Dear Valued Patient,

We are reaching out because your doctor has ordered a Continuous Glucose Monitor (CGM) for you.

Using your CGM as directed is an important part of managing diabetes. It provides real-time glucose readings to help you and your care team make informed decisions. Please note: most insurance plans require a visit with your physician **at least every six months** to continue coverage for your CGM supplies.

Please scan the QR code above to review our policies, procedures, and your rights as a patient. Scanning the "Welcome Packet" serves as your acknowledgment of receipt.

For **any issues with your CGM device or app** (sensor, transmitter/reader, alarms, or mobile app questions), please contact the manufacturer directly:

- **Abbott FreeStyle Libre Support: 1-855-632-8658**
- **Dexcom CGM Support:** 1**-844-607-8398**

Their support teams handle troubleshooting and product concerns.

To help you stay on track with supplies, Hampton Homecare uses an automated Connect System that will remind you when it is time to reorder and allow you to place your order through the system.

For **helpful resources** and links to Abbott and Dexcom support, please visit **www.hamptonhomecare.com** or scan the QR code below with your smartphone or tablet.

Download the Hampton App using the QR code above for additional ordering options, helpful resources, and answers to common questions.

Thank you for allowing Hampton Homecare to be part of your care team. We truly appreciate the opportunity to support you in managing your diabetes.

Warm regards,
The Hampton Homecare Team
631-820-8220
www.hamptonhomecare.com

HAMPTON
YOUR CONTINUOUS GLUCOSE MONITORING (CGM) RESOURCE AND SUPPLY CENTER

HAMPTON-KR HOMECARE/HOMECARE CONCEPTS

…the area's most complete source for

- ✦ **Durable Medical Equipment**
- ✦ **Medical Supplies**
- ✦ **Respiratory Equipment and Support**

Monday-Friday:
9:00am-5:00pm
Saturday & Sunday: emergency service
We gladly accept most Insurance plans including Medicare

80 Orville Drive-STE 101
Bohemia, NY 11716
631-820-8220

609 Hampton Road-STE 2
Southampton, NY 11968
631-283-8217

73 Bloomingdale Road
Hicksville, NY 11801
914-963-7070

Email us at
support@hamptonhomecare.com
Live chat on the web at
www.hamptonhomecare.com

Please contact us if you have a change of address, phone number or insurance coverage.

Mission Statement

Hampton Homecare strives to serve and assist in creating a difference in the lives of our customers, through the provision of appropriate medical equipment and supplies, with emphasis on their individual needs. In addition, we will conduct our business with the outmost standards of honesty, sincerity and professionalism.

Emergency Preparedness

We are prepared to continue to work during thunderstorms, floods, etc. Obviously, our performance could be affected by traffic conditions or other storm-related issues. If you are scheduled for a delivery, we will try to call you by telephone to update you on our ability to physically reach your residence.

Listen to the emergency broadcast radio station that services your area. We will announce updates to our customers and employees via these stations if normal communication fails.

Advance Directive Policy

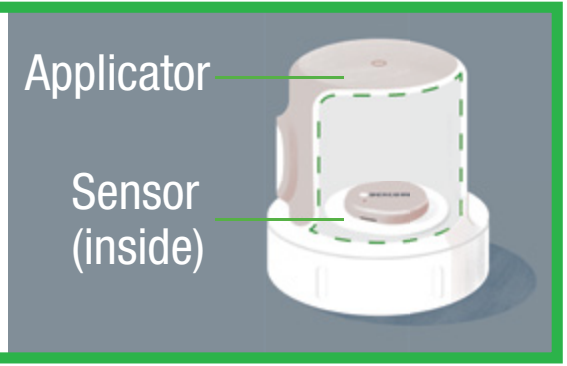
You have the right to decide whether to accept or reject medical treatment, including whether to continue medical treatment and other procedures that would prolong your life artificially. You should be aware that our company policy is for staff to call 911 if you are having a cardiac arrest or are found unresponsive. If you have an advance directive ("living will") please inform us so that we can inform the responding Emergency Medical Technicians of your advance directive and honor your personal directions about life-prolonging treatment.

If you have a disability or illness that inhibits your mobility, we encourage you or your family members to notify the local police, fire departments and utility company, that you may need their assistance in the event of an emergency.

Receiver:
Start Here

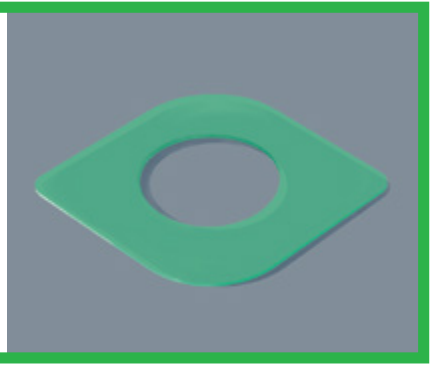
G7 Basics | G7 shows your glucose information on your display devices.

Sensor and applicator



- During setup, we'll show you how to use the applicator to insert the built-in sensor under your skin.
- The sensor sends a glucose reading to your receiver or other display device every 5 minutes.
- The sensor lasts up to 10 days with a 12-hour grace period.

Overpatch

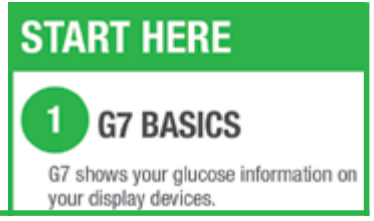


After you insert the sensor, you must apply the overpatch to keep the sensor on your body.

