



CUSTOMER HANDBOOK

TABLE OF CONTENTS

MISSION STATEMENT.....	3
PHILOSOPHY STATEMENT.....	3
OFFICE LOCATIONS / CONTACT INFORMATION/HOURS OF OPERATIO.....	4
SERVICE OBJECTIVES.....	5
SCOPE OF SERVICES.....	6
CUSTOMER BILL OF RIGHTS.....	7
CUSTOMER RESPONSIBILITIES.....	8
BILLING AND COLLECTION POLICIES.....	9
GRIEVANCE / COMPLAINT PROCEDURE.....	10
MEDICARE SUPPLIER STANDARDS.....	11
MEDICARE CAPPED RENTAL STATEMENT.....	13
NOTICE OF PROVIDER PRIVACY PRACTICES.....	14
How Alick's May User or Disclose Your Health Information for Treatment, Payment of Health Care Operations.....	14
How Alick's May User or Disclose Your Health Information Without Your Written Authorization.....	15
When Alick's Is Required to Obtain an Authorization to Use or Disclose Your Health Information.....	16
Health Information Rights.....	16
ABOUT YOUR HEALTH CARE.....	19
What Kinds Of Advance Directives Are There?.....	19
What Type of Advance Directive is Best for ..Me?.....	19
What Do I Do If I Want An Advance Directive?.....	19
How Does My Health Care Team Know I Have an Advance Directive?.....	20
What If I Change My Mind?.....	20
What If I Don't Want An Advance Directive?.....	20
HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE.....	21
Fire Safety and Prevention.....	21
Electrical Safety.....	21
Safety in the Bathroom.....	21
Safety in the Bedroom.....	21
Safety in the Kitchen.....	22
Getting Around Safely.....	22
EMERGENCY PLANNING FOR THE HOME CARE CUSTOMER.....	23
Know What to Expect.....	23
Know Where to Go.....	23
Know What to Take with You.....	23
Reaching Us if There Are No Phones.....	23
Helpful Tips.....	24
For More information.....	24
An Important Reminder!!.....	24
EMERGENCY ASSISTANCE ORGANIZATIONS.....	25
NOTES.....	26

MISSION STATEMENT

Alick's Home Medical's mission is to treat each of our customers as we would want our own mothers and fathers treated, because we care.

PHILOSOPHY STATEMENT

Alick's Home Medical is committed to providing quality products and services to our customers. We take pride in providing the best and most reliable service in the area. Our foundation is the belief in treating each of our customers as we would our own mother and father in his/her time of need. We strive to enhance the lives of each individual who requests our services and when possible, to bring comfort to them. All of this we do, because we care.

**OFFICE LOCATIONS / CONTACT INFORMATION
HOURS OF OPERATION**

800-633-4144

South Bend – Corporate Location

17187 State Road 23
South Bend, IN. 46635
(P) 574-273-6000 (F) 574-247-8199
M-F: 8:00AM – 6:00PM
SAT: 9:00AM – 3:00PM
SUN: Closed

Warsaw Location

2306 Dubois Drive
Warsaw, IN. 46580
(P) 574-267-4900 (F) 574-267-1200
M-F: 9:00AM - 6:00PM
SAT: 9:00AM - 3:00PM
SUN: Closed

Elkhart Branch

1612 W. Lexington Avenue
Elkhart, IN. 46514
(P) 574-522-2273 (F) 574-522-4563
M-F: 8:00AM – 6:00PM
SAT: 9:00AM – 3:00PM
SUN: Closed

Michigan City Branch

3219 S. Franklin Street
Michigan City, IN. 46360
(P) 219-872-1000 (F) 219-879-1917
M-F: 8:00AM – 5:00PM
SAT: Closed
SUN: Closed

Plymouth Branch

1920 W. Lake Avenue
Plymouth, IN. 46563
(P) 574-941-4444 (F) 574-941-4440
M-F: 8:00AM – 5:00PM
SAT: Closed
SUN: Closed

St. Joseph's Regional Medical Center

611 E. Douglas Road, Suite 124
Mishawaka, IN. 46545
(P) 574-247-8100 (F) 574-855-2475
M-F: 8:30AM – 5:30PM
SAT: Closed
SUN: Closed

SERVICE OBJECTIVES

(Fitter's Services, by Appointment - Saturdays)

Staffing: Our extensive inventory staff consists of dedicated professionals and specialists who are dedicated to providing you the equipment, supplies and services that you require. Our staff's concern for your well-being, combined with our extensive inventory and four locations assure our success in providing for your needs.

