

Baptist Respiratory Therapy

Providing Medical Equipment for
Obstructive Sleep Apnea



Depend On Us For Life.™

Baptist Respiratory Therapy

Joint Commission-accredited
Medicare-certified

904.202.5730 press option #2
1.800.889.3297 toll-free

24 hours a day
904.202.5730

Office Hours:
Monday - Friday
9 am - 5 pm



Patient Information Guide

¿Podemos ayudarle a comunicarse con nosotros?
Por favor díganos si podemos ayudarle en uno o más de los siguientes areas:

Can we help you communicate with us?

Please tell us if we can help you in one or more of these areas:



There is **no charge** for our assistance.

Nuestra ayuda es gratuita.



Patient Information Guide



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THANK YOU for choosing
Baptist Respiratory Therapy.
“At Baptist, YOU can Depend on Us for Life!”

About Baptist Respiratory Therapy

Baptist Respiratory Therapy is a division of Baptist Health, owned and operated in Jacksonville, Florida. Our mission is to continue the healing ministry of Christ by providing accessible healthcare services at a reasonable cost in an atmosphere that fosters respect and compassion. Our respiratory therapists are dedicated to your care. Our goals include supplying you with excellent products and quality care, while helping you meet your therapy goals.

Continuous Positive Airway Pressure (CPAP) therapy has been ordered by your physician to treat obstructive sleep apnea using a CPAP/BIPAP device. The CPAP/BIPAP device treats obstructive sleep apnea by providing a continuous flow of positive pressure air through a nasal mask to keep the airway open during sleep.

Your Doctor's Order

CPAP pressure:

Bi-level pressure: IPAP (inhale): _____ EPAP (exhale): _____

Back-up Rate BPM (breath per minute): _____

Mask Size /Type: _____

CPAP/BIPAP unit: _____

Humidifier: _____

Oxygen prescription: _____

Other: _____

Please note that the information provided here is not intended to be a substitute for professional medical advice or instruction provided by your physician.

Business Hours

Our respiratory therapy staff is available 24 hours a day. For routine questions or to order supplies or equipment, please call during office hours, which are Monday - Friday, 9 am – 5 pm. If you have an urgent issue related to your CPAP/BIPAP therapy, please call **904.202.5730** and ask to speak with a respiratory therapist. A respiratory therapist will return your call within 30 minutes. If you have an urgent issue related to your oxygen equipment, please contact your oxygen provider.

Emergency Numbers and Plan

Call 911 for any life- or safety-threatening emergency.

Call 202.5730 for pharmacy-related issues that cannot wait until regular business hours.

Emergency phone numbers should be posted close to your telephone, including the numbers of your physician, nursing agency, pharmacy and emergency contact or family members.

Your physician's phone number: _____

Additional emergency contact numbers: _____

Also, please consider the following questions:

- Can you leave your residence safely from more than one doorway?
- If you must leave your home due to a natural disaster or other crisis, where would you go?
- You need a plan, a place to go and a person to call.

Place: _____

Person: _____

Hurricane or Other Disaster

It's very important to plan for your safety in the event of a hurricane or other disaster. During emergencies, special needs shelters are opened to accommodate people with special medical needs like yours.

Please register at the beginning of each year with your county's Emergency Management Center so officials are aware of your special needs:

Duval County

Duval County Emergency Management
107 Market Street
Jacksonville, FL 32202
904.630.2472 (phone)
904.630.2446 (fax)

Clay County

Clay County Emergency Management
1 Doctors Drive
Green Cove Springs, FL, 32043
904.284.7703 (phone)
904.284.1487 (fax)

Baker County

Emergency Service
165 N. 3rd Street
McClenny, FL 32063
904.259.6111 (phone)
904.259.5829 (fax)

St. Johns County

Office of Emergency Management
4425 Avenue A
St. Augustine, FL 32095
904.824.5550 (phone)
904.824.9920 (fax)

Nassau County

Emergency Management
77150 Citizen Circle
Yulee, FL 32097
904.548.4980 (phone)
904.491.3628 (fax)

Hotline Numbers:

If you are a victim of domestic violence or suspect someone you know may be abused, please call the Florida Domestic Violence Hotline at 1.800.500.1119.

To report abuse, neglect or exploitation, please call 1.800.962.2873 (24 hours a day).

For questions or complaints, call the Agency for Healthcare Administration, Monday - Friday, 8 am - 6 pm EST, except state and federal holidays, at 1.800.419.3456.