Receiver setup

1. Insert sensor

- You must insert your sensor before pairing to the receiver.
- For instructions go to *Inserting Sensor* in the sensor box.



2. Set up receiver

- Press the **Select** button for 3-5 seconds to turn on receiver. (Go to Receiver navigation.)
- Follow receiver instructions to set up the receiver. Insert sensor before pairing.
- After inserting and pairing, follow local guidelines for throwing out the applicator and recycling the Dexcom packaging.

3. Sensor warmup

Sensor warmup timer tells you when you'll start getting readings and alerts.

4. Your sensor session

Go to *Using Your Receiver* in the receiver box and the online *User Guide* at **dexcom.com/guides** to find out more.

Receiver navigation

The receiver screen tells you which button to use.

- To scroll faster hold down the **Scroll** button.
- To move to next field use the **Select** button.

Use up to 3 display devices

Get your glucose information on your phone, smartwatch, and the Dexcom receiver.
You can set up the phone app, the receiver, or both, in either order.

Review Safety Information in product instructions. All graphics are representational. Your product may look different.

dexcom

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San Diego, CA 92121 USA
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dexcom.com

AW-00081-902 Rev002
MT-00081-902
Rev Date 04/2024

DEXCOM WARRANTY

What is the warranty for Dexcom Continuous Glucose Monitoring (CGM) Systems?

The standard warranty (per IFU) for your Dexcom Receiver is one year from the date of shipment/delivery. Transmitters are covered for 90 days from the date of your first insertion. Sensors are not covered by warranty but have a specified expiration (indicating that they are good to use until a certain expiration date). Sensors are indicated for use for up to 10 days.

If you experience issues that prevent you from using your Dexcom sensors for up to 10 days, contact our Dexcom Global Technical Support team at 844-607-8398 for more information.

Warranty Information Link Address:

https://www.dexcom.com/faqs/warranty-for-dexcom-cgm-systems

FreeStyle Libre

Sensor Application & Adhesion Guide

Where to place the sensor

- Select a flat area on the **back of your upper arm** (no bending or folding).
- Choose a place that is at least 1 inch (2.5 cm) **away from an insulin injection site**.
- To avoid irritation, we recommend **moving your next sensor** to the other arm.

How to prep your skin

1. **WASH** — Only use non-moisturizing, fragrance-free soap to wash the area where you'll apply the sensor.
2. **CLEAN** — Use an alcohol wipe to remove any oily residue.
3. **DRY** — Skin must be completely dry. Take extra care after showering, swimming or working out.

Top prep tips for extra stickiness

MOISTURE
Application area needs to be completely dry

HAIR
Consider shaving the application area

OILY RESIDUE
Application area should be free of soap, lotion, shampoo, or conditioner

See page 4 for Important Safety Information

Prepare the sensor

FreeStyle Libre 2

Line up the mark on the sensor applicator with the mark on the sensor pack. On a hard surface, press down firmly on the sensor applicator until it comes to a stop.

NOTE: Sensor pack and sensor applicator codes must match or glucose readings may be inaccurate.

CAUTION: Sensor applicators will contain a needle. Do not touch inside the sensor applicator or put it back into the sensor pack.

FreeStyle Libre 3

Unscrew cap from applicator and set cap aside.

Apply the sensor

To apply the sensor, press firmly and listen for the click. Pull back slowly after a few seconds.

NOTE: The needle does not stay in your arm.

Remove and replace your sensor

- Pull up the adhesive edge and slowly peel it away from your skin.
- You can use products with moisturizing properties to help remove your sensor including baby oil or adhesive removers like Uni-Solve*.
- To dispose of your sensor, follow your local regulations for electronic equipment, batteries, sharps, and materials that are exposed to body fluids.

*The information above does not constitute an endorsement of the manufacturer or the product quality. Abbott Diabetes Care is not responsible for the completeness or accuracy of product information. Product availability may vary by country and region. The manufacturer's instructions for use of each product should be followed.

See page 4 for Important Safety Information

Tips for keeping your sensor in place

EASY DOES IT

Be careful not to catch your sensor on objects such as doorways, car doors, seat belts, and furniture edges.

SLOW DOWN

When dressing or undressing, be careful not to catch your undergarments on the sensor.

PAT DRY

After a shower or swim[‡], take extra care when toweling off to avoid catching or pulling off your sensor.

PLAY IT SAFE

For contact sports and heavy exercise, select a sensor site on the back of your upper arm that minimizes the risk of the sensor being knocked off.

DRESS FOR SUCCESS

Give your sensor room to breathe by wearing loose-fitting clothing[§] and lightweight materials.

HANDS OFF

Try not to play with, pull, or touch the sensor while wearing it.

Products that add extra stickiness*

OVER-BANDAGE

A medical-grade adhesive; bandage or tape[†]

TEGADERM I.V. (OVERBANDAGE)

A transparent film that provides adhesive strength

TORBOT SKIN TAC™

A hypoallergenic and latex-free "tacky" skin barrier

SKIN-PREP® PROTECTIVE BARRIER WIPES

Protective liquid dressing that allows skin to breathe so tapes and films adhere better

MASTISOL® LIQUID ADHESIVE

Clear, non-irritating, non-water-soluble liquid adhesive that secures dressings even in moist areas

*The information above does not constitute an endorsement of the manufacturer or the product quality. Abbott Diabetes Care is not responsible for the completeness or accuracy of product information. Product availability may vary by country and region. The manufacturer's instructions for use of each product should be followed. †Over-bandage must be applied at the time of sensor application. The opening/hole in the center of the sensor must not be covered. Additional medical grade bandages/tape can be applied, but do not remove bandages/tape once applied until sensor is ready for removal. ‡Sensor is water-resistant in up to 1 meter (3 feet) of water. Do not immerse longer than 30 minutes. §The app can capture data from the sensor when it is within close proximity of the sensor. The proximity and orientation of the antenna in phones varies and the phone will have to be moved around to find the best position for scanning the sensor.