24-hour Emergency Service: Our telephones are answered by a medical answering service that will contact a designated trained staff member to support your needs. Emergency assistance is available to our customers.

Reimbursement Assistance: Medicare, Medicaid and other third-party payers are pre-qualified for direct payment. Payment by common credit cards is also accepted.

Discharge Assistance: We work directly with physicians and discharge planners to insure a smooth transition from hospital to home.

Customer Instruction and Training: Our trained staff of health care professionals insure each customer and/or their caregivers are trained on the operation and care of equipment.

Patient Assessment: Trained staff meet with and assess the needs of customers with respect to the services and equipment provided. Customer's needs are monitored and assessment updated to insure care is timely and current.

Delivery Service: Delivery, setup and customer instruction and training are generally free from charge. Unusual circumstances may deem a delivery charge.

Geographic Scope of Service: Generally, we provide our services within a 50 miles radius of each of our locations.

SCOPE OF SERVICES

Alick's Home Medical Equipment, Inc. provides Home Medical Equipment and supplies for our Customers. Our scope of services includes, but is not limited to, the following items and services. Equipment supplied by Alick's Home Medical Equipment, Inc. includes:

- Apnea monitors
- Bariatric Equipment
- Bathroom Safety Aides
- Breast Pumps and Supplies
- Canes and Crutches
- Commode
- Compression Hosiery and Garments
- BIPAP/CPAP and Supplies
- CPM Machines
- Diabetic Monitor and Supplies
- Diabetic Shoes and Inserts
- Enteral Nutrition and Supplies
- Home Health Care Supplies
- Hospital Beds
- Incontinence Supplies
- Lift Chairs
- Nebulizers and Supplies
- NIPPV
- NPWT and Supplies
- Orthotic Braces
- Ostomy Supplies
- Oxygen - Stationary and Portable
- Patient Lifts
- Percussors
- Phototherapy
- Post Mastectomy Prosthesis and Supplies
- Power Wheelchairs and Accessories
- Pressure Reducing Support Services
- Pulse Oximeters
- Scooters
- Seasonal Affective Disorder Lights
- Stairway Lifts
- Suction Machines
- Vehicle Lifts & Installation
- Volume Ventilators
- Walkers
- Wheelchairs and Supplies
- Wound Care Supplies
- Urological Supplies



Client/Patient's Rights

- Be fully informed in advance about the care/service to be provided. (DRX2-1A)
- Be informed of your financial responsibility. (DRX3-4B)
- Receive information on the scope of services Alick's Home Medical offers and any limitations. (DRX2-1A)
- Participate in the development and periodic revision of your plan of care. (DRX5-4A)
- Have the right to refuse equipment/service after the consequences of refusing equipment/service have been fully explained or presented. (DRX2-6A)
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable. (DRX2-6A)
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality. (DRX2-2B)
- Be able to identify Alick's Home Medical's staff members through proper identification. (DRX2-2B)
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property. (DRX2-3A)
- Be able to voice grievances/complaints regarding equipment, service, personnel, or lack of respect for your property. May recommend changes in policy without restraint, interference, coercion, discrimination, or reprisal. (DRX2-4A)
- Grievances/Complaints will be fully investigated. (DRX2-4A)
- All information contained in the client/patient record and Protected Health Information (PHI) will be kept confidential and private per HIPAA regulations. (DRX2-5A)
- Be advised of Alick's Home Medical's Privacy Policy regarding the disclosure of PHI. (DRX2-5A)
- Choose your healthcare provider. (DRX2-2B)
- Receive appropriate patient-centered care in accordance with physician's order. (DRX2-2B)
- Be informed of any financial benefit if referred to an organization. (DRX2-2B)
- Be fully informed of the Client/Patient responsibilities. (DRX2-2B)



