



PATIENT HANDBOOK

844.215.4264
www.ihcscorp.com





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Corporate Office: 3700 Commerce Parkway, Miramar, Florida 33025

Hours of Operation and Telephone

Florida Facilities

Hours of Operation

8:30 a.m. – 5:30 p.m.

Monday to Friday

Referrals and Customer Service

Hours of Operation

8:30 a.m. – 10:00 p.m. *Eastern Time*

Monday to Friday

Telephone: 844.215.4264

After Hours, Weekends, Holidays and Declared Emergencies

Integrated Home Care is there when you need us. Please call 844.215.4264 to speak to an after-hours call service representative. Leave your name, phone number along with a brief message and a member of Integrated Home Care's team will call you back.

OUR MISSION

Go Beyond

To be the trusted ally that helps patients, providers, and plans achieve their goals in the home

Our Vision

Unlock the full potential of care in the home

Our Values

To ensure the highest quality of care in the home, we commit to these values:

Service with Compassion – We put patients first in everything we do with family

Accountability – We make bold promises and deliver on our commitments

Integrity – We promote honesty, integrity, and openness in all we do

Collaboration – We believe in the power of working together

Innovation – We believe in room for improvement always exists

In Case of Emergency, Dial 911

Welcome to Integrated Home Care

At Integrated Home Care, we provide a wide range of home medical equipment to help improve your quality of life and activities of daily living. Our homecare specialist team is committed to providing you with the best care and personal attention at all times. In order to best meet your needs and provide you with the services you expect, we ask for your cooperation and offer the following information.

WE ASK THAT YOU PLEASE NOTIFY US IF:

- You have a special delivery request;
- You have a question about the products or services you are receiving;
- You have been hospitalized or are leaving the service area;
- There is a change in your address or telephone number;
- You no longer need the equipment that is being provided to you

Integrated Home Care is open Monday to Friday from 8:30 a.m. to 5:30 p.m. However, when our office is closed, we have designated managers on call 24 hours a day who are available to address your needs, problems or concerns. If you are a customer receiving medical equipment, a manager is available to assist you with any urgent concerns. Please call us at 844-215-4264.

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 DME General Manager at 844-215-4264. You may also call the **Accreditation Commission for Health Care** at 855-937-2242 to report any concerns or register a complaint.

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

Consent to Phone Calls, Emails and SMS Text Messaging

You give permission to Integrated Home Care to call you, email you or contact you via SMS Text Messaging. Integrated will never sell, share, or publish your email address / phone number.

Warranty Coverage

Every product sold or rented by our Company carries a one (1) year manufacturer's warranty. Integrated Home Care will honor all warranties under applicable law. Integrated Home Care will repair or replace, free of charge, equipment that is under the manufacturer's warranty. In addition, an owner's manual with warranty information will be provided to patients/clients for all durable medical equipment where this manual is available. Integrated Home Care is a distributor of home medical equipment, not a manufacturer, and is not liable for injuries resulting from defective products.

Patient Bill of Rights and Responsibilities

At Integrated Home Care, we believe that our patients have rights and responsibilities, and we are committed to ensuring that we care for our patients with personal attention at all times.

As a patient of Integrated Home Care, you have the right to:

- Be given information about your rights to receive homecare services.
- Receive a timely response from Integrated Home Care regarding your request for homecare services.
- Be given information about Integrated Home Care policies, procedures, and charges for services.
- Choose your homecare providers.
- Be given appropriate and professional quality homecare services without discrimination against your race, color creed, religion, sex, national origin, sexual orientation, disability, or age.
- Be treated with courtesy and respect by all who provide homecare services to you.
- Be free from physical and mental abuse and/or neglect.
- Be given proper identification by name and title of everyone who provides homecare services to you.
- Be given necessary information regarding treatment and choices concerning rental or purchase options for durable medical equipment, so you will be able to give informed consent for your services prior to the start of any service.
- Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose in terms and language you can reasonably be expected to understand.
- A plan of service that will be developed to meet your unique service needs.
- Participate in the development of your plan of care/service.
- Be given an assessment and update of your developed plan of care/service.
- Be given data privacy and confidentiality.
- Review your clinical record at your request.
- Be given information regarding anticipated transfer of your homecare service to another healthcare facility and/or termination of homecare service to you.
- Voice grievance with and/or suggest a change in homecare services and/or staff without being threatened, restrained, and discriminated against.
- Refuse treatment within the confines of the law.
- Be given information concerning the consequences of refusing treatment.
- Have an advance directive for medical care, such as a living will or the designation of a surrogate decision maker, respected to the extent provided by the law.
- Participate in the consideration of ethical issues that arise in your care.