Report a Complaint About a Health Care Organization

If you have questions about how to file your complaint, you may contact The Joint Commission at:

**Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181**

Patient Rights

As a patient or client receiving service from Baptist Respiratory Therapy, you have the following rights:

- To be treated with dignity, consideration and respect.
- To have your property treated with respect.
- To voice your grievances and complaints without fear of discrimination or reprisal.
- To choose freely the agency you want to serve you.
- To have your communication needs met.
- To participate in the planning of your care and changes in your care and to be advised that you have the right to do so.
- To be informed of the nature and purpose of any technical procedure that will be performed, as well as who will perform the procedure.
- To appropriate assessment and management of pain.
- To refuse medical treatment and to be informed of the possible health consequences of such a refusal.
- To confidentiality with regard to information about your health, social and financial circumstances and activities at home.
- To expect the provider to release information only as required by law or after receiving your personal authorization.



- To request your personal records that our agency maintains.
- To be informed of the extent to which payment may be expected from Medicare, Medicaid or any other insurance.
- To be informed in advance of the charges for which you may be responsible.
- To receive information orally or in writing within 30 working days of the date that the provider becomes aware of any changes in charges.
- To receive on request an itemized bill, regardless of your source of payment.
- To receive quality care from professionally trained personnel.
- To receive a timely response to a request for service based on your needs.
- To be referred to another provider if we are unable to meet your needs.
- To 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.
- To participate in the consideration of ethical issues that may arise during your care.

Patient Responsibilities

- To give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies and other pertinent items.
- To remain under a physician's care while receiving service from Baptist Respiratory Therapy.
- To assist in developing and maintaining a safe environment.
- To inform the agency if you do not understand or are unable to follow the agency's instructions.
- To participate in the development and update of your home care plan of service/treatment.
- To adhere to your developed/updated homecare plan of service/treatment.
- To request further information concerning anything that you do not understand.
- To contact your doctor whenever you notice unexpected or unusual feelings or sensations during your plan of service/treatment.
- To contact your doctor whenever you notice any change in your condition.
- To contact Baptist Respiratory Therapy whenever you have an equipment problem.
- To contact Baptist Respiratory Therapy whenever you receive a change in your home care prescriptions.
- To contact Baptist Respiratory Therapy whenever you are to be hospitalized.
- To contact Baptist Respiratory Therapy prior to any change of address or insurance.
- To contact Baptist Respiratory Therapy if you acquire an infectious disease during the time you are receiving service from us.

- To respect the rights of home care providers.
- To fulfill financial obligations for services.
- To accept the consequences of refusing treatment.

Healthcare Advance Directives

All adults receiving healthcare have certain rights under Florida law. This information is provided to inform you about the Florida law regarding advance directives. You have the right to fill out a paper known as an advance directive. This paper specifies in advance what kind of treatment you want or do not want under special, serious medical conditions that would disable your ability to tell your doctor how you want to be treated.

Two forms of advance directives are:

- A living will
- A healthcare surrogate designation

What is a living will?

A living will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. Florida law provides a suggested form for a living will. You may use it or some other form. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way that ensures your wishes will be understood. Living wills do not affect life insurance benefits. Insurance providers or healthcare providers cannot require living wills. Patients who have completed their living wills continue to receive care, comfort and pain control.

What is a healthcare surrogate?

A healthcare surrogate designation is a signed, dated and witnessed paper naming another person, such as a husband, wife, daughter, son or close friend as your agent to make medical decisions for you if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Florida law provides a suggested form for designation of a healthcare surrogate. You may use it or some other form. You may wish to name a second person to stand in for you if your first choice is not available.



Which is better?

You may wish to have both a living will and a healthcare surrogate designation. Or, you can combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you if you are unable to make decisions.

Do I have to write an advance directive under Florida law?

No, there is no legal requirement to complete an advance directive or designated healthcare surrogate. Healthcare decisions may be made for you by a court-appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative or a close friend, in that order. This person is called a proxy.

Can I change my mind after I write a living will or designate a healthcare surrogate?

Yes, you may change or cancel these documents at any time. Any changes should be written, signed and dated. You also can change an advance directive by oral statement.

What if I have an advance directive in another state and need treatment in a healthcare facility in Florida?

An advance directive completed in another state that complies with the other state's laws can be honored in Florida.