Clients/Patient's Responsibilities

- To provide accurate and complete information at registration and to notify Alick's Home Medical of any changes in home address, telephone number, physician, or emergency contact.
- To inform Alick's Home Medical if you are admitted to a hospital, skilled nursing facility, or when the rental equipment is no longer needed.
- To inform Alick's Home Medical of any change in your insurance plan or coverage including insurance termination.
- To comply with your physician's prescribed treatment and be responsible for the outcomes if not followed as prescribed. Client/Patient agrees to utilize equipment provided in accordance with your physician's order(s).
- To acknowledge you understand the operation & safe use of equipment/services provided.
- To comply with the plan of care and to communicate any change in the physician's order.
- To respect the rights, professional integrity, and dignity of those providing services.
- Notify Alick's Home Medical if you wish to cancel or change a scheduled delivery/appointment.
- To follow equipment/service instructions, rules or regulations provided by Alick's Home Medical.
- To NOT modify rental equipment and use it with reasonable care and return in good condition with normal wear.
- To safely store, clean and maintain rental equipment as recommended by the manufacturer.
- Notify Alick's Home Medical immediately of any malfunctions or defects in rental equipment.
- Client/Patient agrees to accept their financial responsibility for equipment/service provided.
- Client/Patient will not move equipment out of Alick Home Medical's service area unless authorized from Alick's Home Medical staff.
- Client/Patient agrees to pay for the replacement cost of any rental equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
- Client/Patient acknowledges the title of rental equipment, and all parts shall always remain with Alick's Home Medical unless equipment is purchased & paid for in full.
- Be aware that Alick's Home Medical retains the right to refuse delivery of equipment/service at any time.

BILLING and COLLECTION POLICIES

We are committed to providing all of our customers with the best service and supplies possible. If you are covered by Medicare, Medicaid or other third party payors or insurance, we will work to ensure that you receive the maximum allowable benefits from your insurer. Thank you for your patience during this approval process.

1. Unless other payment arrangements have been arranged and approved in advance, payment is due at the time services are rendered.
2. We accept cash, checks, money orders and a variety of credit cards. Returned checks and balances due for more than 30 days may be subject to collection fees and interest charges.
3. Alick's Home Medical Equipment, Inc. reserves the right to accept insurance assignment in certain cases. Acceptance of insurance will be dependent upon proof of eligibility as determined by Medicare, Medicaid and other third party insurance companies where you have coverage. In the case of private insurance, the customer may be responsible for the entire balance, should the insurance company deny payment for any reason, or in the case that your deductible has not been met.
4. If covered by Medicare, the customer will be responsible for Medicare copayments and deductibles.
5. Alick's Home Medical Equipment, Inc. retains the right to accept assignment on secondary or supplemental insurance policies in certain cases. We will notify you in advance if we accept assignment on secondary or supplemental policies.

All of our customers have the responsibility to notify Alick's Home Medical of any changes in employment, changes in insurance carriers and/or benefits.

GRIEVANCE / COMPLAINT PROCEDURE

Alick's Home Medical strives to provide you with quality products and exceptional customer service to meet your needs and expectations. Your Client/Patient rights and service satisfaction are very important to Alick's Home Medical, and we welcome your comments and suggestions. If you have a concern, complaint or grievance with our equipment, service, or personnel, please follow our reporting procedure. Please report as soon as possible.

1. Speak to a Customer Service Representative at your branch location to assist you or resolve your concern.
2. If the Customer Service Representative's action is not satisfactory, ask to speak to a manager.
3. If the Manager's action is not satisfactory, we ask you to contact our Director of Operations or President if the Director of Operations is not available.

