



Hayat

Home Medical Equipment



Switch to a New Age of Life

Customer Information Handbook

www.hhme.com | www.hayatcgm.com

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Introduction

Welcome!

Thank you for choosing Hayat Home Medical Equipment as your home medical equipment provider. This handout provides you with information for your overall health care. This handout will provide you will information about the services that we provide and should be kept in a safe place for future reference.

Geographic Coverage

We serve all of Chicago Metropolitan area in Illinois within the counties of Cook & DuPage.

Compliance and Commitment

Hayat Home Medical Equipment is committed to complying with all federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact our office at 708-422-2300

Business Hours

Our hours of operation are 9:00 a.m. to 5:00 p.m. Monday – Friday, 10:00 a.m. to 2:00 p.m. on Saturday and 24 hour emergency service is available for equipment related emergencies that may arise after hours, on weekends and/or holidays.

Delivery

Deliveries are provided on purchases and/or rentals. It is preferable that routine and repeat orders be called in 24 hours in advance.

Rental Equipment

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up.

Patient Grievance Procedure

All of our customers are very important to us. So that we can resolve any problems that arise in a rapid and effective manner, we have developed the following patient grievance procedure.

1. When you have a concern, you can speak to the person delivering your equipment at the next visit.
2. If you do not want to wait to speak to the delivery person or if the issue you have involves our employee, you can call our office and speak with the operations manager.

Financial Policy

All new equipment setups require prior verification of insurance coverage before equipment is setup. If this is not possible due to a weekend or other after-hours setup, verification must be done on the next business day.

We do not guarantee coverage of or payment of insurance claims.

We do not guarantee any time frame for processing of insurance claims or subsequent billing from our office. It will be done in as timely manner as possible.

Insurance Coverage

Customer's Responsibility:

- Provide us with all insurance information necessary to file your claim.
- Notify our office of any changes or loss of insurance coverage.
- Pay all deductible and balance remaining after secondary insurance is filed.
- The customer is responsible for payment in full of all claims not covered by insurance. You will be informed before delivery if we know that an item is not covered and assignment will not be accepted.
- Any arrangements or agreement for payment other than those described above must have approval from the operations manager. Special terms and approval signature must be documented on original paperwork.

Medicare Claims

Durable medical equipment is covered under your Medicare Part B benefit. If Medicare is your insurance carrier and denies payment, you will be notified. At that time, if you wish to keep the equipment it may be converted to private rental. In most cases, if you have supplemental insurance, the deductible amount and the 20% may be paid by other insurance. We will follow through with the appeal process on Medicare claims that are denied.

The customer is also advised that:

- Inexpensive, routinely purchased durable medical equipment may be rented or purchased.
- There will be a minimum of one-month rental on all equipment rentals.
- Rental charges will be assessed until we are notified to pick up the equipment.
- Any charges incidental to the use or operation of the equipment (such as electricity) is the responsibility of the customer.
- There is no charge for delivery or pickup of rental equipment.
- All claims, assigned or non-assigned, will be filed on behalf of the patient.

Billing and Payment Policy

Customers are responsible for payment in accordance with our company's terms. Assignment of benefits to a third party does not relieve the customer of the obligation to ensure full payment. Billing third party payers is not an obligation, but rather a service we offer if all necessary billing information and signatures are provided.

Medicare

We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and billing the beneficiary the 20% payment and any deductible. A copy of your Health Insurance Card is necessary.

Medicaid

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification. A copy of your IL Medicaid Identification Card and personal ID are required.

Private Insurance

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. You are also responsible for notifying of us any insurance changes. A copy of your insurance card and personal ID are required.

Advance Medical Directives

Advance Medical Directives are legal documents that allow you to give directions for your future medical care. They can assist you in communicating your choices should you become physically or mentally unable to do so.

Two types of advance directives are living wills and durable power of attorney. You can use advance directives to limit certain life prolonging measures when there is little or no choice of recovery. For example, you may wish to address:

- CPR - Cardiopulmonary Resuscitation
- IV Therapies
- Feeding Tubes
- Ventilators
- Dialysis
- Pain Relief

Your choices regarding your medical care should be discussed with your family, friends, physicians, clergy and attorney.

At Hayat Home Medical Equipment our employees are not certified to administer CPR. If a situation would arise, the employee is instructed to call 911, unless you, your physician or legal representative informs us otherwise.

Please take the time to inform our office of any existing advance directives. Information regarding your advance directives can be given to our Customer Service Department.

About Hayat Home Medical Equipment

Hayat Home Medical Equipment is a privately-owned home respiratory service company that provides medical oxygen, respiratory equipment and supplies to people who are under a physicians care. We serve people with Medicare, Medicaid and private insurance.

Hayat Home Medical Equipment offers the following services:

- ▶ Respiratory services
- ▶ Oxygen Concentrators
- ▶ Portable concentrators
- ▶ C-PAP/Bi-Level Devices
- ▶ Hospital Beds
- ▶ Non-Invasive Ventilation
- ▶ Wheelchairs
- ▶ Bathroom Safety Aids
- ▶ Lift Chairs
- ▶ Continuous Glucose Monitoring Devices

If you need emergency service after normal business hours:

Hayat Home Medical Equipment uses an after hours emergency service that permits you to reach our on-call staff after normal business hours by simply calling our office at 708-422-2300.

If Traveling:

If you plan to travel, please do not move Hayat Home Medical Equipment without contacting our office. Our staff can offer travel assistance and may be able to help with equipment arrangements at your destination. Please contact our billing department to discuss costs for travel equipment.

If you have any questions, compliments, or complaints:

Customers who have questions or comments regarding our services should contact our office at 708-422-2300 during our normal business hours.

Your Financial Responsibility:

Our professional staff will be able to answer questions in regards to your financial responsibility for equipment or services provided. Please call our billing office during regular business hours.

Your acceptance or refusal of our services:

If you choose Hayat Home Medical Equipment, we will strive to provide you the highest quality care. However, if you do not wish to use our services, please contact your physician before making a final decision.

If you transfer to another organization:

If you, your caregiver, or physician believes a transfer of service to another provider would be beneficial, we will help in the transition. All of your records will be kept confidential and information will be released only upon receipt of your written request.

Oxygen

Ordering Oxygen or Supplies:

To place an order for oxygen or routine supplies (cannulas, tubing, humidifier bottles, etc.), please contact customer service during regular business hours. Please plan ahead when needing supplies, allowing for a 2-3-day lead time. A charge may be applied for special deliveries.

Oxygen Equipment Information

Oxygen is a drug and is effective and safe ONLY when used as prescribed by your physician. Never change your oxygen liter flow without first consulting your physician.

Note: You are responsible for using your oxygen as prescribed by your doctor. Hayat Home Medical Equipment is not responsible for detrimental effects if you alter your prescribed oxygen flow rate.

Oxygen is safe when used properly. When not used properly, it can be dangerous. Oxygen is not flammable and will not explode. However, oxygen does support combustion. It will fuel a fire, causing it to start easily and to burn faster and hotter. Sparks and materials that normally would not burn can start a fire because of the oxygen you use. It is very important to protect yourself, those around you and your home when using supplemental oxygen.