See page 4 for Important Safety Information

Staying on top of your glucose doesn't have to be a pain.

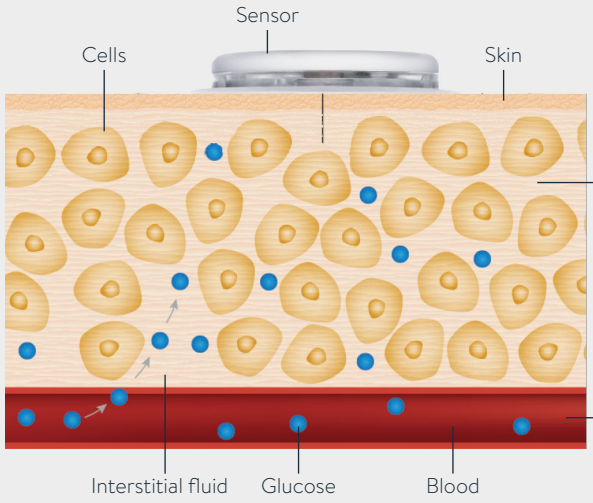
The FreeStyle Libre 3 CGM system shows readings in real time

You can easily see your glucose levels, where they're going, and where they've been — for more informed decisions*[1] without painful fingersticks†.

BGM shows readings at a single point in time

Even with multiple daily fingersticks, highs and lows may go undetected.

CGM measures glucose levels via interstitial fluid, not from blood.



CGM readings are taken from interstitial fluid surrounding cells below your skin.

Blood glucose readings are taken from blood with fingersticks.

We're here to help. For further assistance with sensor adhesion, please contact **Abbott Customer Care Team** at **1-855-632-8658**.

The team is available 7 days a week from 8 AM to 8 PM Eastern Time, excluding holidays.

*Study was performed with the outside US version of the FreeStyle Libre 14 day system. Data is applicable to FreeStyle Libre 3 system, as feature sets are similar to FreeStyle Libre 14 day system, excluding alarms. †Fingersticks are required if your glucose alarms and readings do not match symptoms or when you see Check Blood Glucose symbol during the first twelve hours.

References: 1. Fokkert, M. *BMJ Open Diabetes Research & Care* (2019). **https://doi.org/10.1136/bmjdrc-2019-000809**. **2.** Tarini, C. *Glucose Sensor Use in Children and Adolescents* (2020). **https://doi.org/10.1007/978-3-030-42806-8_2**.

Important Safety Information

FreeStyle Libre 14 day system: Failure to use FreeStyle Libre 14 day system as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or **https://www.freestyle.abbott/us-en/safety-information.html** for safety info.

FreeStyle Libre 2 and FreeStyle Libre 3 systems: Failure to use FreeStyle Libre 2 or FreeStyle Libre 3 systems as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If glucose alarms and readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or **https://www.freestyle.abbott/us-en/safety-information.html** for safety info.

The sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott.
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Abbott

Limited Warranty Information-ABBOTT-CGM Systems

We hope that you are fully satisfied with the FreeStyle Libre 14 day system, the FreeStyle Libre 2 system, or the FreeStyle Libre 3 system. Limited Warranty: Abbott Diabetes Care ("Abbott") warrants that the FreeStyle Libre 14 day reader ("Reader"), the FreeStyle Libre 2 system reader ("Reader"), and the FreeStyle Libre 3 reader ("Reader") shall be free from defects in material and workmanship for a period of one (1) year from the date of manufacture or one (1) year from the original date of purchase with proof of purchase (whichever is later). This Limited Warranty is invalid if the Reader is modified, altered, damaged, misused or used other than in accordance with the User's Manual, applicable labeling, and/or inserts. Abbott's sole obligation is to replace the Reader, free of charge, with the same or an alternative reader as determined by Abbott in its sole discretion. Your replacement may be a different model or type. Abbott may require, as a condition of obtaining limited warranty service, that you return the Reader postage prepaid, with proof of purchase to an address specified by Abbott. The Limited Warranty on the replacement Reader will expire on the date of the original Limited Warranty expiration or 90 days after the shipment of a replacement Reader, whichever period is longer. This Limited Warranty covers only the Reader, does not cover the sensor or disposable accessories, extends only to the original purchaser, and is not assignable or transferable, and states your exclusive remedy. TO THE EXTENT POSSIBLE UNDER LAW, THE FOREGOING ARE ABBOTT'S ONLY WARRANTIES FOR THE READER AND STATE YOUR EXCLUSIVE REMEDY. ABBOTT MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, AND ABBOTT EXCLUDES AND DISCLAIMS ANY OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY, NONINFRINGEMENT, AND FITNESS FOR A PARTICULAR PURPOSE. ABBOTT DOES NOT WARRANT THAT OPERATION OF THE READER WILL BE UNINTERRUPTED OR ERROR FREE AND ABBOTT WILL NOT BE LIABLE FOR ANY LOST PROFITS, LOST SAVINGS OR OTHER SPECIAL, PUNITIVE, INCIDENTAL OR CONSEQUENTIAL DAMAGES RESULTING DIRECTLY OR INDIRECTLY FROM PURCHASE, OPERATION OR USE OF THE READER OR FAILURE OF THE READER TO PERFORM IN ACCORDANCE WITH SPECIFICATIONS, REGARDLESS OF THE LEGAL THEORY ON WHICH THE CLAIM IS BASED, AND EVEN IF ABBOTT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IF ANY IS IMPLIED FROM THE SALE OF THE READER DESPITE ABBOTT'S SPECIFIC DISCLAIMER OF SUCH WARRANTIES, SHALL EXTEND FOR A LONGER DURATION THAN ONE YEAR FROM THE ORIGINAL DATE OF PURCHASE OF THE READER. NO WARRANTY OR GUARANTEE GIVEN BY ANY PERSON, FIRM, OR CORPORATION WITH RESPECT TO THE READER OR THE SENSOR SHALL BE BINDING ON ABBOTT. This Limited Warranty and any dispute or claim arising out of or in connection with it shall be governed