What should I do with my advance directive if I choose to have one?

Make sure that someone, such as your doctor, lawyer or family member, knows that you have an advance directive and where it is located. Consider the following:

- If you have designated a healthcare surrogate, give a copy of the written designation form to that person.
- Give a copy of your advance directive to your doctor for your medical file.
- Keep a copy of your advance directive in a place where it can be easily found.
- Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure that your doctor, lawyer and/or family member have the latest copy.

For more information, ask your caregiver.

What is Obstructive Sleep Apnea (OSA)?

Obstructive sleep apnea is when a person stops breathing during sleep. Normally while you sleep, the muscles that control the tongue and soft palate keep the upper airway open, and air moves in and out of the lungs. If these muscles relax, the airway becomes narrower or completely blocked, causing snoring and some times preventing air movement in and out of the lungs. This is obstructive sleep apnea.

Sleep apnea patients often have loud snoring. However, not everyone who snores suffers from sleep apnea. Anyone can have obstructive sleep apnea. It is estimated that more than 12 million Americans have obstructive sleep apnea. More than half the people who have sleep apnea are overweight, and most snore heavily, but even people who are not overweight can have obstructive sleep apnea. About 4 in 100 middle-aged men and 2 in 100 women have obstructive sleep apnea.

Signs and Symptoms

The following signs and symptoms are commonly associated with obstructive sleep apnea:

- Loud snoring, interrupted by pauses in breathing (apnea)
- Excessive daytime sleepiness
- Gasping or choking during sleep
- Restless sleep
- Intellectual deterioration
- Irritability
- Hypertension
- Nocturnal angina
- Depression
- Obesity
- Sexual dysfunction



Often people who suffer from obstructive sleep apnea are unaware of the problem. A family member and/or bed partner may notice the signs of sleep apnea first. If your partner shows any of the signs of obstructive sleep apnea you should persuade them to see their physician. obstructive sleep apnea is a serious health problem that needs medical attention.

What treatments are available?

The most common therapy for treatment of obstructive sleep apnea is Continuous Positive Airway Pressure (CPAP). Less common treatment options are surgery and oral appliances. All treatment plans should include lifestyle modifications such as weight loss, exercise, and avoidance of alcohol, sedatives, hypnotics and tobacco.

In some cases your doctor may order oxygen therapy with CPAP therapy to increase the level of oxygen in your blood. An oxygen line will be connected to the CPAP device by a Durable Medical Equipment (DME) company other than Baptist Respiratory Therapy. Any questions or problems with your oxygen equipment should be addressed to your oxygen provider.

When you use oxygen in the home, there are safety precautions you should follow to avoid any harm to you and to your family.

- Do not smoke in bed.
- Do not smoke or let anyone smoke around oxygen.
- Post a sign at each entryway to alert visitors not to smoke inside.
- Keep all grease, oil and petroleum products away from the oxygen equipment.

If you experience dryness of your nose, use a water-based nasal lubricant. Do not use petroleum products such as petroleum jelly.

What Are the Benefits of CPAP Therapy?

To be able to experience any benefit from CPAP therapy you should use your CPAP machine regularly every time you go to sleep and during any scheduled nap. If you are not consistent with the regular use of the CPAP machine, your symptoms will reoccur. The following is a partial list of the benefits of CPAP therapy once you have committed to the treatment plan:

- Disappearance of snoring and abnormal breathing events
- Increased energy levels
- Restful sleep is restored
- Quality of life is improved
- Absence of daytime sleepiness
- Risk factors for high blood pressure, heart disease, heart attack, strokes and vehicular or work accidents are reduced.

Cleaning Instructions for the CPAP Machine and Supplies

Proper care of your CPAP equipment and mask system helps ensure that you receive optimal therapy.

Plan to establish a daily routine to inspect your equipment every morning after each use. Your CPAP equipment and mask have parts that require periodic cleaning and replacement. Look for signs of mask or head strap deterioration and equipment malfunction. If you need supplies, or have any problems or concerns, please call us as soon as possible. **Please Note:** Most insurance companies will cover replacement supplies every six months.

CPAP Machine

Before cleaning or performing any routine maintenance, always make sure the device is not operating and disconnect the device from the power source.

Do not immerse the device or allow any liquid to enter the enclosure, inlet filter, or any openings.

Clean the front panel and exterior of the enclosure as needed using a cloth dampened with water and mild detergent. Allow the device to dry completely before plugging in the power source.