FIRE SAFETY:

1. Use and or store oxygen in a well-ventilated area because oxygen accumulates around the user and immediate surroundings.
2. **NEVER** use or store oxygen in a confined space such as a cabinet or closet.
3. **DO NOT** use petroleum-based ointments or lotions in or around your nose or face, such as Vaseline, Vicks, Chapstick, etc. Choose all natural or water-based products. Oxygen can react violently with these oily substances and can cause burns.
4. Keep all oxygen equipment at least **5 feet away from any type of open flame or heat source**, such as fireplaces, stoves, space heaters, candles, etc.
5. Avoid using electrical appliances that produce sparks, such as electrical heaters, razors, hair dryers, etc.
6. **DO NOT SMOKE***SMOKING WHILE USING OXYGEN IS EXTREMELY DANGEROUS**
7. For your personal safety and safety of others, an "Oxygen in Use" sign must be posted and visible from outside the home.
8. Have your home equipped with a fire extinguisher and working smoke alarms, test the alarms monthly.
9. Do not put oxygen tubing and electrical cords under furniture or rugs.
10. Turn your oxygen equipment off when you are not using it.
11. Plan and practice an evacuation route for you and your family.

Oxygen Concentrators

A service technician will set up your oxygen concentrator in an area of your home that will be convenient for you. The oxygen concentrator uses normal household electricity and acquires oxygen from the air we breathe by separating the oxygen from other natural gases. With normal function, you will notice a "poofing" noise every few seconds. This is the normal operation of your compressor as it separates the oxygen from the room air gases that are not needed.

The concentrator has an audible alarm which will sound in the event of a malfunction or power failure or even from kinks in the tubing. It is imperative that when the equipment is running, you are able to hear the alarm and able to respond to these alarms.

All units are equipped with:

- ▶ A Rocker or push button switch that turns the unit on and off.
- ▶ Flow meter: This controls the rate of oxygen flowing through your tubing. The rate of oxygen is the liters per minute prescribed by your doctor.
- ▶ Alarms: Your Delivery Technician will explain the alarms on your unit.
- ▶ Humidifier/Tubing Adaptor: This is where your tubing will connect.

To Operate:

1. Be sure that the power switch is "off" before you plug in the unit.
2. Plug the concentrator cord directly into a working grounded outlet.
3. If you use a humidifier, fill the humidifier bottle to the indicated level with **distilled water ONLY**.
4. Be sure the threads are matched and the humidifier bottle or oxygen adaptor is tightened firmly in place. This will prevent oxygen from leaking. Attach the oxygen tubing to the humidifier or oxygen adaptor (Christmas tree).
5. Turn the unit on. Some units have an alarm that sounds briefly, when the unit is first turned on. The alarm will automatically shut off in a short time.
6. Insure liter flow is set at prescribed level. DO NOT change settings without physician's approval.
7. Check that there is oxygen flowing through the cannula by holding the cannula up to your lips.
8. Adjust your cannula to fit comfortably in your nostrils.
9. Always turn the unit off when not in use.

Electrical Precautions:

- ▶ The power cord should be connected only to a properly grounded outlet.
- ▶ Use an electrical circuit with the fewest electrical appliances plugged into the same circuit.
- ▶ Always turn the unit off when not in use or when moving the unit to another outlet.
- ▶ Do not use extension cords.
- ▶ Do not place liquids on top of the concentrator.
- ▶ Make sure the back of the unit is 18 inches away from any wall, drapes, bedspread or anything that may obstruct the air intake. Following the manufacturer recommendations for placement of the unit is advised.

Maintenance:

1. Change nasal cannula every two to three weeks.
2. Change oxygen tubing every 3 months
3. Refill humidifier bottle with distilled water every 72 hours or when needed, whichever occurs first.
4. Clean humidifier bottle twice weekly with warm water and non-scented soap, rinse well and air dry. For disinfected purposes soak in 1:3 solution of 1 part white vinegar and 3 parts warm water for 30 minutes. Then rinse and air dry. If you have a disposable humidifier bottle, it should be changed monthly.
5. Clean cabinet filters with warm water and air dry at least once a week.
6. Wipe unit with a damp cloth once a week or as needed. Ensure unit is turned off and unplugged prior to cleaning.

In Case of Equipment Failure:

1. Use your back-up oxygen cylinders. Adjust the liter flow on the regulator to your prescribed flow rate.
2. Call Hayat Home Medical Equipment to let us know you are on back-up oxygen and the equipment is not functioning.
3. A Delivery Technician will assist you in exchanging your equipment.

Cylinder Oxygen

Cylinder oxygen (oxygen tanks) is an oxygen delivery system that delivers oxygen in the form of compressed gas. Frequently, cylinder oxygen is used by people who require oxygen for portability and for emergency backup.

See cylinder usage chart on inside back cover.



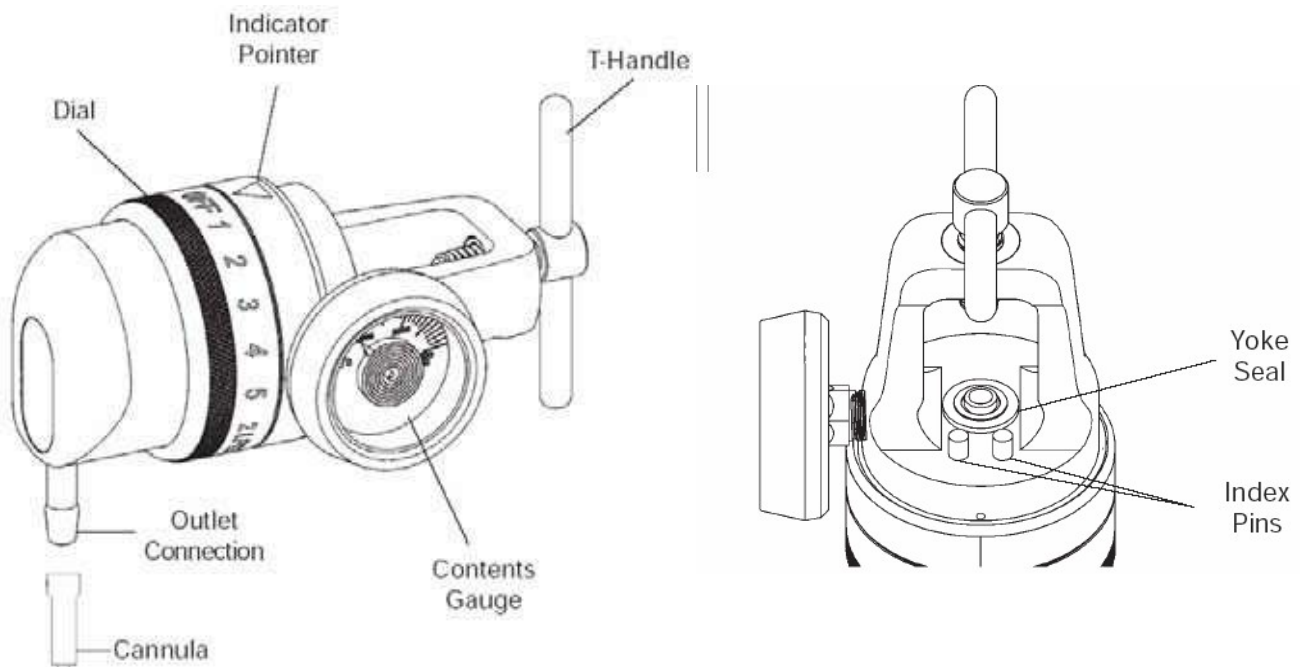
To set up and use the small "B, C, D, or E" size cylinders with standard regulator:

1. Find the two small and one large hole on the cylinder valve.
2. On the regulator, you will see two small pins and one large pin with a yoke seal that matches the holes on the cylinder valve.
3. Place the regulator on the oxygen tank and align all three holes and pins.
4. Tighten the "T-handle" on the regulator.
5. Use the cylinder wrench and turn counterclockwise (to the left) half a turn to open the cylinder valve. Note: If you hear oxygen escaping, turn the valve off clockwise (to the right). Verify regulator placement and re-tighten the regulator "T-Handle".
6. Check the valve of the regulator to verify oxygen content. Your Service Technician will show you how to determine how long your oxygen cylinder will last.
7. Attach your oxygen tubing to the outlet connection of the regulator.
8. Adjust the oxygen liter flow by turning the dial on the regulator to prescribed flow rate. Most regulators have "windows" or "indicator pointers" to indicate oxygen flow in LPM. **Your Service Technician will adjust oxygen liter flow to your prescribed setting during initial setup.

9. Check contents gauge making sure the fullness of tank.

To turn the oxygen off:

Turn the valve on the oxygen cylinder clockwise (to the right). Let the oxygen continue to flow until the content gauge reads "zero". Always turn the cylinder off when not in use.



Safe Oxygen Cylinder Storage and Handling:

Acceptable methods of storing oxygen cylinders in your home:

- ▶ Keep oxygen cylinders stored in a well-ventilated area.
- ▶ Store in provided storage rack or cart to prevent tipping or falling.
- ▶ If cylinders cannot be secured in an upright position, lay them on their sides on the floor.
- ▶ Tanks should be stored at least 5 feet from any heat source and out of direct sunlight.
- ▶ When traveling in a vehicle, **ALWAYS** ensure oxygen tanks are secure and positioned properly. Place tank on floor board on either passenger side or back seat (never on a seat) and crack window partially open. **Do not store in the trunk.**



Do Not Store Oxygen:

- ▶ Do not store oxygen cylinders in closets with the doors closed, under the bed with bed skirt extending to the floor or other enclosed areas.
- ▶ Do not allow tanks to stand or lean in an upright position while unsecured.
- ▶ Do not store oxygen within 5 feet of furnaces, hot water heater, fireplaces, and any other heat source.
- ▶ Do not drag, roll, slide or drop tanks.
- ▶ Do not lift a tank by its cap or valve.
- ▶ Never leave tanks in a trunk or a hot vehicle.

Oxygen Conserving Devices

Oxygen conserving devices are used primarily for the conservation of oxygen by providing a puff of oxygen during inspiration. An oxygen-conserving device senses the start of a breath and provides a short "pulse" dose of oxygen at the beginning of each breath. Therefore, using an oxygen conserving device can extend the benefit from a single oxygen cylinder nearly two to five times longer than a continuous oxygen flow system and may provide the same therapeutic benefit.

Use your oxygen-conserving device as demonstrated by your Respiratory Therapist. Oxygen conserving devices are attached to an oxygen cylinder the same way as a traditional oxygen regulator. Your oxygen flow rate on the conserving device may not be the same as the flow rate on your continuous oxygen flow regulator.

IF YOU DEVELOP SYMPTOMS OF SHORTNESS OF BREATH, CHEST PAIN, HEADACHES, LIGHT-HEADEDNESS, DIZZINESS, RAPID HEART RATE, ANXIETY, BLUE LIPS OR FINGERNAILS, DROWSINESS, CONFUSION, ETC. WHEN USING THE CONSERVING DEVICE, CHANGE TO THE CONTINUOUS FLOW SETTING AND CONSULT YOUR PHYSICIAN IMMEDIATELY. IT IS NOT RECOMMENDED TO SLEEP WITH YOUR CONSERVING DEVICE ON.

Oxygen Tank Use

To Set Up and Use the small "B, C, D, or E" size cylinders with an oxygen-conserving device (see diagram on back of page):

1. Find the two small and one large hole on the cylinder valve.
2. On the conserver, you will see two small pins and one large pin with a yoke seal that match the holes on the cylinder valve.
3. Place the conserver on the oxygen tank and align all three holes and pins.
4. Tighten the "T-handle" on the regulator.
5. Use the cylinder wrench and turn counterclockwise (to the left) to open the cylinder valve. Note: If you hear oxygen escaping, turn the valve off clockwise (to the right). Verify conserver placement and re-tighten the conserver "T-Handle".
6. Check the valve of the conserver to verify oxygen content. Your Respiratory Therapist will show you how to determine how long your cylinder will last.
7. Attach your oxygen tubing to the outlet connection of the conserver and place cannula over your ears and prongs in your nose (see diagram on back of page).
8. Adjust the oxygen liter flow by turning the dial, on the conserver, to prescribed flow rate. Most conservers have "windows" or "indicator pointers" to indicate oxygen flow in LPM.
9. Breathe normally through your nose. You will feel a puff of oxygen with each breath.

To Turn Off or Remove Conserver:

1. Turn the valve on the oxygen cylinder clockwise (to the right). Turn the conserver dial to "2 LPM continuous" position. Wait for oxygen to stop flowing from conserver (until the content gauge reads "zero" and is in the Red Zone).
2. Turn the dial to off on the conserver.
3. Slowly loosen the T-Handle until the conserver can be removed.

Portable Oxygen Concentrator:

Portable oxygen concentrators are oxygen machines that draw in oxygen with the use of a battery, electricity or DC power, for example, the power port in your car. They are smaller and lighter than stationary concentrators. People often like the portability of portable oxygen concentrators. On-demand (pulse) portable oxygen concentrators run on settings instead of liter flow. A setting delivers an intermittent fixed volume of oxygen when the system is triggered by your breathing in. A setting of 5 is not equal to a liter flow of 5 liters/minute. You need to be tested on your selected portable oxygen concentrator to confirm it is meeting your oxygen needs. The battery time varies per product, as do settings. Some people may need several batteries to meet their oxygen needs over time. If you would like information about portable concentrators or other oxygen systems, contact our office at 708-422-2300.

Traveling with Oxygen

Your doctor, aware of your special medical needs, can answer your questions regarding your ability to travel with oxygen. Always consult with your doctor before traveling.

When traveling, always make sure that you have enough oxygen for your trip. Your Hayat Home Medical Equipment Customer Service Representative can help you calculate the correct amount. You are allowed to use oxygen in most public places, if in doubt, call before you go.

If traveling by car, your portable unit must be secured in an upright position. "Crack" your window to provide adequate ventilation. Never leave your unit in your vehicle for a long time and never store it in the trunk. Follow all oxygen safety precautions when traveling. Keep your oxygen away from heat (minimum 5ft) and in a well-ventilated area and non-smoking areas.

No matter how you are traveling, contact the specific bus, train or airline for regulations and requirements concerning oxygen.

Before leaving, ask your doctor for a copy of your oxygen prescription. You will need this to obtain oxygen away from home. Call customer service to arrange for an oxygen supplier at your destination before departure.