by and construed in accordance with the laws of Delaware. Some states do not allow limitations on how long an implied warranty lasts or the exclusion or limitation of incidental or consequential damages, so the above limitations or exclusions may not apply to you. Your Rights Under State Law: This Limited Warranty gives you specific legal rights, and you may also have other rights that vary from state to state.

ABBOTT MAY MODIFY OR DISCONTINUE THIS PROGRAM AT ANY TIME WITHOUT NOTICE.

To the extent allowed by law, the FreeStyle Libre 14 day sensor, the FreeStyle Libre 2 sensor, the FreeStyle Libre 2 Plus sensor, the FreeStyle Libre 3 sensor, and the FreeStyle Libre 3 Plus sensor are provided to you "as is." Abbott hereby disclaims all warranties (express, implied, and statutory) with respect to the sensor, including, but not limited to, the implied warranties of merchantability and fitness for a particular purpose. There are no warranties which extend beyond the description on the face hereof.

For questions or warranty service, contact Customer Service at 1-855-632-8658.

The FreeStyle Libre 3 system includes the Libre 3 Plus sensor, Libre 3 sensor, Libre 3 app, Libre app, and the Libre 3 reader.

FreeStyle Libre 3 system is cleared to be used by children 4 years and older with Libre 3 sensor and 2 years and older with Libre 3 Plus sensor.

Medicare and other payor criteria may apply.

* The FreeStyle Libre systems apps are only compatible with certain mobile devices and operating systems. Please check the Support section of our website for more information about device compatibility before using the apps. Use of the FreeStyle Libre systems apps may require registration with LibreView.

† Alarm notifications will only be received when alarms settings are enabled and turned on and sensor is within 33 feet unobstructed of the reading device.

¶ The user's device must have internet connectivity for glucose data to automatically upload to LibreView and to transfer to connected LibreLinkUp app users.

‡ The LibreLinkUp app is only compatible with certain mobile device and operating systems. Please check www.librelinkup.com for more information about device compatibility before using the app. Use of the LibreLinkUp app requires registration with LibreView. LibreLinkUp is not intended to be used for dosing decisions. The user should follow instructions on the continuous glucose monitoring system. LibreLinkUp is not intended to replace self-monitoring practices as advised by a physician.

§ The user's device must have internet connectivity for glucose data to automatically upload to LibreView.

‖ The LibreView data management software is intended for use by both patients and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis and evaluation of historical glucose meter data to support effective diabetes management. The LibreView software is not intended to provide treatment decisions or to be used as a substitute for professional healthcare advice.

◊ Eligible patients will receive one (1) FreeStyle Libre 2 Plus sensor or (1) FreeStyle Libre 3 Plus sensor for users with a compatible mobile phone operating system at $0 copay. The expiration date of the voucher is 60 days from the issue date. This program is available for patients with Type 1 diabetes or Type 2 diabetes or gestational diabetes. Patients ages 18 and older are eligible to sign up and receive an offer for the (1) FreeStyle Libre 2 Plus sensor or (1) FreeStyle Libre 3 Plus sensor. Patients ages 2–17 are eligible to receive an offer for the (1) FreeStyle Libre 2 Plus sensor or (1) FreeStyle Libre 3 Plus sensor through their parent or guardian. This offer is void where prohibited by law. Abbott may modify or rescind this offer at any time without notice. The discounts are not available to beneficiaries of Kaiser Permanente, Medicare, Medicaid or other federal or state healthcare programs, residents of Massachusetts, or US territories (other than Puerto Rico). The free (1) FreeStyle Libre 2 Plus sensor or (1) FreeStyle Libre 3 Plus sensor is provided as a sample and is limited to one sample per eligible person per product identification number. The FreeStyle Libre 2 Plus sensor or FreeStyle Libre 3 Plus sensor cannot be re-sold, traded nor submitted to any third-party payer for reimbursement and is not provided as any inducement for future purchases. The free sample card is not health insurance.

ABBOTT FreeStyle Warranty Link:

https://www.freestyle.abbott/us-en/freestyle-libre-3-resources.html

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 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. 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 posted hours of business, with visible signage. 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 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: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.

22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). *Implementation Date - October 1, 2009*
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. 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.

All Medicare DMEPOS suppliers must be in compliance with CMS Supplier Standards in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c). A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16). Supplier Standard 12 includes "A supplier must instruct beneficiaries on use of Medicare covered items".