Water Chamber

Empty and clean the water chamber daily to prevent mold and bacteria growth.

Allow the water in the chamber to cool to room temperature before removing the chamber from the humidifier.

1. Turn the therapy device off and allow approximately 15 minute for the heater plate and water to cool.
2. Disconnect the tubing from the water chamber. Press down on the water chamber and slide it out of the humidifier platform. Empty any remaining water.
3. Gently remove the base of the chamber with your hand. Empty any remaining water.
4. Wash chamber in a solution of warm water and mild dishwashing detergent. Rinse with clean water and allow it to air dry.
5. Reassemble and fill the chamber with distilled water. Inspect the water chamber for any leaks or damage. Replace the water chamber if any damage is present.

Humidifier platform

To avoid electrical shock, disconnect the power cord and power jumper cord before cleaning the humidifier platform. DO NOT immerse the humidifier platform or power cord in any fluids.

1. Clean the humidifier platform by wiping with a damp cloth. Allow the platform to air dry before reconnecting the power cord.
2. Inspect the humidifier platform and power cord for any damage and replace it if necessary.

Reusable Circuit Tubing

Gently wash the reusable circuit tubing in a solution of warm water and mild detergent at least once a week. Rinse thoroughly and allow to air dry.

Mask and Head Strap

Clean the mask daily. Clean the head strap at least each week or more often if needed. Before cleaning, disconnect the tubing from the swivel and disconnect the head strap from the mask.

Step 1

Hand wash the mask in warm water with a mild dishwashing soap. Do not use bleach, alcohol or any strong household cleaners. Do not use cleaners containing conditioners or moisturizers. Rinse thoroughly and air dry.

Step 2

Inspect the mask after cleaning. Replace the mask if any parts are damaged or deteriorated. Replace the spacer if any of the gel material has become exposed. Wash your face with a mild soap and water if it has come into contact with any exposed gel.

Step 3

Wash the head strap by hand with mild laundry detergent and warm water. Do not use bleach. Rinse thoroughly and line or machine dry the head strap at the medium setting.

Please Note: Drying your head strap in the dryer may cause it to shrink.

Filters

Monitor filter by checking it every two to four weeks. Replace as needed.

Resources for Information on Sleep Apnea and other Sleep Disorders:

National Center on Sleep Disorders Research (NIH)
Two Rockledge Centre Suite 10038
6701 Rockledge Drive MSC 7920
Bethesda, MD 20892-7920
301.435.0199
www.nhlbi.nih.gov

National Sleep Foundation
1522 K Street, NW, Ste. 500
Washington, DC 20005
202.347.3471
www.sleepfoundation.org

American Academy of Sleep Medicine
One Westbrook Corporate Center, Ste. 920
Westchester, IL 60154
708.492.0930
www.aasmnet.org

American Sleep Apnea Association
1424 K Street, NW, Ste. 302
Washington, DC 20005
202.293.3650
www.sleepapnea.org

Infection Control

Cover your mouth and nose with a tissue when coughing or sneezing, and wear protective clothing (gloves, goggles or gown as needed) when dealing with blood or other body fluids.

Hand Washing

Good hand washing is the best way to stop the spread of germs (always wash hands after using the rest room, before and after any procedure (such as a dressing change, etc.) and before or after any patient care.

Procedure for Hand Washing:

1. Turn on the water and leave it running. Apply antibacterial soap to your hands and scrub vigorously. Start at your fingertips, scrubbing under fingernails and between each finger.
2. Scrub your inner palms and back of hands last.
3. Rinse your hands.
4. Thoroughly dry your hands with a paper towel.
5. Use a paper towel, turn off the water and then discard it in the trash.



Delivery of Equipment and Supplies

A respiratory therapist or technician will arrange for the delivery of your equipment and supplies to ensure you receive the best service. These deliveries will be arranged according to your schedule.

If you have questions about your delivery, please call 904.202.5730 as soon as possible.

Patient Safety

Caregiver Safety

Wash hands before and after all patient contact, immediately after touching blood or body fluids and immediately after taking gloves off.

Wear disposable gloves when:

- Contact with blood, body fluids, mucus membranes or open sores is expected.
- Handling items or surfaces soiled with blood or body fluids.
- Performing household cleaning chores that will expose you to blood or body fluids.

If a glove tears, remove it, wash your hands and put on a new glove.