As a patient of Integrated Home Care, you have the responsibility to:

- Use the equipment and supplies with reasonable care, in the manner that was intended.
- Not alter or modify the equipment and return it in good working order considering normal wear and tear;
- Store supplies and equipment as instructed by our staff and provide reasonable care to prevent these items from being damaged, lost or stolen;
- Promptly report any malfunction or defects in any of the equipment, products or supplies that we have provided so that we can repair or replace it;
- Permit authorized representatives of our company access to all rental equipment for repair, replacement, maintenance and/or pick up;
- Keep the equipment, products and supplies in your possession at the agreed upon address unless otherwise authorized by our organization;
- Notify our company if you are hospitalized, plan to leave the area, change health care insurance, physician or treatment;
- Notify our company if your treatment is changed, suspended or otherwise terminated;
- Accept financial responsibility for the equipment, products and supplies provided by our company.

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 the 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. How we protect your data

We keep your information safe by encrypting your data, protecting our networks, applications and systems and only allowing certain staff access to your data. We keep your information for ten (10) years at which point we securely destroy it by security erasing or destroying your data. Data is securely stored in physically secured facilities with limited access. Steps are taken to secure your data logically and physically from loss theft or accidental disclosure when at rest encryption, encryption in transit in our high-level security architecture functions. When your data is no longer needed by the organization or you have requested its removal, the data is then disposed of in a secure manner within ten (10) years.

5. 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.

6. 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.**

7. 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: September 20, 2023.

Medicare DMEPOS Supplier Standards

Below are the Medicare Supplier Standards. Please note this is an abbreviated version of the supplier standards. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the 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 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 business in a local directory or toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items and maintain proof of delivery.
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 DMEPOS 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 standards to each beneficiary it supplies a Medicare-covered item;
17. A supplier must disclose 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. (except for certain exempt pharmaceuticals);
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.
26. A supplier must meet the surety bond requirements specific to 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. A supplier is prohibited from sharing a practice location with certain 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 of a DMEPOS supplier with certain custom-made orthotics and prosthetics.

* Although CMS has revised payment rules for capped rental items, supplier standard 5 still applies for inexpensive and routinely purchased items that do not fall into the capped rental category and applicable capped rental items (i.e. complex rehabilitative power wheelchairs and parental/enteral pumps, etc.).

These standards are reviewed and updated on a yearly basis (if necessary). Last review: 02/2024

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

Safety Information

It is essential that you operate your equipment and supplies safely and correctly to benefit from their use. The following suggestions will help you safely use these devices.

- Always follow the directions provided by your **Integrated Home Care** representative.
- Always use the safety devices provided.
- Never bypass, disconnect, or cover alarms.
- Always use safety locks and make sure they are always in the locked position.
- Never move into or out of a wheelchair unless the brakes are applied.
- Electrical devices should be plugged into a properly grounded outlet that meets the amperage requirements of the equipment. Never expose electrical devices to water or liquid.
- Be sure the floor is free of loose carpeting and throw rugs. Tape down electrical cords that are in a high traffic areas to avoid tripping.
- Avoid using extension cords and multi-plugs. Place equipment as close to the outlet as possible.
- If necessary, rearrange the furniture to provide easy access to important areas of your home.
- Use smoke alarms, have fire extinguishers available and check them regularly.
- Keep important phone numbers near the phone so that they are handy in an emergency.
- Make sure no parts of the body come in contact with moving parts of equipment (wheelchairs, raising and lowering beds, etc.).
- Only responsible individuals familiar with the operation should operate devices. Children and incompetent adults should not operate devices.
- Store oxygen and supplies as directed and out of the reach of children.
- If your equipment has a battery back-up, keep the equipment plugged into the outlet to keep the battery charged.
- Never touch any electrical fixture or appliance with wet hands, while standing on a damp floor or while in the bathroom.
- Do not warm medications or solutions in the microwave or hot water unless directed.
- If you use oxygen, remember to keep your "No-Smoking" signs visible for family, visitors, and emergency workers to see. Be careful and avoid tripping on your oxygen tubing.
- Power wheelchairs and scooters are not to be operated as a car or golf cart.

Emergency / Disaster Preparedness

Integrated Home Care encourages you to listen to your local Emergency Management Office for the latest guidance and preparation

Disasters:

Disasters can strike anytime and anywhere. It could be a hurricane, tornado, blizzard, earthquake, 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 Care 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 own personal Emergency / Disaster Plan. When preparing, Emergency Management officials suggest having sufficient food, water, medicine, and other necessary supplies to last at least three (3) days.

Deliveries:

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

Phone System:

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

Emergency Back-Up Oxygen:

If have been made aware of an impending Hurricane, Tropical Storm, Snowstorm/Blizzard, please call Integrated Home Care at 844-215-4264 ahead of time to place an order for emergency back-up oxygen.

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 Care at 844-215-4264 and let us know where you will be evacuating to so we may service you after a storm or when the emergency has ended.*** 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.