HIPAA Notice of Privacy Practices ("Notice")

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT FURTHER DETAILS HOW YOU OR YOUR PERSONAL REPRESENTATIVE MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

If you have any questions about this Notice please contact our **Privacy Contact**. This Notice describes how our practice and health care professionals, employees, volunteers, trainees and staff may use and disclose you medical information to carry out treatment, payment or health care operations and for other purposes that are described in this Notice. We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. This Notice applies to all records of your care generated by this practice.

This Notice also describes your right to access and control your medical information. This information about you includes demographic information that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services. Typically your medical information will include symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

We are required by law to protect the privacy of your medical information and to follow the terms of this Notice. We may change the terms of this Notice at any time. The new Notice will then be effective for all medical information that we maintain at that time and thereafter. We will provide you with any revised Notice if you request a revised copy be sent to you in the mail or if you ask for one when you are in the office.

I. **Uses and Disclosures of Protected Health Information**
Your medical information may be used and disclosed for purposes of treatment, payment and health care operations. The following are examples of different ways we use and disclose medical information. These are examples only.

   a. **Treatment**
   We may use and disclose medical information about you to provide, coordinate, or manage your medical treatment or any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your medical information. For example, we could disclose your medical information to a home health agency that provides care to you. We may also disclose medical information to other physicians who may be treating you, such as a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your medical information to another physician or health care provider, such as a laboratory.

   b. **Payment**
   We may use and disclose medical information about you to obtain payment for the treatment and services you receive from us. For example, we may need to provide your health insurance plan information about your treatment plan so that they can make a determination of eligibility or to obtain prior approval for planned treatment. For example, obtaining approval for a hospital stay may require that relevant medical information be disclosed to the health plan to obtain approval for the hospital admission.

   c. **Healthcare Operations**
   We may use or disclose medical information about you in order to support the business activities of our practice. These activities include, but are not limited to, reviewing our treatment of you, employee performance reviews, training of medical students, licensing, marketing and fundraising activities and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may call you by name in the waiting room when your physician is ready to see you. We may user or disclose your medical information to remind you of your next appointment.

We may share your medical information with third party "business associates" that perform activities on our behalf, such as billing or transcription for the practice. Whenever an arrangement between our office and a business associate involves that use or disclosure of your medical information, we will have a written contract that contains terms that asks the "business associate" to protect the privacy of your medical information.

We may use or disclose your medical information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your medical information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Contact to request that these fundraising materials not be sent to you.

d. **Healthcare Operations**
We, along with certain other health care providers and practice groups in the area, may participate in a health information exchange ("Exchange"). An Exchange facilitates electronic sharing and exchange of medical and other individually identifiable health information regarding patients among health care providers that participate in the Exchange. Through the Exchange we may electronically disclose demographic, medical, billing and other health-related information about you to other health care providers that participate in the Exchange and request such information for purposes of facilitating or providing treatment, arrangement for payment for health care services or otherwise conducting or administering health care operations.

II. **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object.**
We may use and disclose your medical information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your medical information. If you are not present or able to agree or object to the use or disclosure of the medical information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the medical information that is relevant to your health care will be disclosed.

a. **Others Involved in Your Healthcare:**
Unless you object, we may disclose to a member of your family, a relative, or a close friend your medical information that directly related to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment. We may use or disclose medical information to notify or assist in notifying a family member or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your medical information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

b. **Emergencies:**
We may use or disclose your medical information for emergency treatment. If this happens,

we shall try to obtain your consent as soon as reasonable after the delivery of treatment. If the practice is required by law to treat you and has attempted to obtain your consent but is unable to do so, the practice may still use or disclose your medical information to treat you.

c. **Communication Barriers::**
We may use and disclose your medical information if the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and, in our professional judgment, you intended to consent to use or disclose under the circumstances.

III. **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object.**
We may use or disclose your medical information in the following situations without your consent or authorization. These situations include:

a. **Required By Law:**
We may use or disclose your medical information when federal, state or local law requires disclosure. You will be notified of any such uses or disclosure.

b. **Public Health:**
We may disclose your medical information for public health activities and purposed to a public health authority that is permitted by law to collect or receive the information. This disclosure will be made for the purpose of controlling disease, injury or disability.

c. **Communicable Diseases**
We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk or contracting or spreading the disease or condition.

d. **Health Oversight:**
We may disclose your medical information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government agencies to oversee the health care system, government benefit programs, other government regulatory programs and civil right laws.

e. **Abuse or Neglect:**
We may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your medical information to the governmental entity authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence as is consistent with the requirements of applicable federal and state laws.

f. **Food and Drug Administration:**
We may disclose your medical information to a person or company required by the Food and Drug Administration to report adverse events, products defects or problems, biologic product deviations track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

g. **Legal Proceedings:**
We may disclose medical information it the course of any judicial or administrative proceeding, when required by a court order or administrative tribunal, and in certain conditions in response to a subpoena, discovery request or other lawful process.

h. **Legal Proceedings:**
We may disclose medical information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (i) responding to a court order, subpoena, warrant, summons or otherwise required by law; (ii) identifying or locating a suspect, fugitive, material witness or missing person; (iii) pertaining to victims of a crime; (iv) suspecting that death has occurred as a result of criminal conduct; (v) in the event that a crime occurs on the premises of the practice; and (vi) responding to a medical emergent (not on the Practice’s premises) and it is likely that a crime has occurred.

i. **Coroners, Funeral Directors, and Organ Donors:**
We may disclose medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical information to funeral directors as necessary to carry out their duties.