Wear a mask or protective eyeglasses and gown and apron during procedures when exposure to blood or body fluids is possible.

Avoid patient care if you have a draining wound on your skin or if you have a cold and are coughing.

Electrical Safety

- Cords should not be placed beneath furniture and rugs.
- Replace frayed cords.
- Extension cords should not be overlooked. Check rating labels on cords and appliances.
- Electrical outlets should be grounded.
- Multiple outlet adapters should not be used on electrical outlets.
- Do not use an outlet if smoke or sparks appear or if the outlet becomes very warm.
- Keep flashlights and extra batteries handy in case of loss of electricity.
- Do not touch electrical wires with wet hands.

Environmental Safety

- Clean all spills of blood or body fluids with diluted household bleach (1 part bleach to 10 parts water) and paper towels.
- Rugs, runners and mats should be secured to the floor.
- Carpet edges should be tacked down.
- Torn, worn or frayed carpeting should be repaired, replaced or removed.
- Cupboards should be organized so that frequently used items are easily accessible.
- Handrails and handgrips should be secure.
- Sturdy step stools should be used to reach items on high shelves.
- Heavy items should be stored flat on lower levels of storage areas to avoid falling or crush injuries.
- Store supplies and waste out of reach of pets and children.

Fire Safety

Smoke detectors should be present on every level in your home. The batteries should be tested regularly, at least twice per year.

Consider the following:

- What is your evacuation plan?
- Is every family aware of what the plan is?
- How many exits can you find?
- Do you need a ladder for upper floors?
- Where will you and your family meet after you have left the building?
- Which family members need assistance to leave the building?

For safety:

- Walkways and doorways need to be clear.
- Keys need to be located close to deadbolt-locked doors.
- Do not leave stoves or cook tops unattended for long periods of time.
- Chimneys should be inspected for build up.
- Kerosene heaters, wood stoves, fireplaces and other open flames should not be left unattended while in use.
- Do not smoke in bed.
- Do not smoke around oxygen.
- If oxygen is in use in your home, post a sign at each entryway to alert visitors not to smoke inside.

If you have additional questions about fire prevention and safety, please contact your local fire department.

What You Can Do to Prevent Falls

There are several things you can do to help prevent falls.

Make your home safer:

- Remove items like papers, books, clothes and shoes from stairs and places where you walk.
- Remove small throw rugs, or use double-sided tape to keep rugs from slipping.
- Keep items you use often in places where you can reach them easily.
- Have grab bars installed next to the toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on the shower floor.
- Replace dim, burned-out or glaring lights with bright, soft white bulbs. Use a night light.

Begin a regular exercise program.

- Exercise is an important way to lower your risk of falling. It makes you stronger.



Have your healthcare provider review your medicines.

- Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicines. The way medicines work in your body can change over time. Some medicines or combinations of medicines can make you sleepy or dizzy, which can lead to a fall.

Have your vision checked.

- Have your eyes checked by an eye doctor at least once a year to find out if your glasses need updating or if your vision is affected by conditions like glaucoma or cataracts.

Financial Issues

Who pays for my therapy?

Baptist Respiratory Therapy accepts most insurance. We will help you determine your policy's coverage for this service. We will make every effort to determine what your financial responsibilities are prior to initiating therapy.

Will I have a co-pay?

Some insurance providers do require a co-payment, which is usually a small contribution toward the price of your therapy. We will communicate with the insurance carrier and the responsible party about these issues.

What happens if my insurance provider changes during my therapy?

You are responsible to notify us of any insurance or billing changes immediately, which will allow us to get authorization to continue your therapy. Failure to notify us may result in a denial of payment from your insurance. You are responsible for any charges not covered by insurance.

What happens if you are admitted to the hospital?

If your condition changes and you need to return to a hospital or other inpatient setting, notify the hospital staff that you use, a CPAP or BIPAP machine. Many times the hospital will allow you to bring your own equipment to use during your stay.

Disclosure of financial interest:

During the course of your home respiratory therapy, you may be referred for other types of healthcare services. These services may include community resources and/or those that are owned and operated by Baptist Health. During this process, we recognize and give the utmost consideration to patients' insurance and personal preferences.

