and/or in writing within 30 days of the pharmacy being notified of the change. You will then have the opportunity to continue to receive therapy, terminate it or have us assist you in transferring your care.

Sign all documents and review the forms. On each delivery ticket, you will be asked to review the items and sign a delivery ticket. If you have any questions that cannot be answered by the pharmacy delivery technician, please contact the pharmacy/office at 844-215-4264.

Patients will be held financially responsible and will be charged replacement cost for lost or unreturned equipment – i.e. Infusion Pumps and Enteral Pumps

Patient Rights and Responsibilities

As a patient you have the right to:

- ✓ Be treated with dignity and respect by all who provide care to you. This includes you, your caregivers, and your personal property
- ✓ Choose your home health care provider.
- ✓ Be informed about the service and products to be rendered to you.
- ✓ Be fully informed of and participate in the development and revision of your Plan of Care, which will be individualized to meet your needs.
- ✓ Participate in the decisions regarding your home care services.
- ✓ Be given proper identification by name and title of everyone who provides homecare / infusion to you.
- ✓ Be given appropriate and professional quality home care / infusion services without discrimination against your race, creed, color, religion, sex, national origin, sexual preference, handicap, or age.
- ✓ Be given our staff with proper identification by name and title that provide services to you.
- ✓ Have your communication needs met.
- ✓ Be provided with information concerning aspects of your condition as they relate to care provided. (i.e. symptoms, side effects, and drug information).
- ✓ The privacy, security and confidentiality of your health information.
- ✓ Have access to and review your clinical records at your written request.
- ✓ Be informed of the criteria for admission, transfer, or discharge from service
- ✓ Refuse treatment after being fully informed of the consequences of such actions.
- ✓ Be given information at the time of admission for the charges for services and policy concerning payment for services including insurance coverage and any other methods of payment.
- ✓ Voice grievances and recommend changes in policies or services without discrimination, coercion, and fear of reprisal or unreasonable interruption of services.
- ✓ Be informed of the ownership or control of Integrated Home Infusion.
- ✓ Be assessed for pain and the management of your pain (when applicable).
- ✓ Report suspected abuse, neglect or exploitation as defined in Florida Statute S.415.102F.S.
- ✓ Be videotaped or recorded for education purposes with consent.

As a Patient, you have the Responsibility to:

- ✓ Give accurate and complete health information concerning your past medical history, medications, allergies, Advance Directive / DNR's and any other pertinent information.
- ✓ Maintain a safe environment, use and maintain equipment and supplies as instructed, and be responsible for our equipment as agreed.
- ✓ Inform us when you or a designated representative will not be available or present for deliveries.
- ✓ Adhere to and participate in the development and revision of your Plan of Care/Treatment.
- ✓ Notify Integrated Home Infusion and your Doctor, if any unexpected changes in your condition occur.
- ✓ Contact Integrated Home Infusion if you are admitted to the hospital or a physician makes changes to your care.
- ✓ Ensure the return of any and all equipment as agreed to upon initial delivery.
- ✓ Request further information concerning anything you do not understand.
- ✓ Follow instructions Integrated Home Infusion has given you concerning your medication.
- ✓ Accept the consequences for the outcomes if you should refuse care, services or treatment.
- ✓ Show respect and consideration to our staff and property.
- ✓ Meet the financial obligation you have agreed to with Integrated Home Infusion.
- ✓ Provide feedback about our services.

Infection Control Safety Tips for Home IV Therapy

In efforts to ensure that we are doing everything we can to promote safety and prevent infection while you are on therapy with us, we have enclosed this additional information for your review.

Storage and Handling of Tubing and Supplies:

- Store your medication(s) and supplies in a clean and sanitary place away from small children and animals.
- Make sure that your supplies are unopened prior to use.
- If your tubing or any other supply falls onto an unsanitary surface prior to or as you are preparing to use them, please discard and use another. (Never use dirty supplies).
- When your sharps container is 2/3 full, please call 844-215-4264 for a pick-up and delivery of a new one.

Pump Usage:

If you are utilizing a pump for therapy, please make sure it is not left around animals or children. Please try to keep it and yourself in a safe, clean environment.

If your pump gets dirty, you are able to wipe it down with a non-abrasive product (please keep it free from dirt, liquids, and foreign objects).