j. **Research:**
We may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board ("IRB") or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate, written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

k. **Criminal Activity:**
Consistent with applicable federal and state laws, we may disclose your medical information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person of the public. We may also disclose medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

l. **Organ and Tissue Donation:**
If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

m. **Military Activity and National Security:**
If you are a member of the armed forces, we may use or disclose medical information, (i) as required by military command authorities; (ii) for the purpose of determining by the Department of Veteran Affairs of your eligibility for benefits; or (iii) for foreign military personnel to the appropriate foreign military authority. We may also disclose your medial information to authorized federal officials for conducting national security and intelligence activities, including for the protective services to the President or others legally authorized.

n. **Worker's Compensation:**
We may disclose your medical information as authorized to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.

o. **Inmates:**
We may use or disclose your medical information if you are an inmate or a correctional facility and our practice created or received your health information in the course of providing care to you.

p. **Required Uses and Disclosures:**
Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500, et seq. seq.

IV. **The Following Is a Statement of Your Rights with Respect to Your Medical Information and a Brief Description of How You May Exercise These Rights.**

a. **You have the right to inspect and copy your medical information.**
This means you may inspect and obtain a copy of medical information about you that has

originated in our practice. We may charge you a reasonable fee for copying and mailing records. To the extent we maintain any portion of your PHI in electronic format, you have the right to receive such PHI from us in an electronic format. We will charge no more than actual labor cost to provide you electronic versions of your PHI that we maintain in electronic format.

After you have made a written request to our Privacy Contact at the following address: [ADDRESS], we will have thirty (30) days to satisfy your request. If we deny your request to inspect or copy your medical information, we will provide you with a written explanation of the denial. You may not have a right to inspect or copy psychotherapy notes. In some circumstances, you may have a right to have the decision to deny you access reviewed. Please contact the Privacy Contact if you have any questions about access to your medical record.

b. **You have the right to request a restriction of your medical information.**
You may ask us not to use or disclose part of your medical information for the purposes of treatment, payment or healthcare operations. You may also request that part of your medical information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. You must state in writing the specific restriction requested and to whom you want the restriction to apply. You have the right to restrict information sent to your health plan or insurer for products or services that you paid for solely out-of-pocket and for which no claim was made to your health plan or insurer.

c. **We are not required to agree to your request.**
If we believe it is in your best interest to permit use and disclosure of your medical information, you medical information will not be restricted; provided, however, we must agree to your request to restrict disclosure of your medical information if: (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (ii) the information pertains solely to a health care item or service for which you (and not your health plan) have paid us in full. If we do agree to the requested restriction, we may not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment. Your written request must be specific as to what information you want to limit and to whom you want the limits to apply. The request should be sent, in writing, to our Privacy Contact.

d. **You have the right to request to receive confidential communications from us at a location other than your primary address.**
We will try to accommodate reasonable requests. Please make this request in writing to our Privacy Contact.

e. **You may have the right to have us amend your medical information.**
If you feel that medical information we have about you is incorrect or incomplete, you may request we amend the information. If you wish to request an amendment to your medical information, please contact our Privacy Contact, in writing to request our form Request to Amend Health Information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us.

f. **You have the right to receive an accounting of disclosures we have made, if any, of your medical information.**
This applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. If excludes disclosures we may have made to you, family members or friends involved in your care, or for notification purposes. To receive information regarding disclosures made for a specific time period no longer than six (6) years and after April 14, 2003, please submit your request in writing to our Privacy Contact. We will notify you in writing of the cost involved in preparing this list. To the extent we maintain your PHI in electronic format, you may request an accounting of all electronic

disclosures of your PHI for treatment, payment, or healthcare operations for the preceding three (3) years prior to such request.

g. **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization.**
Other uses and disclosures of your medical information not covered by this Notice or required by law will be made only with your written authorization. For example, most uses and disclosures of psychotherapy notes; PHI for marketing purposes; that constitute a sale of PHI and other than those described in this Notice, require authorization. You may revoke this authorization at any time, except to the extent that our practice has taken an action in reliance on the use or disclosure indicated in the prior authorization.

h. **Right to be Notified of a Breach.**
You have the right to be notified in the event that our practice (or a Business Associate or ours) discovers a breach of unsecured protected health information.

i. **Complaints:**
You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact, in writing. We will not retaliate against you for filing a complaint.

Patient Rights & Responsibilities

As an individual receiving home care services, let it be known that you have the following rights:

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons who enter your residence to provide home care services for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by every individual representing the company who provides treatment or services for you
5. To assist in the development and planning of your home care program so that it is designed to satisfy, as best as possible to your current needs.
6. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another home care provider, or the termination of service.
7. To express concerns or grievances or recommend modifications to your home care services without fear of discrimination or reprisal. The Medicare hotline number is 1-866-238-9650.
8. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments and risks of treatment.
9. To receive treatment and services within the scope of your home care plan, promptly and professionally, while being fully informed as to company policies, procedures and charges.
10. To refuse treatment and services within the boundaries set by law, and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
11. To request and receive the opportunity to examine or review your medical records.