If you plan to travel outside Hayat Home Medical Equipment's area of coverage, and plan to take our equipment, you must sign an agreement stating your destination, length of stay, equipment taken and how to contact you at your destination. Customer will be financially responsible for any charges that may occur to replace oxygen equipment while outside of Hayat Home Medical Equipment's coverage area.

Oxygen System Troubleshooting

<i>Problem</i>	<i>Solution</i>
Concentrator does not turn on.	<ol style="list-style-type: none">1. Make sure unit is plugged in.2. Check outlet for power with a working light. If the outlet does not have power, switch plug to new outlet.3. If outlet has power and unit is plugged in but still does not turn on switch oxygen tubing to back-up tanks and call Hayat Home Medical Equipment.

<p>Concentrator turns on but oxygen does not flow.</p>	<ol style="list-style-type: none"> 1. Check oxygen flow meter on the front of the unit. Be sure flow rate is set. 2. Check humidifier bottle for bubbling. If humidifier bottle is not bubbling, disconnect humidifier bottle and reconnect. 3. Place cannula tips in a glass of water and check for bubbles. If water does not bubble, check tubing for kinks or disconnect. 4. Replace Oxygen Tubing. 5. Switch oxygen tubing to back-up tanks and call Hayat Home Medical Equipment if oxygen still does not flow.
<p>Concentrator alarms low oxygen.</p>	<ol style="list-style-type: none"> 1. Make sure nothing is within 18 inches of the concentrator. 2. Remove and clean filter (do not put a wet filter back on the concentrator). 3. Re-start concentrator. 4. If concentrator alarm continues, call Hayat Home Medical Equipment
<p>Oxygen leaking from portable tank regulator.</p>	<ol style="list-style-type: none"> 1. Close oxygen cylinder valve. 2. Remove oxygen regulator and make sure yoke seal (washer) is on the regulator. 3. Align regulator pins on oxygen cylinder and tighten "T-handle". 4. Turn cylinder valve on with wrench. 5. If problem persists, call Hayat Home Medical Equipment
<p>Oxygen does not flow from oxygen back-up (E) tank.</p>	<ol style="list-style-type: none"> 1. Turn valve "on" by turn valve counterclockwise. 2. Check gauge for oxygen content. If empty replace cylinder. 3. Check oxygen-tubing connections for disconnect or kinks. Un-kink and reconnect any tubing issues. 4. Place oxygen tubing in a glass of water to see if oxygen is flowing. The water will bubble if oxygen is flowing. 5. Contact Hayat Home Medical Equipment if problem continues.

INDICATOR	PROBABLE CAUSE	SOLUTION
<p>Alarm: SHORT BEEPS, LONG PAUSE</p> <p>Concentrator NOT operating, power switch ON.</p> <p>Beep... Beep...</p>	<p>Main Power Loss:</p> <ol style="list-style-type: none"> 1. Power cord NOT plugged in 2. NO power at outlet 3. Tripped circuit breaker 	<p>GO ON BACK-UP TANK, then troubleshoot:</p> <ol style="list-style-type: none"> 1. Insert plug into outlet 2. Inspect house circuit breakers or fuses. If problem recurs, use a different outlet. 3. Still not working, Call Hayat Home Medical Equipment for service.
<p>Alarm: CONTINUOUS</p> <p>Concentrator, NOT operating, power switch ON.</p> <p>Beeeeeeep</p>	<p>System Failure:</p> <ol style="list-style-type: none"> 1. Unit overheating due to blocked air intake. 2. Insufficient power at outlet. 3. Internal repairs required. 	<p>GO ON BACK-UP TANK, then troubleshoot:</p> <ol style="list-style-type: none"> 1. Remove and clean cabinet filter 2. Move oxygen concentrator at least 3 inches away from walls, draperies or furniture. 3. Don't use extension cords. Move to another electrical outlet or circuit. 4. Still not working, Call Hayat Home Medical Equipment for service.
<p>YELLOW or RED LIGHT Illuminated or Blinking</p>	<ol style="list-style-type: none"> 1. Low oxygen purity 2. Kinked or blocked tubing, cannula or humidifier. 3. Flowmeter set at .5Umin. or less. 4. Unit overheating due to blocked air intake. 5. Insufficient power at outlet. 	<p>GO ON BACK-UP TANK, then troubleshoot:</p> <ol style="list-style-type: none"> 1. Clean or replace filters 2. Inspect for kinks or blockages. Once corrected, turn power OFF for 60 seconds and then turn power back ON. 3. Reset flowmeter to prescribed flowrate. 4. Remove and clean cabinet filters. Move oxygen concentrator at least 3 inches away from walls, draperies or furniture. 5. Don't use extension cords. Move to another electrical outlet or circuit. 6. Call Hayat Home Medical Equipment for service

Specifications (continued)

Oxygen Duration

NOTE: All ambulatory ranges are calculated assuming a breath rate of 20 BPM in PulseDose® mode.

Flow Rate:	Use Times (Shown In Hours)							
	1	1.5	2	2.5	3	4	5	6
M4								
PulseDose	5.7	3.8	2.9	2.3	1.9	1.4	1.1	.9
Continuous Flow	1.9	1.3	.9	.7	.6	.5	.4	.3
M6								
PulseDose	8.3	5.5	4.1	3.3	2.8	2.1	1.7	1.4
Continuous Flow	2.7	1.8	1.4	1.1	.9	.7	.6	.4
ML6								
PulseDose	8.6	5.7	4.3	3.4	2.9	2.1	1.7	1.4
Continuous Flow	2.8	1.9	1.4	1.1	.9	.7	.6	.5
C								
PulseDose	12.1	8.1	6.1	4.9	4.0	3.0	2.4	2.0
Continuous Flow	4.0	2.7	2.0	1.6	1.3	1.0	.8	.7
D								
PulseDose	21.0	14.0	10.5	8.4	7.0	5.2	4.2	3.5
Continuous Flow	6.9	4.6	3.5	2.8	2.3	1.7	1.4	1.2
E								
PulseDose	34.4	23.0	17.2	13.8	11.5	8.6	6.9	5.8
Continuous Flow	11.4	7.6	5.7	4.6	3.8	2.8	2.3	1.9

This chart is intended to be used only as a guide.

C-PAP/Bi-Level (Bi-PAP) EQUIPMENT

Sleep Disordered Breathing

Sleep disordered breathing is a medical term used for a sleeping disorder with apneas and hypopneas. Apnea means a cessation of breathing lasting longer than ten seconds. Hypopnea is a decrease in airflow (breathing) by 50% or more for ten seconds or longer. Most apneas and hypopneas result from a full or partial obstruction in the upper airway, but may also be a result of the bodies' automatic drive to breath.

Over the recent years, doctors have shown a relationship between sleep disorder breathing, obstructive sleep apnea, cardiovascular disease, and multiple other health concerns. Please discuss your concern with your physician.