Public Announcements:

Before, during and after a disaster and only, if necessary, Integrated Home Care 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.

Florida Special Needs Registry & Emergency Evacuation Assistance

What is the Special Needs Registry and Emergency Evacuation Assistance Program:

Emergency Management may recommend evacuations in the county you live in due to a Hurricane, Tropical Storm or other Natural Disaster. Special Needs is a program that provides shelter for individuals with certain special medical needs and / or assistance with evacuation transportation. Pre-registration for the Special Needs Shelter and Emergency Evacuation Assistance is open and ongoing throughout the year. It is strongly recommended that you register early to ensure that a shelter will meet your needs.

Integrated Home Care will gladly assist you in registering – Call: 844-215-4264.

Special Needs Shelter:

Please Note: A Special Needs Shelter should be used as a place of last refuge if you are required to evacuate. You will not receive the same level of care that you're accustomed to at home. Conditions in a shelter can be very stressful.

If you have a caregiver, the caregiver must accompany you to the Special Needs Shelter and remain with you until it is safe to return home. A caregiver can be a friend, relative, guardian, neighbor or volunteer. Only one caregiver may accompany you to the shelter. Family members, friends, etc. should go to a regular public shelter. The caregiver will be provided with floor space but must provide their own bedding, pillows etc. They should also bring personal snacks, drinks, a flashlight, and portable radio.

CAREGIVERS WHO REGULARLY ASSIST YOU IN YOUR HOME ARE EXPECTED TO CONTINUE TO DO THE SAME CARE IN THE SHELTER.

Following is a list of what Special Needs Patients should bring with them to the special needs shelter during an evacuation:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- The patient's medication, supplies and equipment list supplied by the home health agency
- The phone, and emergency numbers for the patient's physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; Do Not Resuscitate (DNR) form, if applicable;
- Name and phone number of the patient's home health agency
- Prescription and non-prescription medication needed for at least 5 to 7 days; oxygen for 5 to 7 days, hours, if needed and shelter space allows
- A copy of the patient's plan of care
- Identification and current address
- Special diet items, non-perishable food for 5 to 7 days and 1 gallon of water per person per day
- Glasses, hearing aids and batteries, prosthetics and any other assistive devices
- Personal hygiene items for 5 to 7 days (including adult diapers, colostomy supplies, etc.)
- Extra clothing for 5 to 7 days
- Flashlight, Radio and extra batteries
- Self-entertainment and recreational items, like books, magazines, quiet games.
- Labeled shoe box or other small, closed container to hold the majority of the smaller items listed above to facilitate storage and ease of use.

Special Needs Shelters are not appropriate for:

- Pregnant women within six (6) weeks of estimated delivery date
- Patients requiring a ventilator
- Persons suffering from acute infection
- Persons requiring isolation
- Persons who are bedridden or require total care

Resource Information

AGENCY / SERVICE	WEBSITE	PHONE NUMBER
AARP	www.aarp.org	888-687-2277
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
Center for Disease Control	www.cdc.gov	800-232-4636
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
Meals on Wheels	www.mowaa.org	888-998-6325
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
National Sexual Abuse Hotline	www.rainn.org	800-656-4673
National Suicide Prevention 24/7 Hotline	suicidepreventionlifeline.org	988
Poison Control Hotline	www.aapcc.org	800-222-1222
Social Security Administration	www.ssa.gov	800-772-1213

State Specific Information

Arizona

Elder Abuse Hotline: 877-767-2385
Senior Services Help Line: 602-542-1023
Department of Child Abuse/Safety: 888-767-2445
Consumer Complaints: email – consumerinfo@azag.gov
Arizona Department of Health Services: 602-542-1025
Arizona Division of Emergency: 602-244-0504

Colorado

Elder Abuse Hotline: 720-944-2994
Senior Services Help Line: 303-866-5700
Child Abuse and Neglect: 844-264-5437
Consumer Complaints: 303-866-5700
Colorado Department of Human Services: 303-866-8700
Colorado Division of Emergency Management: 720-852-6600

Florida

Elder Abuse Hotline: 800-962-2873
Senior Services Help Line: 800-963-5337
Child Abuse and Neglect: 800-799-7233
Consumer Complaints: 866-966-7226
Florida Department of Health: 850-245-4444
Agency for Healthcare Administration: 888-419-3456
Florida Division of Emergency Management: 850-815-4000

Kansas

Elder Abuse Hotline: 800-922-5330
Senior Services Help Line: 888-353-5337
Child Abuse and Neglect: 800-922-5330
Consumer Complaints: 800-432-2310
Kansas Department of Health: 785-296-1500
Kansas Division of Emergency Management: 785-656-0099