As an individual receiving home care services, let it be known that you have the following responsibilities:

1. To provide accurate and complete information and notify our company of any changes in status, including medical, change of address or insurance.
2. To advise our company of any changes in phone number, address, physician, insurance company or payor source.
3. To comply with Physician's prescribed treatment and be responsible for the outcomes if they do not follow the prescribed treatment.
4. To make known whether you understand the products and services provided and what you are expected to do.
5. To comply with the service plan and to communicate any change in the physician's order.
6. To plan any emergencies that may occur in the home.
7. To respect the rights, professional integrity and dignity of those providing your care.
8. To notify our staff if you wish to cancel services, admitted to a Hospital or Skilled Facility, or change a scheduled visit or virtual appointment.
9. To follow any instructions, rules and regulations as provided by our company.
10. To properly store, clean and maintain your equipment as recommended by the manufacturer.
11. To notify us when your equipment is not working properly and to allow our staff access to equipment for repair and maintenance.
12. To meet the financial obligations agreed to with our company.

Any questions or concerns regarding your service or equipment should be directed to the Manager. It is the manager's responsibility to review all formal complaints, and you will be entitled to a written response to your formal complaint.

PLEASE FIND OPERATING AND CARE INSTRUCTIONS FOR YOUR DEVICES BASED ON MAKE AND MODEL BELOW. ALSO, INCLUDED ARE WARRANTY INFORMATION AND INSTRUCTIONS ON HOW TO GET ASSISTANCE WITH YOUR DEVICE IN THE EVENT OF A MALFUNCTION.

Medicare Capped Rental
Inexpensive or Routinely Purchased Items

Company Name: Hampton Homecare & its Affiliates

I received instructions and understand that Medicare defines items that I received as being either a capped rental item, or an inexpensive/routinely purchased item.

Capped Rental Items *(not eligible under Medicare for outright purchase)*

Medicare will pay a monthly rental 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 required equipment service or repair. These items will be identified as a rental on your delivery ticket.

These items include (but are limited to):

- Basic Manual Wheelchairs
- Tilt in Space and Pediatric Manual Wheelchairs
- Standard Power Wheelchairs
- Standard Power Wheelchair accessories/replacement parts (Vent Trays, Electronics and Joystick Controllers)
- Trapeze Bars
- Hospital Beds
- Alternating Pressure Pads
- Air-fluidized Beds
- Nebulizers
- Suctions Pumps
- Continuous Airway Pressure (CPAP/BIPAP) Devices
- Patient Lifts

Oxygen equipment is rented for 36 months, at which time the equipment is considered capped but remains the property of **Hampton Homecare & its Affiliates**. We will maintain it for the next 24 months. After 60 months, **Hampton Homecare & its Affiliates** will replace equipment if necessary or at beneficiary's request and begin a new rental period.

Inexpensive or Routinely Purchased Items

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.

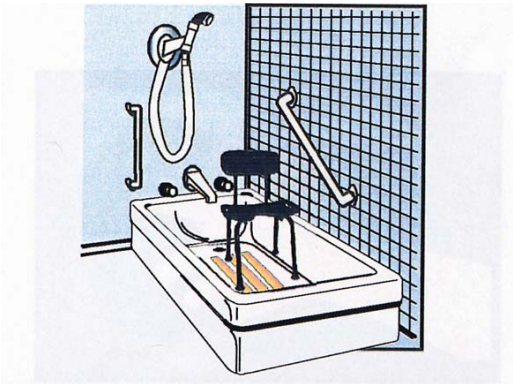
These items include *(but are not limited to):*

- Canes\Walkers\Crutches
- Commodes
- Low Pressure and Position Equalizing Pads
- Continuous Glucose Monitoring & Supplies (CGM)
- Seat Lift Mechanisms
- Pneumatic Compressors (Lymphedema-Pumps)
- Bed Side Rails
- Complex Power Wheelchairs
- Powered Seating items provided for Complex Power Wheelchairs
- Complex Power Wheelchair accessories (Vent Tray, Electronics and Joystick Controllers)
- Complex Power Wheelchair service and replacement parts
- Custom Manual Wheelchairs

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 *Fall Prevention at Home*,
Louis Stokes, Cleveland VA Medical Center

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.

NCPS Falls Toolkit

Lighting

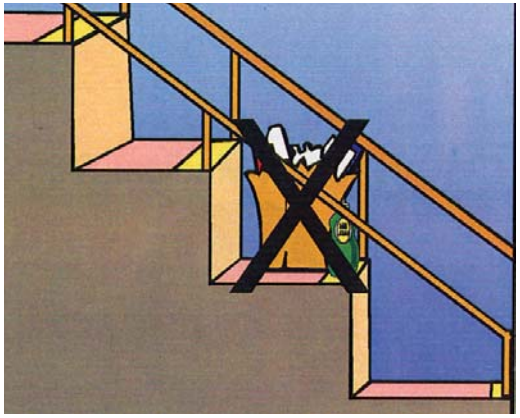
- Replace dim, burned out or glaring lights with bright, soft white light bulbs