***** Please note, the pump is not to be submerged into water / liquid *****

Solutions that are safe for cleaning the exterior / outside of pumps:

- Mild Soap Solution
- 10% Solution Household Bleach and Water. (1 part bleach, 9 parts water).
- Isopropyl Alcohol, USP (70%).

Dampen a soft, lint-free cloth with cleaning solution and wipe the exterior surface of the pump. Do not allow the solution to soak into the pump.

Wipe the entire surface with another soft, lint-free cloth and allow the pump to dry completely.

(Note: Infusion pump backpacks can be cleaned with a damp sponge and they are machine-washable, with warm water, gentle cycle).

When cleaning pumps or an AC Adapter/Charger please make sure they are not plugged in to any outlet.

If you have any questions or needs please contact us at: **844-215-4264**.

Safety

Home Safety Tips

- ✓ Have telephone numbers for Integrated Home Infusion, your family, and doctors close to the telephone.
- ✓ Keep a current list of your medications on the refrigerator. While on service with us, please inform us about any changes in your current oral medications for our records.
- ✓ If you live alone, have a “Telephone Friend”, someone who calls you, or you call, at a specific time every day, and who can summon assistance if you don’t answer.
- ✓ Have rooms well-lit to avoid falls.
- ✓ Avoid throw rugs, and if used on tile floors, only use those with traction material on the back.
- ✓ Be sure you have adequate walkways to assure easy movement within rooms and halls.
- ✓ Never block any doorways or escape paths.
- ✓ Look at all electrical cords at least twice a year to be sure there is fraying or exposed internal wires.
- ✓ Never overload an extension cord.
- ✓ Keep electrical cords, appliances, and any medical equipment, such as infusion pumps away from sinks and water.
- ✓ Make sure all electrical appliances are in good working order.
- ✓ Make sure you have smoke alarms and that batteries are changed twice a year.
- ✓ Make sure you have a fire extinguisher and that it’s checked at least twice a year.

Equipment Safety

- ✓ If you were provided a stationary infusion pump with a pole, make sure you have a safe 3-prong outlet to plug it into. Extension cords are not permitted for use with an infusion pump; always check for circuit load capability with all electrical outlets and cords.
- ✓ Make sure that your infusion pump/pole is secure and does not have physical barriers, such as carpeting (if mobile).
- ✓ If you are provided with an IV pole, use caution when transporting it through your residence (i.e. on tile/bare floor) and be careful not to tip it over.
- ✓ Keep all equipment and supplies in a secure area and up and away from children and pets.
- ✓ If your infusion pump is not working properly and the problem cannot be corrected over the phone with your nurse. If the issue cannot be resolved the nurse will contact the pharmacy and a replacement pump will be provided to you.
- ✓ Keep all equipment (infusion pump and pole) clean by wiping with Isopropyl Alcohol 70%.

Personal Safety

- ✓ Do not allow people in your home that you don’t know. Employees of reputable companies will have some form of identification. If you are not expecting someone, do not allow the person into your home without first calling us for verification.
- ✓ All home care employees have photo identification badges. Again, if you are not expecting a visit, DO NOT ALLOW THE PERSON IN YOUR HOME. Call our telephone number provided to you by the delivery technician, and verify the delivery with the office.

Infection Control and Hand Washing

The best prevention for disease and complications is hand washing.

- ✓ Use soap and water generously
- ✓ Vigorously rub your hands together for 20 seconds
- ✓ Rinse hands under running water
- ✓ Wash hands after using the bathroom
- ✓ Wash hands before handling food and often during food preparation
- ✓ Wash hands before and after administering medication
- ✓ If no running water, use alcohol based hand gel
- ✓ Report any redness, swelling or signs of infection (especially if you have an IV access catheter, such as a PICC line, Hickman, Port-a-Cath) immediately to your physician or home health nurse
- ✓ Do not touch wound, open areas, IV connections or access without washing hands first
- ✓ If you have an infusion pump, make sure that it remains clean by wiping it with alcohol or alcohol pads.