Obstructive Sleep Apnea

Obstructive Sleep Apnea (OSA) is a common sleeping disorder that is a result of upper airway obstructions that cause snoring (partial obstruction) and apneas (full obstruction). These obstructions occur during sleep because the upper airway lacks muscle tone and the force of gravity. As your muscles relax and due to gravity, your tongue falls back against your soft palate, and the soft palate and uvula fall back against the back of the throat, effectively closing the airway. Excess tissue and abnormalities of the upper airway intensify these problems. Usually, your body will continue to attempt to breath. However, during these apnea episodes the inability to breath causes your brain to awaken you so that you can breathe. Many people are unaware of these interruptions during sleep, but they prevent you from getting effective sleep and result in sleep deprivation.

Treatment with C-PAP/Bi-Level

The most common non-invasive treatment for obstructive sleep apnea is C-PAP (Continues Positive Airway Pressure). C-PAP is a system that blows air through a tube and a mask. This air passes through your nose/mouth and into your upper airway. The air generates a slight pressure in the upper airway to keep your airway open. This pressure does not interfere with your breathing, but it does take some time to get used to the extra airflow.

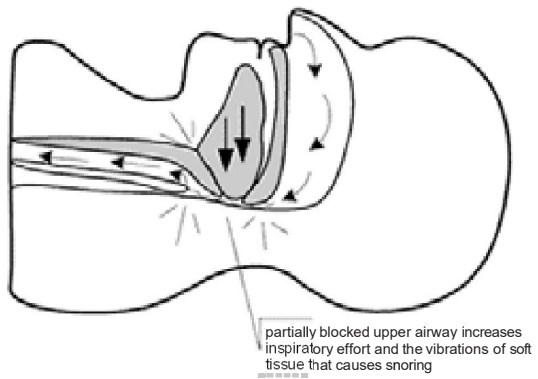
Bi-Level (BI-PAP) is another form of treatment used to treat obstructive sleep apnea and many other disease processes that obstruct or restrict the lungs and airways. Bi-level combines continues positive airway pressure (called EPAP) during exhalation and at rest. Additionally, Bi-Level gives a stronger positive pressure during inspiration (called IPAP) to help expand your lungs.

C-PAP and Bi-Level are devices your physician must order. If you have questions about your prescription, please call either your doctor or Hayat Home Medical Equipment

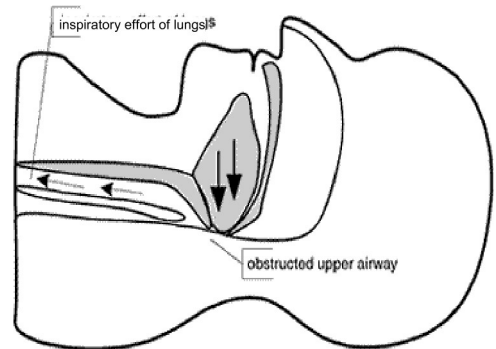
Normal Airway



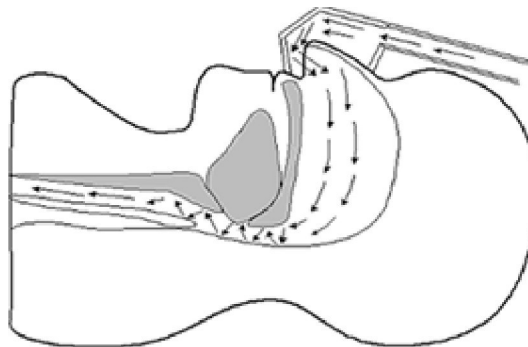
Partial Blocked Airway



Obstructed Upper Airway



Treated With C-PAP or Bi-Level



Your C-PAP/Bi-Level Unit

There are many different styles of C-PAP and Bi-Level units. However, all units function on the same basic principle and have the same basic parts:

1. On/Off Switch.
2. Air inlet with a filter.
3. Air outlet that connects to the patient circuit.
4. Patient circuit that includes tubing, headgear, and mask (Interface).

Your unit may also have optional features:

1. Humidifier to heat and moisten the air.
2. Ramp or Delay that starts your C-PAP pressure at a lower setting and automatically increases pressure over time.

Patient Circuit

The patient circuit consists of tubing, which connects to the air outlet of your C-PAP/Bi-Level unit, a mask, and headgear to secure the mask. Hayat Home Medical Equipment offers a large variety of masks. The most common style of masks are full-face mask, nasal mask, and nasal pillow. Please follow the manufacturer's directions for your specific mask or follow these directions for your mask style:

Nasal and Full-Face Mask Assembly

1. Arrange the headgear so the longer straps are at the top of the mask.
2. Loosely attach the straps to your nasal mask.
3. Place the mask over your nose (mouth and nose for full-face masks) and slide the headgear over your head.
 - ▶ *Before wearing the C-PAP mask, wash your face to remove excess facial oil and reduce skin irritation. This also helps achieve a leak-free fit, and prolong mask life.*
4. Gradually tighten the Velcro straps until the mask fits comfortable against your face.
 - ▶ *A tighter fit is not necessarily better. Over-tightening can irritate your face and cause damage to the mask. Your mask can be loose as long as the seal is maintained*
 - ▶ *Once mask is properly fit with minimal leaking use clips or magnets provided with mask on bottom strap to secure and remove mask from face.*
 - ▶ *Use permanent ink to mark the location of the straps. This will make it easier to make adjustments in the future*
5. **Do not block the exhalation port on your mask.** This port allows you to exhale and flushes carbon dioxide from the circuit.

Nasal Pillow Circuit Assembly

There are many nasal pillow systems available and each unit is assembled differently. Please refer to the mask user guide for instructions on your specific pillow system and keep a copy of these instructions for future use. If you need further assistance with assembling your nasal pillow mask, please call Hayat Home Medical Equipment.

Using Your C-PAP/Bi-Level Unit

1. Place your unit on a sturdy surface near the bedside. Unit should be level with your head or below when lying down.
2. Make sure your unit is "turned off".
3. Plug your unit into a grounded A/C (wall) power outlet and plug the power cord into the back of the unit (if cord is not permanently attached).
4. Connect your patient tubing to the air outlet on the C-PAP/Bi-Level unit.
5. Connect your mask to the tubing and place the mask over your head as instructed.

6. Turn your C-PAP/Bi-Level unit "ON".
7. Position tubing to reduce tension on your mask and in a comfortable position for you.
8. Adjust your mask to eliminate large air leaks, being careful not to over tighten and have the fit become uncomfortable.
9. Relax and breathe normally.

Using Heat and Humidity with Your C-PAP/Bi-Level Unit

The humidifier adds moisture to the air you breathe in while using your C-PAP/Bi-Level unit. If your doctor has prescribed a humidifier for use with your C-PAP/Bi-Level unit, follow these steps:

1. Fill the humidifier with distilled water ONLY to the fill line indicated on the water chamber.
2. Connect the patient tubing to the air outlet port on the humidifier.
3. Turn humidifier and C-PAP/Bi-Level units "on" as instructed by your Respiratory Therapist.

NEVER MOVE YOUR C-PAP OR BI-LEVEL UNIT WITH WATER IN THE WATER CHAMBER. ALWAYS REMOVE THE WATER CHAMBER WHEN FILLING NIGHTLY OR MOVING THE UNIT.