Director of Operations/President: 574-273-6000 Monday – Friday 8:00AM -6:00PM
800-633-4144 Monday – Friday 8:00AM –6:00PM

The Director of Operations will respond to your concern as soon as possible, usually within 2-5 days and after hours if necessary. You will be notified that your concern has been received either verbally, by telephone, email, FAX, or letter. Within 14 days you will receive written notification of the investigation results and resolution or outcome.

An investigation of your grievance/complaint will not be subject to discrimination or reprisal for reporting a concern. An investigation includes gathering and documenting of all pertinent information of the event, analysis of the information and resolution.

Alick's Home Medical is accredited by The Accreditation Commission for Health Care (ACHC) to comply with the Medicare/Medicaid CMS Standards of quality care. If you have a concern about the quality of equipment or service you may contact our accreditation agency, **ACHC toll free at 855-937-1142, 9:00AM to 5:00PM EST, Monday – Friday.**

If you are a Medicare beneficiary, you may contact Medicare: 1-800-633-4227

TTY users can call 1-877-486-2048.

You may also submit your grievance/complaint in writing to:

Attn: Compliance Coordinator
Alick's Home Medical Equipment, Inc.
17187 State Road 23
South Bend, IN. 46635

OTHER RESOURCES:

Indiana Board of Pharmacy: 317-234-2067

Michigan Board of Pharmacy: 517-373-8068

To Report Elder Abuse/Neglect: 800-545-7763 ext. 20134 (toll free outside of Indiana)
800-992-6978 (toll free in Indiana)

MEDICARE SUPPLIER STANDARDS

Alick's Home Medical adheres to the following standards as required by the Centers for Medicare and Medicaid Service (CMS):

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may 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. This standard requires that the location is accessible to the public and staffed during the posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
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 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: customer name, address, telephone number, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers of DMEPOS and other items and services must be accredited by a CMS approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the new supplier location for 3 months after it is operational without requiring a new site visit.
24. All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date-May 4,2009.
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

MEDICARE CAPPED RENTAL STATEMENT

- Medicare will pay a monthly fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any equipment service or repair.
- Examples of this type of equipment include:
 - Hospital Beds
 - Wheelchairs
 - Alternating Pressure Pads
 - Air Fluidized Beds
 - Nebulizers
 - Suction Pumps
 - Continuous Positive Airway Pressure (CPAP)
 - Patient Lifts
 - Trapeze Bars

Home Oxygen Equipment is not in the Medicare Capped Rental category.

NOTICE OF PROVIDER PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.¹

Alick's Home Medical Equipment, Inc. (Alick's) is required by law to maintain the privacy of your health information. Alick's is also required to provide you with a notice that describes Alick's' legal duties and privacy practices and your privacy rights with respect to your health information.² We will follow the privacy practices described in this notice.³ If you have any questions about any part of this Notice or if you want more information about the privacy practices of Alick's, please contact our Privacy Officers at (574) 273-6000.⁴

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will be posted at the location of service.⁵

How Alick's May Use or Disclose Your Health Information for Treatment, Payment of Health Care Operations⁶

the following categories describe the ways that Alick's may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

Treatment. We may use or disclose your health care information in the provision, coordination or management of your health care. Our communications to you may be by telephone, cell phone, e-mail, or by mail. For example, we may use your information to call and remind you of an appointment or to refer your care to another provider. If another provider requests your health information and they are not providing care and treatment to you we will request an authorization from you before providing your information.

Payment. We may use or disclose your health care information to obtain payment for your health care services. For example, we may use you information to send a bill for your health care services to your insurer.

Health Care Operations. We may use or disclose your health care inferences for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you were set-up with your equipment. If the activities require disclosure outside of our health care organization we will request your authorization before disclosing that information.