Medication Safety

- ✓ Store medication in a safe, dry and cool place. Heat and moisture/humidity can damage many medications.
- ✓ Follow all storage / refrigeration instructions as indicated on the package and medication. Please refrigerated medication in to a clean area of your refrigerator.
- ✓ Review all Integrated Home Infusion pharmacy recommendations for proper temperature storage (such as for enteral feedings and medications).
- ✓ Keep medications out of reach of all children. Even a small overdose of medication, either prescription or over the counter type, can cause serious injury and death to young children.
- ✓ If you suspect a child has taken medication, call Poison Control at 800-282-3171. Someone will answer 24 hours per day. If you do not have a telephone, take the child and the medication to the hospital, or have a neighbor call 911.
- ✓ Always READ THE LABEL of ANY bottle, IV bag, syringe, injectable drug, etc., before taking the medication.
- ✓ Never place any other medication in the bottle, IV bag, syringe, injectable drug, etc.
- ✓ Take medications as ordered by your physician or as described on the label of over the counter medications.
- ✓ Never “make up a dose” unless you check with your doctor or pharmacist.
- ✓ Never exceed the recommended daily dose of an over the counter medication unless your doctor tells you it is necessary.
- ✓ Never take medication prescribed for someone else, even if you have the same diagnosis or illness. You may have other medical issues that are different that would affect the action of the drug.
- ✓ Always read the written material given to you with every medication. Keep the information so that you may refer to it if you have any unusual physical or emotional incidents. It may be related.
- ✓ Do NOT drink alcohol or eat foods listed as CONTRAINDICATED on the medication container or in the written handout; call your pharmacist if you aren’t sure.
- ✓ If you have trouble remembering when to take medications, or whether or not you have taken medication, make a calendar and mark off the medications as you take them.

Emergency / Disaster Preparedness

Disasters:

Disasters strike anytime and anywhere. It can be a hurricane, tornado, flood, fire, hazardous spill, and an act of nature or terrorism. It can hit suddenly, without warning or builds over days or weeks. You could be affected by one of these events at any time.

Emergency Planning:

Integrated Home Infusion has an Emergency Disaster Plan and is responsible for coordinating all activities related to the continued operation in the event of a Hurricane, Tropical Storm, Natural or Man Made Disaster.

We encourage you to take the time now to create your Emergency / Disaster Plan. Emergency Management officials suggest having sufficient food, water, medicines, and other necessary supplies to last at least three (3) days.

Deliveries:

Hurricanes or Tropical Storms: If the county you live in is placed under a Hurricane or Tropical Storm Watch, Integrated Home Infusion will continue making deliveries. However, once Hurricane or Tropical **Warnings** have been issued and winds have reached a sustained 35 mph, Integrated Home Infusion will suspend deliveries and our Pharmacy Delivery Technicians will be called off the roads. Once the "All-Clear" has been given by the National Hurricane Center and Emergency Management Officials, Integrated Home Infusion will resume services. Please remember that it may be difficult getting to your area due to downed trees, power lines and curfews.

Phone System:

If for any reason Integrated Home Infusion telephone system goes down, we will utilize our answering service, cell phones and call forwarding service to continue receiving calls and servicing patients.

Evacuation:

If you live in an evacuation area or reside in a mobile home and have been given orders to evacuate, you should do so immediately. ***Remember to take all your necessary medical equipment, medications and emergency supplies with you. Contact Integrated Home Infusion at the numbers illustrated in this Handbook and let us know where you will be evacuating to so we may service you after a storm or the emergency has passed.*** We will not be able to assist you without you calling us to let us know where you will be temporarily staying before, during and after an emergency / disaster.

Public Shelters:

Public Shelters should be used only as a *last resort* if you have nowhere else to go. It is better to stay with family, friends, or in commercial lodging out of the evacuation areas. Public Shelters have no privacy, bedding, limited food and water. Public Shelters will not accept individuals who require continued medical assistance or use of electrical medical equipment.

Community Resource Information:

A list of phone numbers and websites can be found in your Patient Handbook on page 15.

Public Announcements:

Before, during and after a disaster and only if necessary, Integrated Home Infusion will announce via radio or television any special instructions as it relates to the company and your medical services. Listen to your local radio or television station to hear these updated announcements.

If you have any questions on disaster preparation, please call us at: 844-215-4264.

Biomedical Waste

Florida Law requires that certain waste be discarded in a special manner that is designed to protect the public and prevent the spread of illness. This waste includes: needles, syringes (sharps), finger-stick supplies, tubing that has been contaminated with blood, supplies used for chemotherapy, dressings/bandages that have been saturated in blood and/or bodily fluids. If you have a wound and your dressing requires special disposal, discuss this disposal with your nursing agency. This type of waste must be disposed of in a red plastic bag, which will be provided to you. If you obtain a red plastic bag, it cannot be disposed of in the county's regular trash/garbage area.