Missouri

Elder Abuse Hotline: 800-392-0210
Senior Services Help Line: 573-751-6400
Child Abuse and Neglect: 800-392-3738
Consumer Complaints: 800-392-8222
Missouri Department of Health: 800-392-0210
Missouri Division of Emergency Management: 573-526-9100

North Carolina

Elder Abuse Hotline: 800-662-7030
Senior Services Help Line: 919-733-3983
Child Abuse and Neglect: www.ncdhhs.gov/divisions/social-services/local-dss-directory
Consumer Complaints: 877-566-7226
North Carolina Department of Health: 800-624-3004
North Carolina Department of Public Safety: 919-710-8885:

State Specific Information – continued

Ohio

Elder Abuse Hotline: 800-677-1116
Senior Services Help Line: 800-266-4346
Child Abuse and Neglect: 855-642-4453
Consumer Complaints: 800-282-0515
Ohio Department of Health: 833-427-5634
Ohio Division of Emergency Management: 614-889-7150

South Carolina

Elder Abuse Hotline: 803-898-7318
Senior Services Help Line: 800-868-9095
Child Abuse and Neglect: 888-227-3487
Consumer Complaints: www.consumer.sc.gov/consumer-resources/consumer-complaints
South Carolina Department of Health: 888-549-0820
South Carolina Division of Emergency Management: 803-737-8500

Pennsylvania

Elder Abuse Hotline: 800-490-8505
Senior Services Help Line: 800-225-7223
Child Abuse and Neglect: 800-932-0313
Consumer Complaints: 800-684-6560
Pennsylvania Department of Human Services: 800-692-7462
Pennsylvania Division of Emergency Management: 717-651-2001

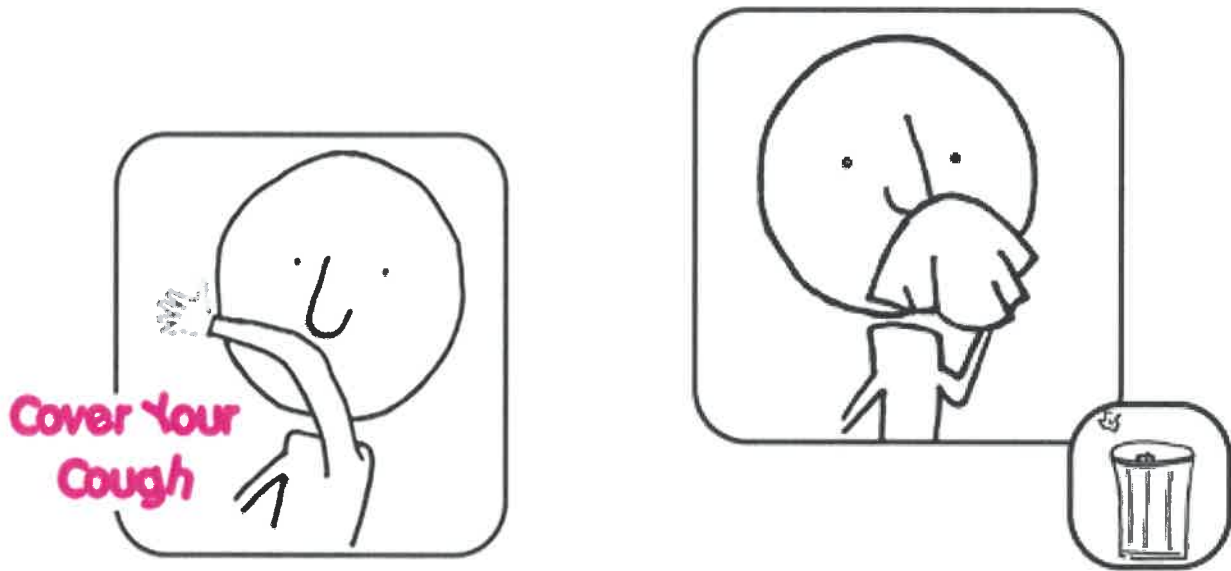
Cover your Cough and Sneezes

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.