DAILY & WEEKLY MAINTENANCE FOR C-PAP/Bi-Level DEVICES

- ▶ Use distilled water only in the water chamber. Every morning empty out the remaining water and rinse, allow the chamber to air dry.
- ▶ Every night, fill your water chamber with fresh distilled water.
- ▶ Clean your supplies once a week: entire mask including headgear, water chamber, and tubing with a non-scented soap such as Baby Shampoo, Dove or Ivory dish soap.
- ▶ If utilizing heated tubing, make sure you do not submerge the end of tubing that snaps into the machine.
- ▶ If you have experienced a cold or upper airway infection go one step further with cleaning and do a 1:3 ration white vinegar and water 30-minute soak on your equipment.
 - ▶ 1 cup vinegar
 - ▶ 3 cups water
 - ▶ Rinse thoroughly and All items air dry
- ▶ Filter on left side of your unit is NOT WASHABLE and needs replaced MONTHLY

Using Oxygen with Your C-PAP/Bi-Level Unit

If your doctor has prescribed oxygen for you to breathe with your C-PAP/Bi-Level equipment, you will be instructed on how to use the oxygen equipment. Oxygen will be connected to your C-PAP/Bi-Level circuit using an oxygen adaptor, oxygen tubing, and oxygen gas source.

Safety Precautions

- ▶ Never immerse your C-PAP/Bi-Level unit in water.
- ▶ Never plug in your C-PAP/Bi-Level unit if wet.
- ▶ Never plug your C-PAP/Bi-Level unit into an electrical outlet that is supplying power to another appliance.
- ▶ Never use an extension cord with your equipment
- ▶ Never attempt to repair your C-PAP/Bi-Level unit yourself. Call Hayat Home Medical Equipment if your unit stops working.
- ▶ Follow all oxygen safety precautions if using supplemental oxygen with your C-PAP/ Bi-Level unit.

Common C-PAP/Bi-Level Troubleshooting

Problem	Possible Causes	Solution
C-PAP/Bi-Level unit does not turn on.	<ul style="list-style-type: none"> ▶ Power cord not connected properly. ▶ AC power is out. 	<ul style="list-style-type: none"> ▶ Check for proper electrical connection. ▶ Check for AC power at wall outlet.
No air comes out of unit when turned on.	<ul style="list-style-type: none"> ▶ Possible internal generator problem. ▶ Blocked air inlet. ▶ Dirty filter. 	<ul style="list-style-type: none"> ▶ Contact Hayat Home Medical Equipment. ▶ Move unit away from drapes, bedding, and clothing. ▶ Change filter.
Unit starts and stops.	<ul style="list-style-type: none"> ▶ Power cord not completely connected to the unit or the outlet. 	<ul style="list-style-type: none"> ▶ Verify the power cord is completely connected at the rear of the unit and into the outlet.
Discomfort from too much pressure.	<ul style="list-style-type: none"> ▶ Pressure from the C-PAP/Bi-Level unit. 	<ul style="list-style-type: none"> ▶ It will take time to adjust to C-PAP/Bi-Level. Relax and breathe slowly through your nose. Pressure delivered seems significantly lower or higher than usual.
Pressure delivered seems significantly lower or higher than usual.	<ul style="list-style-type: none"> ▶ Possible unit malfunction 	<ul style="list-style-type: none"> ▶ Contact Hayat Home Medical Equipment
Nasal, sinus or ear pain.	<ul style="list-style-type: none"> ▶ Sinus infection or ear infection. 	<ul style="list-style-type: none"> ▶ Stop using the unit and contact your physician.
Air feels too warm.	<ul style="list-style-type: none"> ▶ Dirty filter ▶ Air inlet blocked ▶ Room temperature is too warm. 	<ul style="list-style-type: none"> ▶ Replace or clean filter. ▶ Move unit away from bedding and curtains. ▶ Turn down the thermostat. ▶ Keep unit away from heat source.
Cold Nose	<ul style="list-style-type: none"> ▶ Room to cool. 	<ul style="list-style-type: none"> ▶ Increase room temperature. ▶ Run tubing under covers to reduce heat loss.
Runny nose.	<ul style="list-style-type: none"> ▶ Nasal reaction to air flows 	<ul style="list-style-type: none"> ▶ You may need to increase the room humidity or need a humidifier for your unit. ▶ Contact your Physician if problem persists.
Dry or irritated eyes	<ul style="list-style-type: none"> ▶ Mask not positioned properly. ▶ Wrong mask size 	<ul style="list-style-type: none"> ▶ Readjust the mask and headgear. ▶ Contact Hayat Home Medical Equipment for proper mask size
Redness on face where mask contact your skin	<ul style="list-style-type: none"> ▶ Mask too tight ▶ Wrong mask size ▶ Reaction to disinfectant or cleaner 	<ul style="list-style-type: none"> ▶ Readjust the headgear and mask. ▶ Contact Hayat Home Medical Equipment for proper mask size. ▶ Change brand of disinfectant or soap.

C-PAP/Bi-Level Equipment and Accessories Replacement

Your C-PAP/Bi-Level unit is designed to last many years, and most insurance companies will only pay for a new unit every five years. However, your disposable components such as mask, tubing, humidity chambers, and filters should be replaced periodically. If you feel they need to be replaced prior to your scheduled shipment, please contact our Supply Department at 708-422-2300. Each insurance provider varies on coverage criteria for C-PAP/Bi-Level disposable replacements. If you have questions about replacement coverage, please contact our billing office during regular business hours.

SUPPLIES	REPLACEMENT FREQUENCY
MASK (NASAL OR FULL FACE)	EVERY 3 MONTHS
FULL FACE CUSHION	1 PER MONTH
NASAL OR PILLOW CUSHION	2 PER MONTH
CHINSTRAP	EVERY 6 MONTHS
HEADGEAR (NASAL OR FULL FACE)	EVERY 6 MONTHS
TUBING (HEATED OR NON-HEATED)	EVERY 3 MONTHS
DISPOSABLE FILTER (DEPENDING ON SPECIFIC DEVICE)	1 OR 2 FILTER(S) EVERY MONTH
HUMIDIFIER CHAMBER	EVERY 6 MONTHS
PAP MACHINE	EVERY 5 YEARS

*** Individual insurance plans determine the frequency as to when the supplies are covered.*

Hayat Home Medical Equipment is committed to providing our C-PAP and Bi-Level clients superior customer service and a full line of equipment and accessories by the Nation's leading manufacturers. Furthermore, we strive to ensure all C-PAP/Bi-Level users are satisfied, comfortable, and knowledgeable of their equipment and accessories. Manufacturers recommend replacing worn and broken supplies so you will be comfortable and satisfied with your therapy. Even with proper care and cleaning most masks & mask parts, tubing, humidity chambers and filters need to be replaced when they are no longer functional and are usually covered by insurance. Our Therapists will need to conduct a supplies assessment if you feel your supplies are no longer functional. Please contact our Customer Service staff Monday-Friday between 9am and 5pm to assist you with ordering the proper supplies at 708-422-2300 or to connect you with a Respiratory Therapist. Our Respiratory Therapists are also available to answer your questions regarding therapy, equipment maintenance and cleaning of your C-PAP and Bi-Level equipment. We also recommend a pressure check annually to ensure that your C-PAP/Bi-Level unit is working properly.