DO NOT place red bags OR sharps containers in your regular trash.
Contact Integrated Home Infusion for disposal instructions or pick-up.

If you use finger-stick supplies to check your blood, receive any injections, or have intravenous therapies:

1. You must not discard any sharps (needles, syringes, or lancets) in the regular trash.
2. We will provide a sharps container for your needs for the therapy we are providing.
DO NOT FILL THE SHARPS CONTAINER MORE THAT TWO THIRDS (2/3) FULL. Our delivery technicians will not pick-up sharps containers that are overflowing.
3. A special chemotherapy container will be provided and picked up from your home if you are receiving chemotherapy.
4. Store your sharps container upright and out of reach of children.
5. When your therapy is completed please call us at **844-215-4264** so that we may pick up your equipment and supplies. If you have a sharps container only, your nurse or physician may also help you dispose of this properly.
6. Caregivers must use gloves and/or gowns when handling biomedical waste.

Care Planning / Discharge Planning

The care planning and discharge planning process starts at the beginning of your care.

Your pharmacist, in collaboration with your physician, you and the medical professionals involved in your care will develop a patient care plan which will include:

- Infusion therapy to be provided and directions on how to administer
- Teaching Plan
- Information about your infusion medication(s)
- Equipment (pump)
- Self-Care
- Safety and Disaster Plan
- Biohazardous Disposal
- Follow up with physician

Offer of Patient Counseling

In accordance with Florida Administrative Code, Rule Chapter 61F10, subsection 61F10-27.820, we are making available to you or your agent the right to patient counseling about your prescribed medications.

You may contact us at any time with questions regarding your infusion medication, supplies and/or pumps. You may speak with any of our licensed pharmacists who are familiar with your case, and/or have access to your medication history, diagnosis, and drug treatment plan.

When required, the following elements may be included as part of the patient counseling process.

1. The name and description of the drug dispensed.
2. The medication, dosage form, dose, route of administration, and duration of the drug therapy.
3. The intended use of the drug and expected action.
4. Special directions and precautions.
5. Common severe side effects, adverse drug reactions, drug interactions and/or therapeutic contraindications that may be encountered, including ways of avoidance and/or which actions are required to take if there is an occurrence.
6. Techniques for self-monitoring drug therapy.
7. Proper medication, equipment and/or supply storage.
8. Prescription refill information.
9. Action to be taken in the event of a missed dose.
10. Proper aseptic techniques if you are self-administering your medication.
11. Pharmacists' comments relevant to the individual's drug therapy, including any other information particular to the specific patient or medication therapy.

A pharmacist is available for patient counseling and may be reached at - 844-215-4264.

Ethics

- Our policy assures patient treatment and care will be delivered in a manner that assures the best interest of the patient.
- Complex ethical issues dealing with patient care may be resolved by convening a meeting of our Ethics Committee.
- Staffing, Marketing, and Billing will be conducted in an ethical and legal manner according to usual health care organization standards, payer sources, State, and Federal regulations.
- For a copy of these policies, please contact our administrative offices at: 844-215-4264.
- As an ACHC accredited organization, we are responsible to inform you and when appropriate, your family and/or caregiver regarding unanticipated outcomes of care, treatment, and services that relate to sentinel events considered reviewable by ACHC. Those reviewable events include, but are not limited to, an event which has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of your illness or underlying condition.

Fall Prevention Information

Falling is the most frequently reported accident at home
Ways to Reduce Your Chances of Falling are:

AROUND YOUR HOME

Bathrooms

- Consider installing a raised toilet seat
- Consider installing grab bars inside the bath; shower area and next to the toilet
- Shower and Tub floors should have non-skid surfaces (mats or strips)

Floors

- Secure loose rugs and mats with carpet tape
- Keep the areas where you walk free of clutter, electrical cords, telephone cords and small objects
- Repair holes or tears in carpeting
- Avoid waxing wooden floors

Lighting

- Keep night lights on in hallways, bedrooms and bathrooms
- Have flashlights in convenient locations
- Turn on a light before entering a room in your house
- Make sure you can turn on a light while in bed, before getting up

Kitchen

- Items should be kept on lower shelves
- Do not stand on a chair to reach anything

Stairs

- Handrails should be installed in all stairways
- Stairs should be well lit
- Stairs should have non-skid surfaces