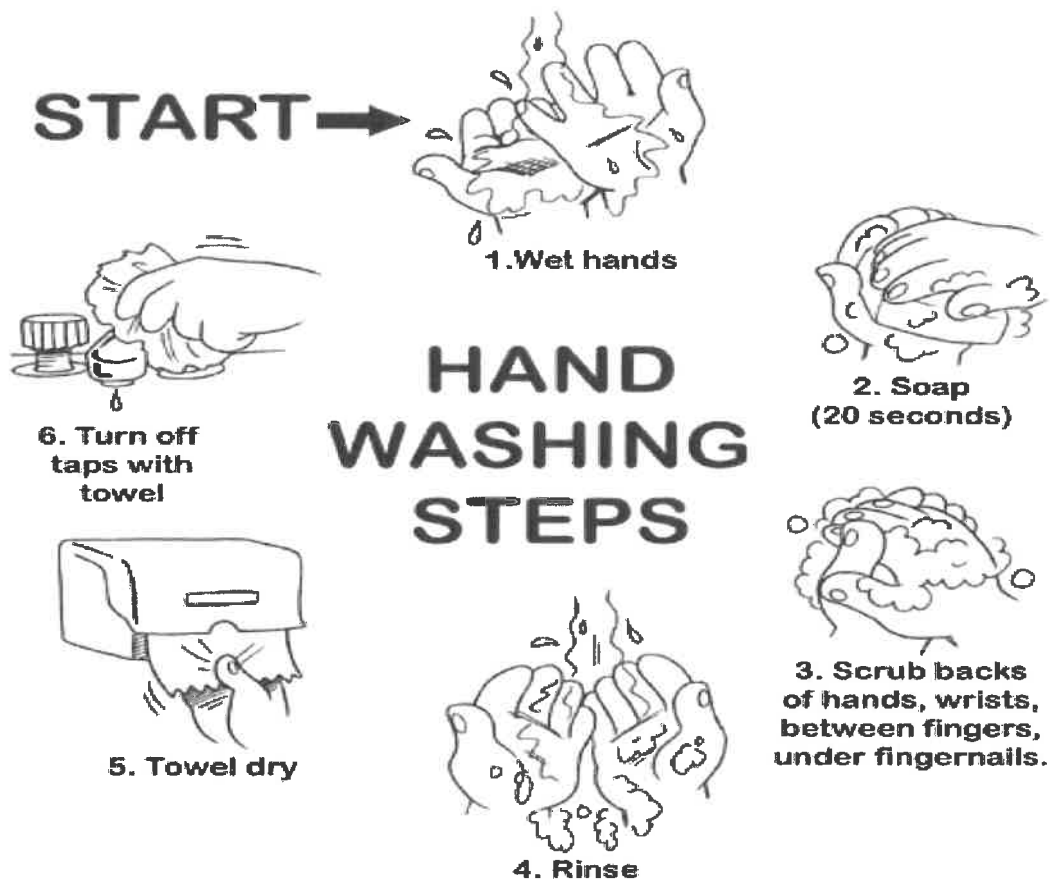


Hand Washing

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.



Fall Prevention

Falling is the most frequently reported accident at home.

Ways to Reduce Your Chances of Falling:

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

Enteral / Nutrition Instructions

It is very important to store the enteral/nutrition product in a way that keeps it at its very best. You should store it in a cool, dry place, away from direct sunlight and somewhere that it will not freeze.

Once you open the enteral/nutrition, it is advised that you handle it in a sterile way.

Always check the "best before" date prior to using.

Rotating the enteral/nutrition, using the oldest first, can help reduce the risk of it going out of date.

If you have any issues with your pump or need supplies, contact us at 844-215-4264

Oxygen and Fire Safety

Because supplemental oxygen is an important part of your home healthcare, there are certain precautions to understand to ensure safe use. Although oxygen is a non-flammable gas, oxygen supports combustion. An atmosphere enriched with oxygen will make fire burn faster and hotter.

Please apply the following important precautions regarding oxygen and its use:

- **DO NOT Smoke – Oxygen and Smoking is Dangerous**
- **No one should smoke in the home**
- **Do not use candles, matches or gas-powered lanterns**
- **Keep oxygen system and oxygen tubing 25 feet away from any heat source**
- **Keep flammable material away from any oxygen source**
- **Have a “NO SMOKING” sign in view at all times**
- **Have a least one working “smoke detector” and test it monthly**
- **Have a fully charged “fire extinguisher” and check it monthly**
- **Oxygen should be used and stored in a well-ventilated area**
- **DO NOT store oxygen cylinders under a bed, in a closet or behind curtains**
- **Greasy / Oily hands should be washed before handling oxygen**
- **DO NOT use Petroleum Jelly; Oil Based Skin Lotions; Hair Spray; Nail Polish; Nail Polish Remover and Aerosol Sprays**
- **Never place oxygen tubing under clothing, bedding, carpets or rugs**
- **Oxygen Cylinders should be in stands or carts. Small cylinders may be placed on their side in a well-ventilated area**
- **Do not store or transport oxygen cylinders in the trunk of a vehicle**
- **If you go out to a restaurant, family or friends home, be aware of smokers around you, candles burning or any other flammable source**
- **Using oxygen increases the risk of fires and fires will burn hotter and faster**
- **Smoking and using oxygen can put your neighbors and adjacent buildings at risk**
- **Have at least two ways out of your home and everyone should be familiar with the routes**
- **Practice your emergency escape plan at least twice a year**

Common Causes of Household Fires:

- **Smokers using oxygen**
- **Careless smokers**
- **Candles or Incense burning and left unattended**
- **Cooking utensils left on a hot stove unattended**
- **Improper use of extension cords**
- **Overloaded electrical outlets**
- **Improper placement and use of space heaters**
- **Christmas Trees and Decorations**
- **Improper use or malfunctioning BBQ grill**
- **Clothes Dryer**
- **Dirty Chimney**

Oxygen Duration Chart

All Times Shown Are Based On A "FULL" Tank (2,000 psi)

LPM	<u>PEDIATRIC</u> Regulator "B" Tank Continuous Flow	<u>ADULT</u> Regulator "B" Tank Continuous Flow	"B" Tank Conserv Flow	"C" Tank Conserv Flow	"D" Tank Conserv Flow	"E" Tank Continuous Flow	"H" Tank Continuous Flow
0.03 = 1/32	91.5 Hrs	N/A	N/A	N/A	N/A	N/A	N/A
0.06 = 1/16	45.25 Hrs	N/A	N/A	N/A	N/A	N/A	40 Days
0.12 = 1/8	22.25 Hrs	N/A	N/A	N/A	N/A	N/A	20 Days
0.25 = 1/4	10.5 Hrs	N/A	N/A	N/A	N/A	N/A	10 Days
0.37 = 3/8	7.0 Hrs	N/A	N/A	N/A	N/A	N/A	6.5 Days
0.50 = 1/2	5.25 Hrs	N/A	N/A	N/A	N/A	N/A	5 Days
0.75 = 3/4	3.25 Hrs	N/A	N/A	N/A	N/A	N/A	3.25 Days
1	2.25 Hrs	2.25 Hrs	8 Hrs	14 Hrs	32 Hrs	8.0 Hrs	2.5 Days
1.5	1.50 Hrs	1.50 Hrs	N/A	N/A	N/A	6.25 Hrs	1.75 Days
2	1.25 Hrs	1.25 Hrs	6.0 Hrs	10 Hrs	17 Hrs	4.50 Hrs	51 Hrs
2.5	1 Hr	1 Hr	5.25 Hrs	8.0 Hrs	13 Hrs	4.0 Hrs	41 Hrs
3	0.5 Hrs	0.5 Hrs	2.25 Hrs	6.50 Hrs	11 Hrs	3.50 Hrs	34 Hrs
4	N/A	N/A	2.0 Hrs	5 Hrs	8 Hrs	2.50 Hrs	25 Hrs
5	N/A	N/A	1.25 Hrs	4 Hrs	6 Hrs	2.0 Hrs	20 Hrs
6	N/A	N/A	N/A	N/A	N/A	1.50 Hrs	17 Hrs

Liquid Oxygen Portables

LPM	Helios PLUS 300 Portable Conserve Flow	Helios Marathon 850 Continuous Flow	Helios Marathon 850 Conserv Flow	EasyMate PM 2200 Series Conserve Flow	Easy Mate 6 Continuous Flow	EasyMate 6+6 Continuous Flow	EasyMate 6+6 Conserv Flow	Caire C1000 Continuous Flow
0.12 = 1/8	16 Hrs	N/A	N/A	N/A	N/A	N/A	N/A	N/A
0.25 = 1/4	14 Hrs	N/A	N/A	N/A	N/A	N/A	N/A	28 Hrs
0.50 = 1/2	12 Hrs	N/A	N/A	N/A	N/A	N/A	N/A	20 Hrs
0.75 = 3/4	10 Hrs	N/A	N/A	N/A	N/A	N/A	N/A	15 Hrs
1	9 Hrs	10 Hrs	N/A	N/A	9 Hrs	10 Hrs	N/A	12 Hrs
1.5	8 Hrs	N/A	20 Hrs	N/A	N/A	9 Hrs	N/A	9 Hrs
2	7 Hrs	5.5 Hrs	18 Hrs	8 Hrs	8 Hrs	6 Hrs	18 Hrs	7 Hrs
2.5	6 Hrs	N/A	16 Hrs	N/A	N/A	5 Hrs	N/A	6 Hrs
3	5 Hrs	3.5 Hrs	11 Hrs	5 Hrs	5 Hrs	4 Hrs	16 Hrs	5 Hrs
3.5	4 Hrs	N/A	N/A	N/A	N/A	3.5 Hrs	N/A	N/A
4	3 Hrs	2.5 Hrs	9 Hrs	4. Hrs	4 Hrs	3 Hrs	14 Hrs	4 Hrs
5	N/A	2.0 Hrs	N/A	N/A	N/A	2.5 Hrs	12 Hrs	