Some of the most-used services that Baptist Health owns and operates include:

Baptist Pharmacies

Baptist Home Health Care

Baptist Health hospital services

Baptist Primary Care medical care

Baptist Rehabilitation services

Complaint Policy

We encourage patients to inform us when our services fail to meet their needs or expectations. You have the right and the responsibility to express concerns, dissatisfaction or complaints without fear of reprisal or discrimination. We welcome your comments, suggestions and complaints. Please address your concerns and issues to one of our pharmacists. If the pharmacists are unable to resolve the issue to your satisfaction, please ask for the director of Home Care Services.

CMS Medicare Supplier Standards for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Note: This list is an abbreviated version of the application certification standards that every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. These standards, in their entirety, are listed in 42 CFR pt.424-57(c) and went into effect on December 11, 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16).

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 programs or form of any other Federal procurement or non-procurement programs.

5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment and of the purchase option for capped 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.
8. A supplier must permit CMS (formerly HCFA) or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier's 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 the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
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 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 rented to beneficiaries.
15. A supplier must accept returns of substandard (less-than-full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from the 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 control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e. the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.

20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, summary of the complaint and any actions taken to resolve it.
21. A supplier must agree to furnish CMS (formerly HCFA) any information required by the Medicare statute and implementing regulations

**Palmetto GBA
National Supplier Clearinghouse
P.O. Box 100142
Columbia, South Carolina 29202-3142
866.238.9652
A CMS Contracted Intermediary and Carrier**

Notice of Privacy Practices

Effective Date: September 1, 2008

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.

Each time you receive care or treatment from a therapy provider a record of such care or treatment is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and identifying information and billing-related information. The Baptist Health affiliated therapy providers set forth below (collectively, "Baptist Therapy") may share an electronic medical record for continuity of care purposes and for administrative convenience. This Notice is provided to inform you regarding (i) how Baptist Therapy providers and staff may use or disclose medical information about you, (ii) with whom medical information about you may be shared, (iii) the safeguards Baptist Therapy has in place to protect medical information about you and (iv) your rights to access and amend medical information about you. For purposes of this Notice, "medical information about you" includes sexually-transmissible disease-related information (including HIV and AIDS), genetic information, alcohol and/or substance abuse information, mental health information and other specially protected health information that may be subject to additional confidentiality protections under applicable State and federal law.

BAPTIST INFUSION THERAPY

BAPTIST RESPIRATORY THERAPY

Baptist Therapy is required to maintain the privacy of medical information about you and abide by the terms of this Notice (or the version currently in effect). Baptist Therapy reserves the right,

however, to change this Notice in the future. Its effective date is noted at the top of this first page. Baptist Therapy reserves the right to make the revised or changed notice effective for health information it already has about you as well as any information it receives in the future. You may obtain a copy of the current version of this Notice at any time in the future by accessing the Baptist Health website at www.e-baptisthealth.com, contacting the Baptist Therapy Privacy Officer and requesting a copy be mailed to you, or asking that a copy be provided to you at the time of your next Baptist Therapy visit.

You will be asked to provide a signed acknowledgment of receipt of this Notice. Since Baptist Therapy's intent is to make you aware of the possible uses and disclosures of medical information about you and your privacy rights, the delivery of your health care services will in no way be conditioned upon your signed acknowledgment of this Notice. If you decline to provide a signed acknowledgment, Baptist Therapy will continue to provide your treatment and will use and disclose medical information about you to the extent permitted by applicable law.

USE AND DISCLOSURE OF MEDICAL INFORMATION ABOUT YOU

For Treatment: Baptist Therapy may use medical information about you, as needed, to provide treatment or services to you. Baptist Therapy may disclose medical information about you to, and obtain your medical information from, doctors, nurses, technicians, medical students or other individuals who are involved in taking care of you. For example, a Baptist Therapy provider may provide information to the ordering physician about how your medical condition is progressing or how you respond to medical treatment. Medical information about you may also be shared between various Baptist Therapy offices in order to coordinate your care. Baptist Therapy may also provide a subsequent healthcare provider with medical information about you (e.g., copies of various reports) that should assist him or her in treating you in the future. Baptist Therapy may also disclose medical information about you to, and obtain your medical information from, appropriate regional health information organizations (commonly referred to as RHIOs), in which you participate or for which you qualify for the purpose of the participating providers' treatment, payment and healthcare operations. RHIOs are electronic health information networks in which community healthcare providers (such as Baptist Therapy) may participate to facilitate the provision of care to patients (such as yourself). Information contained in RHIOs may also be analyzed by the participating healthcare providers to improve their respective healthcare operations. Baptist Therapy may also obtain information about you from, or transmit information about you through, electronic equipment and systems, such as medical devices used in your care, video cameras/monitors on Baptist Therapy premises, Baptist Therapy's computer systems and any other applicable technology.