PERSONAL HABITS

- Find out if medications might make you feel dizzy, unsteady or drowsy
- Consider using a cane or walker
- Don't walk with only socks on your feet
- Wear shoes that are supportive with non-slippery soles
- Don't have more than two alcoholic drinks per day
- Take time to make sure your balance is steady before sitting up or standing
- Avoid rushing to answer the phone or door

EMERGENCIES

- Consider getting an Emergency Alert System that has an alert button that you wear around your neck or wrist
- Make sure you can easily reach a phone

Community Resource Information

AGENCY / SERVICE	WEBSITE	PHONE NUMBER
AARP	www.aarp.org	888-687-2277
Abuse Hotline (Florida)	www.dcf.state.fl.us/abuse	800-962-2873
Agency for Healthcare Administration - COMPLAINTS	www.apps.ahca.myflorida.com	888-419-3456
Aids Hotline (Florida)	www.aidshotline.org	800-352-2437
Asthma and Allergy Foundation	www.aafa.org	800-727-8462
ALS Association	www.alsa.org	800-782-4747
Alzheimer's Association	www.alz.org	800-272-3900
American Diabetes Association	www.diabetes.org	800-342-2383
American Cancer Society	www.cancer.org	800-227-2345
American Heart Association	www.americanheart.org	800-242-8721
American Kidney Foundation	www.kidney.org	800-622-9010
American Lung Association	www.lungusa.org	800-548-8252
American Parkinson's Association	www.apdaparkinson.org	800-223-2732
American Red Cross (Disaster & Emergency Assistance)	www.redcross.org	800-733-2767
American Sleep Association	www.sleepapnea.org	202-293-3650
Arthritis Foundation	www.arthritis.org	800-283-7800
COPD Foundation	www.copdfoundation.org	866-316-2673
Deaf Association - Relay Service ZVRS 711	www.nad.org	711
FEMA - (Federal Emergency Management Agency)	www.fema.org	800-621-3362
Florida Coalition Against Domestic Violence	www.fcadv.org	800-500-1119
Florida Department of Elder Affairs	www.elderaffairs.state.fl.us	800-963-5337
Florida Department of Health	www.doh.state.fl.us	850-245-4444
Florida Department of Insurance	www.floir.com	866-693-5236
Medicaid Fraud and Abuse	www.cms.hhs.gov	888-419-3456
Medicare Fraud	www.medicare.gov	800-447-8477
Multiple Sclerosis Foundation	www.msfocus.org	800-225-6495
National Hurricane Center	www.nhc.noaa.gov	N/A

Privacy Notice

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. As another example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Permitted Uses and Disclosures: We may use or disclose your protected health information in the following situations without your authorization. These situations include:

As Required By Law: We may disclose your protected health information in any circumstances where the law requires us to do so.

Public Health: We may disclose your protected health information for certain public health activities such as preventing or controlling disease, reporting child abuse or neglect, or disclosing potential exposure to a communicable disease.

Abuse or Neglect: We may disclose your protected health information to the appropriate government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Health Oversight: We may disclose your protected health information to agencies responsible for health oversight activities, such as audits, investigations, or licensure actions. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Privacy Notice

Legal Proceedings: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to 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 (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement: We may disclose your protected health information to law enforcement if asked to for certain reasons, such as to provide evidence about criminal conduct.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information about people who have died to coroners, medical examiners, or funeral directors. We may also make disclosures to agencies that are responsible for getting and transplanting organs.

Research: We may reveal your protected health information in connection with certain research activities after going through a special approval process.

Fundraising: We may use or disclose limited protected health information to communicate with you regarding fundraising, of which you may opt out. We will not condition your treatment or payment options on your decision.

Serious Threats to Health or Safety: We may disclose your protected health information if it is needed to prevent a serious threat to the health or safety of a person or the public.

Specialized Government Functions: We may disclose your protected health information for certain specialized government functions, such as military and veteran activities if you are a member of the armed forces, national security and intelligence activities, and correctional institution activities if you are an inmate.

Workers' Compensation: We may disclose protected health information to workers' compensation programs or other programs which provide benefits for work-related injuries or illness.