NON-INVASIVE VENTILATION (NIV)

Non-invasive ventilation (NIV) refers to the breathing support through the patient's upper airway using a mask or similar interface. This technique is distinguished from those which bypass the upper airway with a tracheal tube, laryngeal mask, or tracheostomy and are therefore considered invasive. There are various benefits and positive outcomes to this therapy including: controlled CO₂ levels, documented success of reducing hospital readmissions, no sleep study required, real time data viewable by DME Respiratory Therapist and ordering Physician, and device is lightweight, versatile and easy to use. This therapy must be prescribed, and one of our Respiratory Therapist will provide therapy education and device understanding during set-up to ensure patient and family understanding.

We designed a program centered around frequent patient interaction with one of our Respiratory Therapists to ensure patient understanding, comfort, and adherence to therapy. We continually follow up with our patients regarding: appropriate therapy settings given patient's current disease state, ease of use and comfortable mask interface, and continual adjustment of comfort settings to improve patient's overall compliance. We have found that when patients are comfortable, they use the device as prescribed, recover faster and avoid acute situations such as hospital readmissions. Our Respiratory Therapy Team is here to support you and can be contacted via the office at 708-422-2300.

TRILOGY STARTUP

- Turn Trilogy power button on
- Find on your home oxygen tubing your swivel connector. Remove your nasal cannula from the connector and connect the oxygen tubing which is connected to the left rear corner of your trilogy.
 - While using this therapy, your supplemental oxygen will be now delivered through the trilogy.
- Remove your nosepiece, set aside and now secure your appropriate mask interface.

TRILOGY SHUTDOWN

- Locate the swivel connector on your oxygen tubing and remove the tubing connected to rear of trilogy. Reattach your nasal cannula to the swivel connector.
- Remove your mask interface and place nasal cannula into your nares.
- Power off the Trilogy:
 - Press the power button, this will result with a message prompting you to confirm power off.
 - Press the horizontal button below the word "YES" to confirm shut off.

DAILY & WEEKLY MAINTENANCE FOR TRILOGY DEVICE

- ▶ Clean your supplies once a week: entire mask including headgear, black filter tubing, and water chamber (*if utilizing*) with a non-scented soap such as Baby Shampoo, Dove or Ivory dish soap.
- ▶ If you have experienced a cold or upper airway infection go one step further with cleaning and do a 1:3 ration white vinegar and water 30-minute soak on your equipment.
 - ▶ 1 cup vinegar
 - ▶ 3 cups water
- ▶ Rinse thoroughly and let all items air dry
- ▶ If utilizing heated humidity use distilled water only in the water chamber. Every morning, empty out the remaining water and rinse, allow the chamber to air dry.
- ▶ Every night, fill your water chamber with fresh distilled water.
- ▶ White Filter located on right side of Trilogy attached to the tubing NOT WASHABLE.
- ▶ If this filter becomes wet, it can cause an alarm on the Trilogy or during use make it appear as if the unit is not working. If this occurs, remove filter from the Trilogy and re-attach tubing directly to the Trilogy. If this corrects the issue and you have an extra white filter, please replace with new filter. Contact Hayat Home Medical Equipment @ 708-422-2300 for assistance or to request new supplies. Never us the Trilogy without a white filter attached to the unit.

Continuous Glucose Monitoring

Check your glucose with a painless scan, instead of a fingerstick.

Diabetes is complex enough. Monitoring your diabetes shouldn't be.

Accurate

The Freestyle Libre 14 day sensor automatically measures glucose readings day and night/ and is accurate for insulin dosing:



What is it?

The Freestyle Libre 14-day system is a continuous glucose monitoring system consisting of a handheld reader and a sensor worn on the back of the upper arm.

Convenient

The small sensor is about the size of two stacked quarters and can be scanned discreetly, even through clothing. You can even scan the sensor with your compatible iPhone.



How does it work?

The sensor uses a thin, flexible filament inserted just under the skin to measure glucose every minute.

User-friendly

The Freestyle Libre 14 day sensor is painless to apply and easy to wear. It is water resistant so you can swim, shower, or exercise.



How do you use it?

Use the handheld reader to scan the sensor with a painless, one-second scan to replace fingersticks.

NOTICE OF PRIVACY PRACTICES

This Notice is effective March 26, 2013

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

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at 708-422-2300 to obtain a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at 708-422-2300

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at 708-422-2300

1. Treatment

We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

2. Payment

We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that, within the health department, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at 708-422-2300.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

5. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at 708-422-2300.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency - which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.

- Court proceedings: We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- Law enforcement: We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- Coroners and others: We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- Workers' compensation: We may disclose medical information about you in order to comply with workers' compensation laws.
- Research organizations: We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- Certain government functions: We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the "authorization" - or signed permission - of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

**YOU HAVE RIGHTS WITH RESPECT
TO MEDICAL INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at 708-422-2300.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at 708-422-2300.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Access Request Form.

Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

You may either write us a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting Request Form, or contact our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an Alternative Contact Request Form. Alternative Contact Request Forms are available from our Privacy Officer.

7. Right to Notification if a Breach of Your Medical Information Occurs

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

**Hayat Home Medical
Equipment
3518 W. 95th St.
Evergreen Park, IL 60805**

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F
HHH Building
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> Email: OCRComplaint@hhs.gov

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j)(3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

Home Care Bill of Rights

Statement of Rights

A person who receives home care services has these rights:

1. The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
2. The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services.
3. The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
4. The right to be told in advance, of any changes in the plan of care and to take an active part in any changes; and
5. The right to refuse services or treatment.
6. The right to know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services.
7. The right to know, in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, and the charges that the individual may have to pay.
8. The right to know what the charges are for services, no matter who will be paying the bill.
9. The right to choose freely among available providers and to change providers after services have begun, within limits of health insurance, medical assistance, or other health programs.
10. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. The right to be allowed access to records and written information from records.
12. The right to be served by people who are properly trained and competent to perform their duties.
13. The right to be treated with courtesy and respect, and to have the patient's property treated with respect.
14. The right to be free from physical and verbal abuse.
15. The right to reasonable, advance notice of changes in services or charges.
16. The right to a coordinated transfer when there will be a change in the provider of services.
17. The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property.
18. The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.

Fall Prevention at Home

Falls happen at home for many reasons. There are several things that are known to add to your risk for falling.

These include:

- Poor vision or hearing
- History of falls
- Use of aids, such as a cane
- Poor nutrition
- Certain medications
- Being over 65 years old
- Conditions of the home, such as slippery floors, loose rugs, cords on floor



Our goal is to help you prevent falls at home!

Here are some things that you can do that will help lower your risk for falls at home.