Home Safety / Fall Prevention Checklist

Patients Name: _____

Date: _____

SAFETY, ENVIRONMENT AND FALL PREVENTION [] ASSESSMENT [] DISCUSSION

	Yes	No	NA		Yes	No	NA
Working smoke detector				Home is free of throw rugs and/or loose carpets			
Smoke detector checked in the past 6 months				Furniture suitably placed for easy movement			
Fire extinguisher available and charged				Home is free of electrical cords under rugs or carpeting			
Fire extinguisher checked in the past 6 months				There is a working telephone			
Electrical outlets grounded & not overloaded				Adequate Air Conditioning / Heating			
Home is free of exposed electrical wires				Adequate Lighting and Electricity			
There are NO SMOKING Signs posted				Refrigeration and Running water			
Medical equipment in home checked for potential fire hazards				Home is free of pets			
Home is free of smoking material and open flame				Home is free of infestation			
Patient able to stand without assistance				Walkways are free of clutter			
Patient able to walk without difficulty				Unobstructed exit out of the home			
Patient <u>does not</u> use a mobility aid				Home suitable for equipment / services			
Patient has been free of falls in past 10 days				Assessment findings discussed with patient / caregiver			

- ☐ If there are NO smoke detectors / fire extinguishers OR a non-functioning smoke detector / fire extinguisher, the patient and / or caregiver will be encouraged to obtain.

PATIENT EDUCATION CHECKLIST

Patient Name: _____

Others instructed: _____ Relationship: _____

Equipment	Serial Number	Equipment	Serial Number

GOALS: At the end of this session, the patient and/or caregiver will be able to: **(1)** Understand use and verbalize how to operate the equipment safely as prescribed, and **(2)** Understand the follow-up schedule to be maintained during the duration the equipment is in the patient's home, and **(3)** Understand oxygen safety, the risks of using petroleum based products together with oxygen, smoking and risks of fires, and **(4)** Understand emergency preparedness procedures

OBJECTIVES: Patient / Caregiver will:

- ☐ Comprehend & understand proposed home care therapy, home care function, equipment purpose and prescription.
- ☐ Return demonstrates safe use of the equipment and verbalizes related safety issues.
- ☐ Understand infection control, the frequency and how to clean equipment.
- ☐ Demonstrates understanding of hand hygiene.
- ☐ Demonstrate and understand how and when to change disposable supplies used with equipment.
- ☐ Understand what types of services are being provided.
- ☐ Understand emergency preparedness procedures.
- ☐ **Demonstrate and understand how to use an emergency back-up oxygen system (if applicable).**
- ☐ **Understand oxygen safety, storage and hazards (if applicable).**

GENERAL :

- ☐ The patient / caregiver received operating instructions, equipment manual (as appropriate) and Patient Handbook.
- ☐ Patient / caregiver understand they should not attempt to repair equipment themselves and should contact Integrated Home Care.
- ☐ Patient / caregiver understands how to contact Integrated Home Care during normal business hours and after hours.
- ☐ Patient / caregiver understands complaint and grievance procedures.
- ☐ Patient / caregiver are satisfied with the equipment / supplies being delivered.
- ☐ Patient / caregiver instructed on the signs and symptoms of infection.
- ☐ **Patient / caregiver understand and verbalize the dangers of smoking and using oxygen (if applicable).**

PATIENT NAME

DATE

SIGNATURE

PATIENT / CLIENT CONSENT & ASSIGNMENT FORM

PERMISSION TO PROVIDE THE COMPANY SERVICES TO PATIENT/CLIENT

I consent to have the company provide me with _____HME/Oxygen/Respiratory and/or _____Infusion Therapy products/services according to company policies and procedures and approval of my physician. I consent to abide by the company's specific policies and procedures relating to home health care which have been reviewed with me and which include provisions for termination of services at my request, my physician's request, and/or the company's request.

PERMISSION TO PAY BENEFITS TO THE COMPANY

I request that payment under the medical insurance program be made directly to Integrated Home Care for the **rental and/or sale** of medical equipment/supplies provided to me. Medicare regulations concerning the assignment agreement apply. I understand that I am responsible for any health insurance deductible and coinsurance.