To Individuals Involved in Your Care or Payment for Your Care: We may disclose protected health information about you to a friend or family member who is involved in your medical care, or for notice purposes. We may also give information to someone who helps pay for your care. You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

Special Categories of Information: In some circumstances, your protected health information may be restricted in a way that limits some of the uses and disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information—e.g. tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

2. Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice, or the laws that apply to us, **will be made only with your written permission.** Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be a sale of protected health information, require your written permission. If you provide us permission to use or disclose such protected health information about you, **you may revoke that permission**, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of such protected health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Privacy Notice

3. Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right of access to inspect and copy your protected health information.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to any other law that prohibits access to protected health information. You may also request that your PHI be sent to designated individual. However, your request may be subject to denial and the Company may charge a reasonable fee for the fulfillment of your request.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. In most cases, your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional. However, we must agree to your request for a restriction on the disclosure of protected health information to a health plan for a payment or health care operations purpose, and the protected health information relates only to a health care item or service for which we have been paid out-of-pocket in full by you or someone on your behalf.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

4. Changes to this Notice

We reserve the right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will inform you by mail of any changes, and the new notice will be available upon request. You then have the right to object or withdraw as provided in this notice.

5. Complaints

You may report a complaint to our Privacy Officer at 3700 Commerce Parkway, Miramar, FL 33025 by mail or call 844-215-4264 or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. **We will not retaliate against you for filing a complaint.**

6. Our Legal Responsibilities

We are required by law to maintain the privacy of protected health information, provide individuals with this notice of our legal duties and privacy practices with respect to protected health information, abide by the terms of this notice, and notify affected individuals following a breach of unsecured protected health information. If you have any objections to this form, or would like further information about your rights or our privacy practices under this notice, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Effective Date: This notice became effective on September 23, 2013.

Medicare Supplier Standards

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
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 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 either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical 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. This standard requires that the location is 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. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of business in a local directory or toll-free number available through directory assistance. The exclusive use of a beeper number, 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. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of the beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare covered items it has rented to beneficiaries.

Medicare Supplier Standards (Continued)

15. A supplier must accept returns from beneficiaries 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item;
17. A supplier must disclose to the government any person having ownership, financial, or controlling 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 for those specific products and services.
23. All DMEPOS 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 DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.
26. All DMEPOS suppliers must obtain a **surety bond** in order to receive and retain a supplier billing number in 42 C.F.R. 424.57(c).
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 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

These standards are reviewed and updated on a yearly basis (if necessary). Last Review: 10/06/2021

**Telephone Number for Medicare Beneficiaries
800-633-4227**

Medicare Prescription Drug Coverage and Your Rights

Your Medicare Rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an “exception”** if you believe:

- You need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is call a “formulary”
- A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- You need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

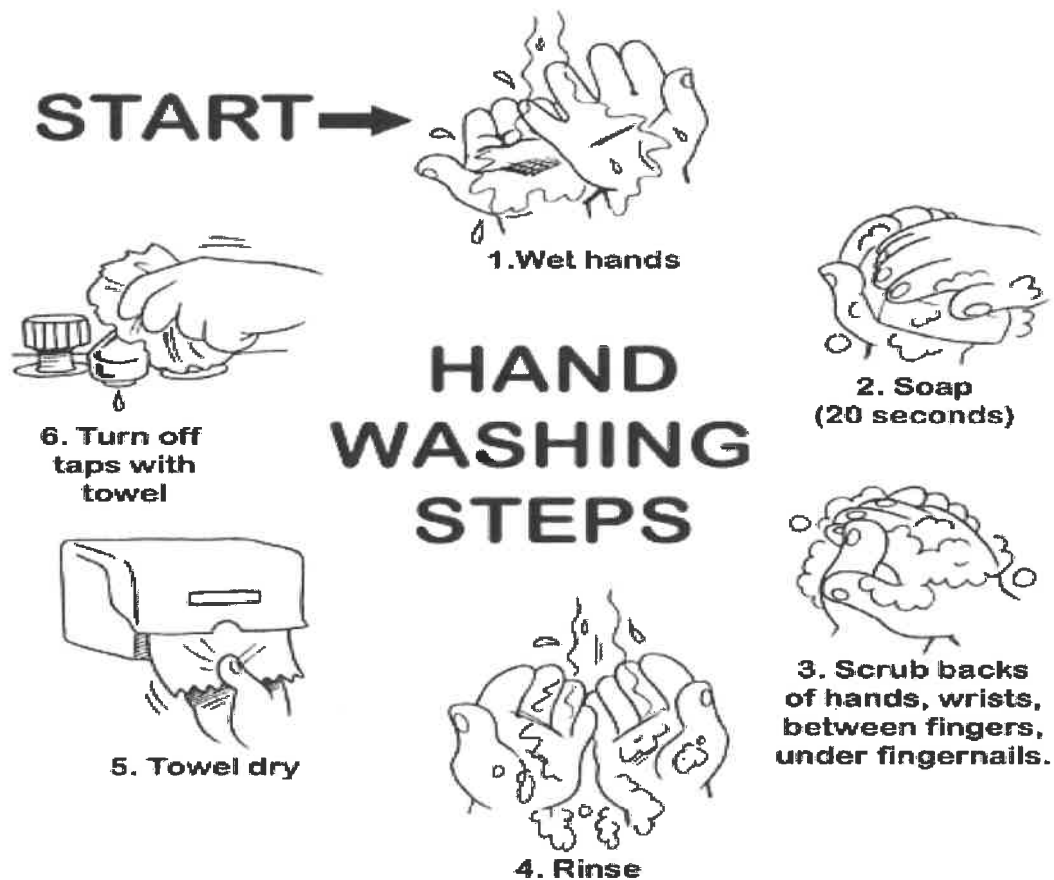
Refer to your plan materials or call 1-800-633-4227 for more information.