- Use a night light
- Make sure lights are easy to turn on and off

- Keep a flashlight available

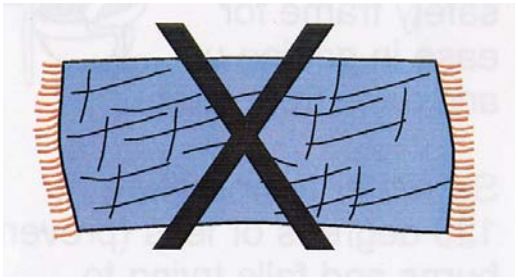
Clear Hallways and Stairs

- 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

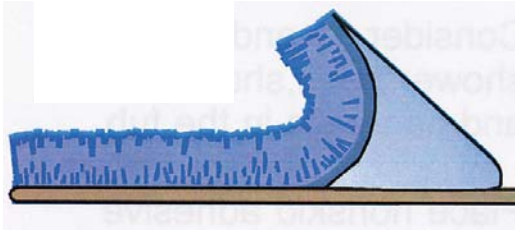


Floors

- 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

Assignment of Benefits

Company Name: Hampton Homecare\K&R Home Medical Equipment\Homecare Concepts

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AUTHORIZATIONS: I hereby authorize and consent to the provision of products and/or services to me by **Hampton Homecare & its Affiliates**. I understand that I am under the control of my physician and that **Hampton Homecare & its Affiliates** is not liable for any act or omission when following the instructions of said physician. I authorize **Hampton Homecare and its affiliates** to contact me via mail, email, text message, instant message, fax, or phone regarding special programs or promotions related to the products I have received, or those that are a logical extension of them. This authorization also includes communications about reorder reminders and any other activities related to my account.

PHI: I authorize the release/disclosure of my Protected Health Information (PHI)--any records pertaining to my medical history for products or services rendered--to be reviewed by **Hampton Homecare & its Affiliates**, the Centers for Medicare and Medicaid Services, my insurance carrier or other healthcare entities/providers involved in my care for purposes of determining benefits, processing a claim for payment, performance improvement, accreditation, certification, licensing or if required by federal, state or local law.

Hampton Homecare & its Affiliates may disclose my PHI to family or friends involved in my care, unless I refuse in writing. (***See our Privacy Notice for full list of disclosures.)***

ASSIGNMENT OF BENEFITS: I authorize direct payment of Medicare, Medicaid, insurance and any other healthcare benefits to for authorized services/equipment furnished to me by **Hampton Homecare & its Affiliates**. In the event payments for insurance benefits are made directly to me on an assigned claim, I will endorse all checks for such payments or otherwise reimburse **Hampton Homecare & its Affiliates** the amount due.

AGREEMENT TO PAY / FINANCIAL RESPONSIBILITY: All insurance verifications of coverage are based on plan provisions, and are not a guarantee of benefits. Hampton Homecare & its Affiliates will submit your claim, but it remains your responsibility to make sure the claim is paid. We strongly recommend that you contact your insurance company to discuss your plan provisions and coverage. While insurance or other coverage may exist for the Equipment provided to me by **Hampton Homecare & its Affiliates**. I understand that not all Equipment may be covered, or that reimbursement may be less than 100% of billed charges in accordance with my coverage. **Therefore, I agree to be financially responsible for any balance owed on my account including co-payments, coinsurance and deductibles, or even the full amount if the insurance company denies or recoups payment for services/equipment originally thought to be covered.** I understand that if I fail to notify **Hampton Homecare & its Affiliates** immediately of a change in insurance carrier, and charges are not paid by the new carrier due to timely filing criteria, I will be financially responsible for the full amount not paid. Outstanding charges are due within 15 days from date of billing statement. Unpaid accounts will be sent to collections, with collection costs charged to the patient/legal agent.

RENTAL AGREEMENT: I understand that if I am renting equipment from **Hampton Homecare & its Affiliates** **Hampton Homecare & its Affiliates**, the rented equipment remains the property of **Hampton Homecare & its Affiliates** ownership will not be transferred until all amounts due **Hampton Homecare & its Affiliates** are fully paid, and that the Equipment must remain within the service area unless written permission is given and documented by **Hampton Homecare & its Affiliates**. I agree that if after reasonable notice I fail to pay any charge when due, **Hampton Homecare & its Affiliates** may in addition to all other remedies which may be available, peaceably repossess the Equipment without legal process. I agree not to remove or alter any identification on the equipment or in way attempt to transfer such Equipment. Following the rental term, **Hampton Homecare & its Affiliates** will extend a three-day grace period for the return of monthly rentals and a one-day grace period for weekly rentals. Full rental charges will be incurred after the grace period. **If you enter a hospital, nursing home or hospice care, or no longer medically need the**

rented equipment, you must notify Hampton Homecare & its Affiliates immediately. Medicare, Medicaid and most insurance plans do not cover medical equipment while you are in the hospital, nursing home or under hospice care.

RETURN POLICY: Returns are accepted within **30 days of purchase** with the original receipt, in the original, unopened and undamaged packaging. Products are **NOT RETURNABLE** if modified, used, custom- made, for personal care or worn against the body. Returns are subject to a 20% re-stocking fee.
Hampton Homecare & its Affiliates honors the manufacturer's warranty for new equipment and parts. Equipment without a specified warranty will be warranted for 30 days against manufacturer defect, not if damaged due to negligence or misuse. Labor and travel time are not covered under the warranty.

COVENANTS: This document represents the entire agreement between the parties and supersedes all prior oral and/or written agreements and representations. No provision of this agreement may be waived or modified, unless in writing and signed by **Hampton Homecare & its Affiliates**. I agree this agreement will be binding on my heirs, representatives and assignees. I certify that all patient information provided to **Hampton Homecare & its Affiliates** is true, complete and accurate. Note: a copy of this Agreement and Consent shall be considered the same as the original, and all authorizations will remain in effect until revoked in writing.

By accepting and using my continuous glucose monitoring (CGM) equipment and supplies, I acknowledge and agree to the terms outlined within this document.

I am in receipt of electronic copies of the Medicare Supplier Standards, Patient Rights and Responsibilities, Privacy Notice, and Scope of Services.
I authorize the release of my Protected Health Information (PHI) as necessary for treatment, payment, healthcare operations, and to meet legal obligations.