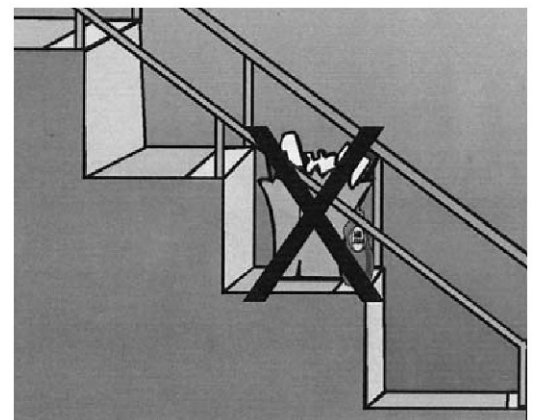
Lighting

- Replace dim, burned out or glaring light with bright, soft white light bulbs
- Use a night light
- Make sure lights are easy to turn on a
- Keep a flashlight available



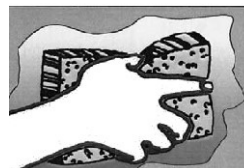
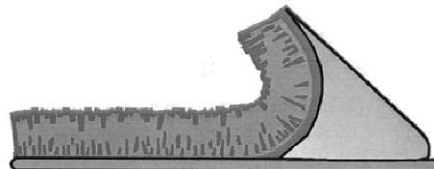
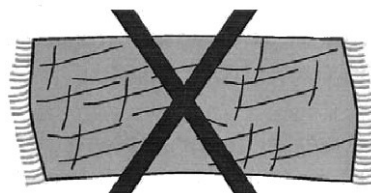
Clear Hallways and Stairs

- Remove clutter, especially from hallways and stairwells
- Use handrails while taking the stairs
- Place non-skid treads or bright reflective tape to mark the edge of the stairs



Floors

- Remove scatter/throw rugs
- Place non-skid treads or double-sided tape under area rugs
- Keep floors free from clutter
- Wipe up spills immediately
- Make sure floors are not slippery



Bathroom



- Use a raised toilet seat and safety frame for ease in getting up and down from toilet
- Set water temperature at 120 degrees or less (prevent burns and falls trying to avoid burns)



- Consider a hand-held shower head, shower chair and handrails in the tub
- Place non-skid adhesive strips in the tub.
- Use liquid soap or soap on a rope to prevent dropping soap.

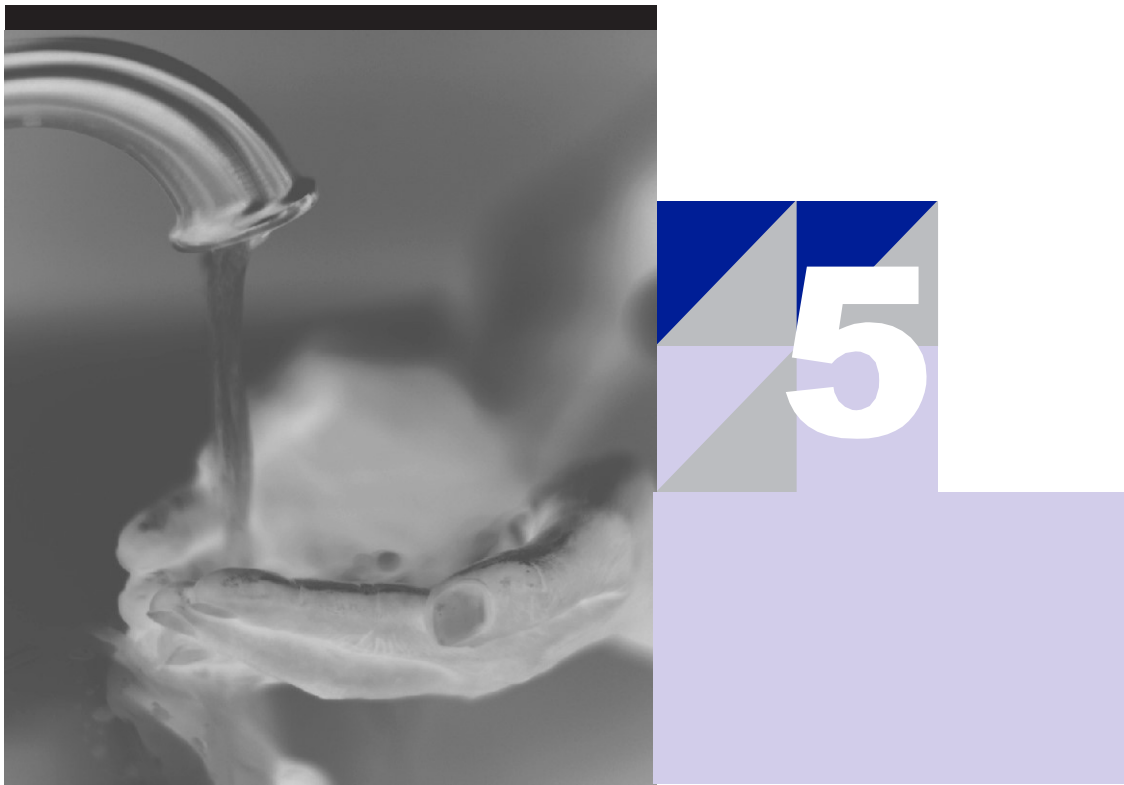
Other

- Store items used often at waist level
- Select furniture with armrests for support in getting up and down
- Keep phone within easy reach
- Dizziness and weakness from poor nutrition or medication change, consult your provider or the outpatient dietician



Adapted from *FallPreventionatHome*,
Louis Stokes, Cleveland VA Medical Center

SpeakUP™



Avoiding contagious diseases like the common cold, strep throat, and the flu is important to everyone. Here are five easy things you can do to fight the spread of infection.

1.



Clean your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- Or, if your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

2



Make sure health care providers clean their hands and wear gloves.

- Doctors, nurses, dentists and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they've cleaned their hands.
- Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Don't be afraid to ask them if they should wear gloves.

3



Cover your mouth and nose.

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

- Use a tissue! Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and

clean your hands after coughing or sneezing.

- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.

4.



If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.

5



Get shots to avoid disease and fight the spread of infection.

Make sure that your vaccinations are current-even for adults. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:

- Chicken pox
- Measles
- Tetanus
- Shingles
- Flu (also known as influenza)
- Mumps
- Diphtheria
- Hepatitis
- Meningitis
- Whooping cough (also known as Pertussis)
- German measles (also known as Rubella)
- Pneumonia (*Streptococcus pneumoniae*)
- Human papillomavirus

Five Things You Can Do To Prevent Infection was developed in collaboration with

American Hospital Association

www.hospitalconnect.com

Association for Professionals in Infection Control and Epidemiology, Inc.

www.apic.org

Centers for Disease Control and Prevention

www.cdc.gov

Infectious Diseases Society of America

www.idsociety.org

The Joint Commission

www.jointcommission.org

Society for Healthcare Epidemiology of America

www.shea-online.org

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety.

Helping healthcare organizations help patients

We have included a **Patient Communication Form** for you to complete should you wish to contact us.

You can mail this form to:

Hayat Home Medical Equipment
Attn: General Manager
3518 W. 95th St.
Evergreen Park, IL 60805

Patient Communication Form

Hayat Home Medical Equipment strives to provide the highest quality health care services to all our patients. That is why your concerns are our concerns. To ensure that our services meet your complete satisfaction, we ask you to describe any After completing this form, please tear this page out of the handout and mail to your service location. The operations manager will research your concern in order to resolve all complaints and/ or problems.

We assist your candid comments as well as your assistance in helping us to continually improve our service(s) to our valued customers

Name: _____

Date of Service: _____

Telephone Number: () _____

Please describe your compliment/ concern:

We are also certified by The Joint Commission ("JCAHO") for high quality standard care. If you would like to register a complaint or comment, they can be reached at www.jointcommission.org or customerservice@jointcommission.org.

OFFICE USE ONLY

Action taken/Resolution:

Date Resolved : _____

Manager's signature: _____ Date _____



www.jointcommission.org
1-800-994-6610