Hand Washing

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. Follow the directions below when washing your hands.

Proper Hand Washing Technique

1. **Wet** your hands with clean, running water (warm or cold), turn off tap, and apply soap.
2. **Lather** your hands by rubbing them together with soap. Be sure to lather the backs of your hands, between your fingers and under your nails.
3. **Scrub** your hands for at least 20 seconds.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them



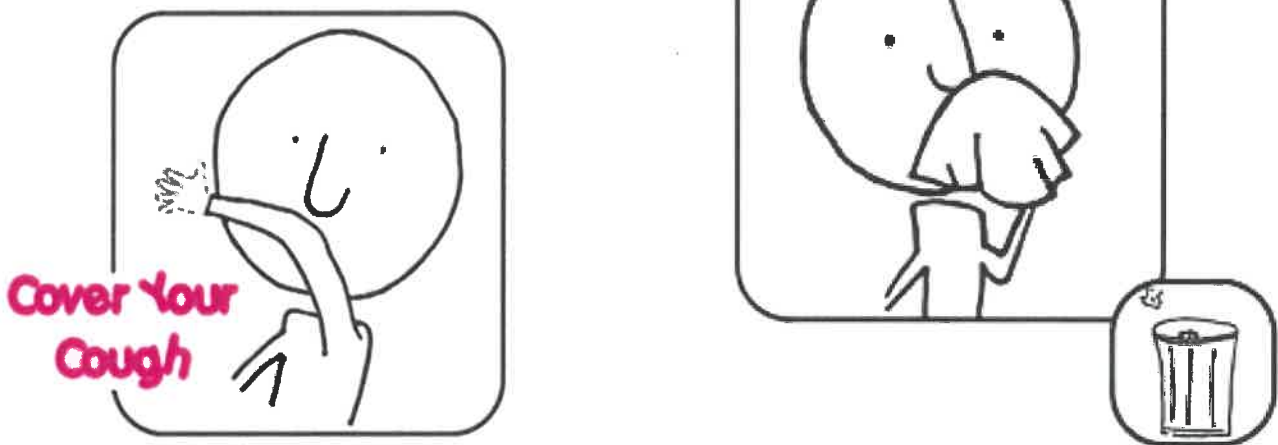
Cover your Cough and Sneezes

Stop the spread of germs that can make you and others sick!

Influenza (flu) and other serious respiratory illnesses like respiratory syncytial virus (RSV), whooping cough, and severe acute respiratory syndrome (SARS) are spread by cough, sneezing, or unclean hands.

To help stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in the waste basket.
- If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- You may be asked to put on a facemask to protect others.
- Wash your hands often with soap and warm water for 20 seconds.
- If soap and water are not available, use an alcohol-based hand rub.



We Care About What You Think !!

In order to provide the best possible care to our patients, we need continuous feedback. Your perceptions about the care we provide are very important to us.

For these reasons, employees representing our company will be phoning you during or after your treatment is complete to help us determine what we're doing well and where we need to improve.

You will be asked a few questions about the care and service you received from us. The survey should take less than three (3) minutes to complete and **ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.**

If you have any questions about the Telephone Survey or any other services that we provide to you; please call us at 844-215-4264.

Thank you,

Integrated Home Infusion – Pharmacy Team