¹ 45 CFR 164.520(b)(1)(i)

² 45 CFR 164.520(b)(1)(v)(A)

³ 45 CFR 164.520(b)(1)(v)(B)

⁴ 45 CFR 164.520(b)(1)(vii)

⁵ 45 CFR 164.526(b)(1)(v)(C)

⁶ 45 CFR 164.526(b)(1)(ii)(A-D)

How Alick's May Use or Disclose Your Health Information Without Your Written Authorization⁷

The following categories describe the ways that Alick's may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

1. **Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to respond to a court order.
2. **Public Health.** We may use and disclose your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products.
3. **Victims of Abuse.** Neglect or Violence. We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
5. **Judicial and Administration Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
7. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
8. **To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
9. **Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.

⁷ 45 CFR 164.5269(b)(1)(ii)(B-D)

10. **Workers' Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
11. **Health Information.** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.
12. **Alick's' Directory.** Unless you object, we may use your health information, such as your name and address. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. The information about you contained in our directory will not be disclosed to individuals not associated with our health care environment without your authorization.

If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances.

- α. To individuals involved in your care – we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or payment of your health care;
- β. To family – we may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death; and
- χ. To disaster relief agencies – we may release your health information to an agency authorized by law to assist in disaster relief activities.

When Alick's is Required to Obtain an Authorization to Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Your Health Information Rights

1. **Inspect and Copy your Health Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto CD or e-mail). If the form and format are not readily producible, then the organization will work with you to provided it in a reasonable electronic form or format. For example, you may request a copy of your delivery tickets from your health care provider. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to the HIPAA Officer at 17187 State Rd 23, South Bend, IN 46635. in addition, we may charge you a reasonable fee to cover our expenses for copying your health information.
2. **Request to Correct Your Health Information.** You have a right to request that Alick's amend your health information that you believe is incorrect or incomplete. For example, if you believe that the date of service is incorrect; you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to the Privacy Officer at 17187 State Rd. 23, South Bend, IN 46635. You must also provide a reason for you request.

3. **Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. For example, if you are an employee in a clinic and you receive health care services in that clinic, you may request that your medical record not be stored with the other clinic records. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing to the HIPAA Officer at 17187 State Rd. 23, South Bend, IN 46635.

4. **Receive Confidential Communications of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

To request confidential communications, you must submit your request in writing to the HIPAA Officer at 17187 State Rd. 23, South Bend, IN 46635.

5. **Receive a Record of Disclosures of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made.

For example, you may request a list that indicates all the disclosures your health care provider has made from your health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to the HIPAA Officer, 17187 State Rd. 23, South Bend, IN 46635. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

6. **Obtain a Paper Copy of This Notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. To obtain a paper copy of this Notice, send your written request to HIPAA Officer, 17187 State Rd. 23, South Bend, IN 46635. A copy of this notice is also available at www.alicks.com.

7. **Notified of a Breach.** Your provider is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.

8. **Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Officer at 17187 State Rd. 23, South Bend, IN 46635 that will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the HIPAA Officer at 17187 State Rd. 23, South Bend, IN 46635 or (574) 273-6000.

Effective Date of This Notice: 9/13/13

ABOUT YOUR HEALTH CARE

Advance Directives are forms that indicate, in advance, what kind of treatment you want or do not want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared.

This booklet has been designed to give you information and may help you with important decisions. Laws regarding Advance Directives vary from state to state. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

What Kinds Of Advance Directives Are There?

There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Durable Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) if you should become terminally ill and are unable to make your own decisions.

- It is called a “Living” Will because it takes effect while you are living.
- Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- In some states, you are allowed to simply write a letter describing what treatments you want or don’t want.
- In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an *agent* or *proxy*. This person would then make medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney may also include instructions regarding specific treatments that you want or do not want in the event of serious illness.

What Type of Advance Directive is Best for Me?

This is not a simple question to answer. Each individual’s situation and preferences are unique.

- For many persons, the answer depends on their specific situation, or personal desires for their health care.
- Sometimes the answer depends on the state in which you live. In some states, it is better to have one versus the other.
- Many times you can have both, either as separate forms or as a single combined form.

What Do I Do If I Want An Advance Directive?

First, consult with your physician's office or home care agency about where to get information specific to your state.

- Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your "agent" in the Durable Power of Attorney.
- Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
- You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.
- Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

How Does My Health Care Team Know I Have an Advance Directive?