For Payment: Baptist Therapy may use and disclose medical information about you, as needed, to bill and collect payment from you, your insurance company or a third party payer for care or

treatment rendered to you. For example, Baptist Therapy may need to give your insurance company information about a Baptist Therapy visit so that it will pay Baptist Therapy or reimburse you for treatment provided by Baptist Therapy in connection with such visit, or Baptist Therapy may need to give the ordering physician information about you so that he or she can bill your insurance company for his or her professional services rendered in connection with the care or treatment provided to you by Baptist Therapy. Baptist Therapy may also tell your health plan about care or treatment you are going to receive to determine whether your plan will cover the cost of it. Baptist Therapy may also use and disclose medical information about you, as needed, to obtain reimbursement from any other entity or program for services or products provided to you by Baptist Therapy. For example, if Baptist Therapy provides a dose of medication to you, and such medication (which is not reimbursed by you or your insurance company) qualifies under a pharmaceutical manufacturer's "drug replacement program," then Baptist Therapy may disclose information about your care to such pharmaceutical manufacturer to the extent necessary to obtain a free or discounted replacement dose of such medication.

For Healthcare Operations: Baptist Therapy may use and disclose medical information about you, as needed, to support the daily activities related to its healthcare services. These activities include, but are not limited to, quality assessment activities, oversight of staff performance, healthcare education, licensing, fundraising, communications about a product or service, patient satisfaction surveys and focus groups, and conducting or arranging for other healthcare-related activities. In addition, Baptist Therapy may permit various observers to accompany its staff as they provide care to you and other patients on its premises or in the field. For example, Baptist Therapy may disclose medical information about you to medical school students observing Baptist Therapy patients or Baptist Therapy may use or disclose medical information about you, as necessary, to contact you to remind you of an upcoming visit.

Baptist Therapy may share medical information about you, as needed, with independent "business associates" who perform various activities (for example, billing services, transcriptionists and survey entities) for Baptist Therapy. Baptist Therapy's business associates will also be required to protect any medical information Baptist Therapy provides about you. Baptist Therapy may also use or disclose medical information about you, as needed, to provide you with information about treatment alternatives or other health-related benefits and services that might be of interest to you. For example, your name and address may be used to send you a newsletter about Baptist Therapy and the services it offers or to send you information about products or services that Baptist Therapy believes might benefit you.

Baptist Therapy may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information about you that directly relates to that person's involvement in your care. Baptist Therapy may also disclose information to someone who helps pay for your care. Baptist Therapy may use or disclose medical information about you to notify

or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. Baptist Therapy may use or disclose medical information about you to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your care.

As Permitted or Required by Law: Baptist Therapy may use or disclose medical information about you to the extent permitted or required by applicable law.

For Public Health: Baptist Therapy may disclose medical information about you to a public health authority who is permitted by law to collect or receive such information. Such disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Notify the appropriate government authority if Baptist Therapy believes a patient has been the victim of abuse, neglect, or domestic violence.

Regarding Communicable Disease: Baptist Therapy may disclose medical information about you, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

For Health Oversight: Baptist Therapy may disclose medical information about you to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies may include State and federal government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

For Product Tracking: Baptist Therapy may disclose medical information about you to a person or company required by the Food and Drug Administration (FDA) to do the following:

- Report adverse events, product defects, or problems and biologic product deviations;
- Track products;
- Enable product recalls;
- Make repairs or replacements; or
- Conduct required post-marketing surveillance.

In Legal Proceedings: Baptist Therapy may disclose medical information about you during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if

such a disclosure is expressly authorized) and, in certain conditions, in response to a subpoena, discovery request, or other lawful process.

For Law Enforcement: Baptist Therapy may disclose medical information about you for law enforcement purposes, including the following:

- Responses to legal proceedings;
- Information requests for identification and location;
- Circumstances pertaining to victims of a crime;
- Deaths suspected from criminal conduct;
- Crimes occurring at Baptist Therapy; or
- Medical emergencies believed to result from criminal conduct.