PATIENT/CLIENT RESPONSIBILITY FOR PAYMENT OF COMPANY BENEFITS

- I understand that the company will promptly present claims for the payment of my services to my private insurance company(s) or through contracts that may be available to the company.
- I also understand that I am responsible for the entire company bill, or balance of the same bill, as determined by the company, if the submitted claims or any part of them are denied for payment.
- I understand that the company's failure to request immediate payment will not release me or my estate from the obligation to pay the company.
- I understand that I will be responsible for the entire bill **should I disenroll from my current insurance company and fail to notify** Integrated Home Care of my new insurance coverage.
- I understand that this consent may be removed by me at any time.
- I agree to abide by all of the above conditions, and I acknowledge that this agreement will bind me and my heirs, executors, administrators, and assigns.
- I hereby certify that I have read and understand the above agreement and I have executed said agreement on my own free will be effective on the date stated on the front of this document.
- I have received **Instructions** on how to use, clean, maintain the equipment received from the Integrated Home Care representative and agree to comply with these instructions.
- I have also received a **Patient Handbook** containing **HIPAA Notice of Privacy Practices, Medicare Supplier Standards, Patient Rights and Responsibilities, Advance Directives, Oxygen Safety Standards, Fall Prevention Guidelines, Emergency Preparedness Instructions, Toll Free Number to Report Abuse and Neglect, Toll Free Number to the Agency for Healthcare Administration, How to File a Complaint / Grievance**, as well as other pertinent information regarding the services I am receiving from Integrated Home Care and agree to read and comply with it.
- I consent to opt-in to receive text messages, emails, and phone calls from Integrated Home Care.
- I consent to the release of medical information to representatives from State and Federal Regulatory Agencies and authorized accreditation agencies.

EQUIPMENT WARRANTY INFORMATION

Every product sold or rented by our Company carries a 1-year manufacturer's warranty. Integrated Home Care will repair or replace, free of charge, equipment that is under the manufacturer's warranty. In addition, an owner's manual with warranty information will be provided to patients/clients for all durable medical equipment where this manual is available. Integrated Home Care is a distributor of home medical equipment, not a manufacturer, and is not liable for injuries resulting from defective products. By signing this document, I agree that I have been instructed and understand the warranty coverage on the product I have received.

PATIENT NAME

DATE

SIGNATURE

Waiver and Release of Liability for Oxygen or Medical Equipment

This document certifies that I, _____, a _____,
(Patient / Caregiver Name) (Relationship to Member)

of _____, **refuse the delivery or request the removal of**
(Patient)

_____ **at:**
(Type of Equipment being refused or removed)

(Address) (City / State)

1. I am making this request WITHOUT the direct authorization of the ordering physician.
2. I understand that the ordering physician may require that I, and/or the patient be examined prior to giving authorization to Integrated Home Care for the removal of the equipment described above.
3. I understand that the removal of the equipment maybe harmful and contrary to medical advice.
4. I understand that personnel from Integrated Home Care have informed me of the potential danger to either myself and or the patient due to the removal of the equipment described above.
5. Regardless, the ordering physician has been asked to execute any forms necessary and required by Integrated Home Care so that the removal of the equipment maybe accomplished even if I and / or the patient is **NOT** examined.

{ FOR A HURRICANE TANK REFUSAL OR REMOVAL PLEASE PLACE A CHECKMARK IN THE BOX BELOW }

- ☐ Refusal / removal of the "H" cylinder Hurricane Back-Up oxygen is **NOT** recommended by Florida Emergency Management and that Emergency Medical Services (911) WILL NOT be available during a Hurricane.

****Please Note****

During an actual emergency event such as a hurricane, by refusing Hurricane Back-Up Oxygen at this time, your request may not be re-prioritized.

With this knowledge in my possession and by signing below, I **hereby release** Integrated Home Care, its officers, employees and contract personnel. I hereby also release my or the patient's ordering physician(s) from any and all responsibility as well as any consequences associated with or created by the removal / usage / change of equipment described above. Any removal of equipment has been done in recognition of the patient's/customer's **right to refuse** prescribed equipment. The requested removal or refusal does not comply with Integrated Home Care's Safety Policies or Emergency Management Plan.

I have a generator ☐ Yes ☐ No

Integrated Home Care

Dear Patient:

Your physician has ordered a power wheelchair or scooter for you. The purpose of this letter is to define the customary use for such a device. Please understand that the device is **NOT** meant to replace or operate as a Car or Golf Cart. The intent of the device is to enhance your mobility so that you can more easily complete activities of daily living. When possible, the power wheelchair or

Your physician has authorized the medical necessity of the equipment for you and you only. Should you permit anyone else to operate the equipment, you assume all related liability for accidents and related repairs. Permitting others to use the device or operating it outside of the intended use may cause your insurance carrier to cease payment for the device.

Your power wheelchair or scooter has a one (1) year warranty with normal use. Excessive wear and tear on the device from abuse or misuse is **NOT** a covered service.

If you make any modifications to the power wheelchair or scooter it will void the warranty.

Examples of inappropriate use are:

1. Driving the unit to the grocery store
2. Driving the unit to the post office
3. Using the unit as a form of transportation
4. Riding around the neighborhood
5. Letting anyone else drive or ride on the unit
6. Leaving the unit outside

Examples of appropriate use are:

1. Transporting the unit to the store and then using the unit while in the store
2. Transporting the unit to the mall and then using the unit while in the mall
3. Using the unit in your home to enhance your mobility

It is our hope that this device assists you in meeting your goals of increased mobility within your environment and enhanced quality of life.

I have read and fully understand the purpose and approved use of the power mobility device.
I agree to use the device within the approved guidelines.