You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.

Many client/patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney "agent," and how to contact them.

What If I Change My Mind?

At any time you can change your mind about any part of your Advance Directive, or even about having an Advance Directive.

If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s) and your family and friends have a revised copy.

What If I Don't Want An Advance Directive?

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

For More Information...

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.

HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

At Alick's Home Medical, we want to make sure that your home medical treatment is done conveniently and safely. Many of our customers are limited in strength, or are unsteady on their feet. Some customers are confined to a wheelchair or bed . These pages are written to give our customers some easy and helpful tips on how to make the home safe for home care.

Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you are unsure, ask your oxygen provider.
- If you are using electrical medical equipment, review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Plug all medical equipment into a properly grounded electrical outlet.
- If you must use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet “extenders” or “power strips” with internal circuit breakers.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, consider lowering the temperature setting of your water heater so you do not accidentally scald yourself.

Safety in the Bedroom

It is important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- Ask your home medical provider about a hospital bed. These beds raise and lower in order for you to sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you do not have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
-

- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way to avoid trips or falls.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Be careful lifting pots and pans, padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
 - Basic electric can openers
 - Bottle and jar openers
 - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

If you are now using assistive devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to Alick's Home Medical provider about available options.

What To Do If You Get Hurt ... In case of emergency, contact: Fire, Police, Ambulance: 911

Hospital: _____ Phone: _____

Home Care Agency: _____ Phone: _____ Doctor: _____

Phone: _____

Alick's Home Medical.....Phone 800-633-4144

If you have any questions about safety that are not in this booklet, please call us and we will be happy to give you recommendations for your individual needs.

EMERGENCY PLANNING FOR THE HOME CARE CUSTOMER

This pamphlet has been provided by Alick's Home Medical to help you plan your actions in the event there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every customer receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we may provide you with the best, most consistent service possible during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn't.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are open to the public during voluntary and mandatory evacuation times. They are usually the safest place for you to go, other than a friend or relatives home in an unaffected area.

Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

Reaching Us if There Are No Phones

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of an emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers

during natural disasters. If one is set up in your area, you can ask them to contact us.) Additionally you or someone you know who has internet access can email Alick's at info@alicks.com.

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Alick's Home Medical or from a local store.
- If you are going to a friend or relatives home during evacuation, leave their phone number and address with Alick's Home Medical and your home nursing agency.
- When you return to your home, contact your home nursing agency and Alick's Home Medical so we may determine what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster. To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency. An Important Reminder!!

*During any emergency situation, if you are unable to contact Alick's and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***

EMERGENCY ASSISTANCE ORGANIZATIONS

Indiana

USA National Child Abuse Hotline:	1-800-4-A-CHILD (1-800-422-4453)
Indiana Adult Protective Services:	1-800-992-6978
Elder Abuse Hotline:	1-800-752-6200
Long Term Care Ombudsman:	1-800-372-2991
National Suicide Prevention Hotline	1-800-SUICIDE (1-800-784-2433)
	1-800-273-TALK (1-800-273-8255)
United Way of St. Joseph County, Inc.	1-574-232-8201
National Council on Aging	1-202-479-1200
American Red Cross	1-574-234-0191

Michigan

USA National Child Abuse Hotline:	1-800-4-A-CHILD (1-800-422-4453)
Adult Protective Services:	1-800-882-6006
Elder Abuse Hotline:	1-800-752-6200
Long Term Care Ombudsman:	1-800-372-2991
Michigan Association of United Ways	1-517- 371-4360
National Council on Aging	1-202-479-1200
Michigan Red Cross	1-517-484-2224

Health Agencies/Organizations

American Lung Association	1-800-LUNG-USA (1-800-586-4872)
American Diabetes Association	1-888 DIABETES (1-888-342-3837)
American Heart Association	1-800-AHA-USA-1 (1-800-242-8721)
American Cancer Society	1-800-ACS-2345 (1-800-227-2345)

NOTES