To Coroners, Funeral Directors and Organ Procurement Organizations: Baptist Therapy may disclose medical information about you to coroners or medical examiners for identification, to determine the cause of death or for the performance of other duties authorized by law. Baptist Therapy may also disclose medical information about you to funeral directors, and to organ procurement organizations to facilitate cadaveric organ, eye, or tissue donations.

For Research: Baptist Therapy may use medical information about you or disclose medical information about you to researchers when authorized by law. For example, Baptist Therapy may disclose information about you to a researcher pursuant to an institutional review board (IRB) or privacy board approved protocol or retrospective review request that has been determined to pose minimal risk to your privacy.

For Health, Safety and National Security: Baptist Therapy may disclose medical information about you, in accordance with State and/or federal law, if it believes that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Baptist Therapy may disclose medical information about you if it is necessary for law enforcement authorities to identify or apprehend an individual. Baptist Therapy may also disclose medical information about you to authorized federal officials for conducting national security and intelligence activities.

Regarding Workers' Compensation: Baptist Therapy may disclose medical information about you to comply with workers' compensation laws and other similar legally-established programs.

Regarding Inmates: If you are an inmate of a correctional facility, Baptist Therapy may use or disclose medical information about you to such facility.



Your Rights Regarding Medical Information About You

You may exercise the following rights by submitting a written request to the Baptist Therapy Privacy Officer. Please be aware, however, that Baptist Therapy might deny your request, when legally permitted to do so.

Right to Inspect and Copy: For as long as Baptist Therapy maintains medical information about you, you may inspect and obtain a copy of medical information about you contained in certain medical and billing records maintained by Baptist Therapy. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and medical information about you that is subject to a law that prohibits access to medical information about you.

Right to Request Restrictions: You may ask Baptist Therapy not to use or disclose medical information about you for treatment, payment, or health care operations (as described in this Notice). Your request must be submitted in writing to the Baptist Therapy Privacy Officer. In your request, you must specifically state (i) what information you want restricted; (ii) whether you want to restrict Baptist Therapy's use, disclosure, or both; (iii) to whom you want the restriction to apply, for example, disclosures to your spouse; and (iv) an expiration date. If Baptist Therapy believes that the restriction is not in the best interest of either party, or Baptist Therapy cannot reasonably accommodate your request, Baptist Therapy is not required to agree. If the restriction is agreed to by Baptist Therapy, Baptist Therapy will not use or disclose medical information about you in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications: You may request that Baptist Therapy communicate with you using alternative means (e.g., e-mail) or at an alternative location (e.g., post office box). Baptist Therapy will not ask you the reason for your request, and will accommodate reasonable requests, when possible.

Right to Request Amendment: If you believe that the information Baptist Therapy maintains about you is incorrect or incomplete, you may request an amendment to such information. While Baptist Therapy will accept requests for amendment, Baptist Therapy is not legally required to agree to an amendment.

Right to an Accounting of Certain Disclosures: You may request that Baptist Therapy provide you with an accounting of certain disclosures it has made of medical information about you. This

right applies to disclosures made for purposes other than treatment, payment or health care operations (as described in this Notice). To be accountable, the disclosure must have been made after April 14, 2003 and no more than 6 years from the date of your request. This right excludes disclosures made to you, for a Baptist Therapy directory, to family members or friends involved in your care, or for notifications required by law (including disclosures for law enforcement, national security or intelligence purposes). The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right to Obtain a Copy of this Notice: You may obtain a paper copy of this Notice (or the version currently in effect) from Baptist Therapy or view it electronically via the Baptist Health website at www.e-baptisthealth.com.

Privacy Laws

This Notice is provided to you as a requirement of the rules created under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). There are several other State and federal privacy laws that also apply to medical information about you including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. To the extent not preempted by HIPAA, Baptist Therapy has taken such laws into consideration in developing its privacy policies and this Notice.

Complaints

If you believe Baptist Therapy has failed to comply with this Notice or that Baptist Therapy has violated these privacy rights, you may file a written complaint with the Baptist Therapy Privacy Officer or the Department of Health and Human Services. Baptist Therapy will not retaliate against you for filing a complaint.

Contact Information

You may contact the Baptist Therapy Privacy Officer for further information about the complaint process or for further explanation of this document. The Baptist Therapy Privacy Officer (or his designee) may be contacted at:

Baptist Therapy Privacy Officer
841 Prudential Drive, Suite 1802
Jacksonville, Florida 32207
904.202.HIPA (4472) telephone
904.202.4094 facsimile

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