HAMPTON HOMECARE

Dear Valued Patient,

Thank you for choosing **Hampton Homecare (Dignified Incontinence Solutions)** for your incontinence supplies. We understand this can be a sensitive area of care, and we're honored to support you with privacy, dignity, and respect.

HERE'S WHAT YOU CAN EXPECT

Prescription & Refills

- Most prescriptions are valid for **6 months**. After that, a new prescription will be needed.
- We can work with your doctor's office, but please also keep in touch with them so your prescription stays current.
- If your size needs change, let us know so we can adjust your supplies.

Privacy & Support

- All orders are **packaged discreetly** to protect your privacy.
- Our team is here to answer questions and help you find products that best support your comfort and independence.

HOW TO REORDER YOUR SUPPLIES

- **Connect Automated System**
  Our **Connect** system will notify you by **phone, text, and email** when it's time to reorder. You can follow the prompts or secure links to place your order in just a few steps.
- **Online, Email, and APP**
  Visit www.hamptonhomecare.com to:
  - Click **"Reorder Supplies"** (Connect Portal)
  - Use **Live Chat**
  - Submit a **Customer Request Form**
- **Download our APP using the QR code above for additional reorder options and other resources!**
- Email us at ***supplies@hamptonhomecare.com*** to request a reorder.
- **Call Us** at **631-820-8220** during business hours to speak with a representative.

Your comfort and dignity are our priority. If you have questions about products, coverage, or deliveries, please reach out anytime.

Warmly,

The Hampton Homecare Dignified Incontinence Solutions Team
631-820-8220
www.hamptonhomecare.com

HAMPTON
DIGNIFIED INCONTINENCE SOLUTIONS

Hampton Homecare (HHC)/K&R Home Medical

HHC: 609 Hampton Rd-Unit 2, Southampton, NY 11968 Ph: (631) 283-8217
HHC: 80 Orville Drive Suite 101 Bohemia, NY 11716 Ph: (631) 820-8220
KR: 73 Bloomingdale Road, Hicksville, NY 11801 Ph: (914) 963-7070

HHC/K&R Home Medical is a privately owned company whose objective is to provide bathroom safety products, would care supplies, oxygen, nebulizers, beds, wheelchairs, walking aides, diapers, convalescent equipment, self-monitoring equipment and other home medical equipment to improve your quality of life.

Hours: Monday through Friday, 9am-5pm; Closed Saturday & Sunday.

You have the right to:

1. refuse delivery of any and all equipment.
2. prompt delivery and to be fully informed on the use, and care of all HHC/K&R Home Medical equipment or supplies
3. have HHC/K&R Home Medical staff communicate in a language that is understandable to you.
4. expect that all information will be kept in strictest confidence and have your personal privacy respected
5. expect all equipment to be clean and in good repair.
6. have your property respected during visits
7. have any questions answered promptly, correctly and courteously.
8. have personal, cultural, and ethnic preferences considered.
9. to expect a resolution to any problem or complaint.
10. know that if he/she is found unresponsive, HHC/K&R Home Medical 's policy is for staff to call 911 for emergency medical intervention.
11. express dissatisfaction and suggest changes without coercion, discrimination, reprisal, or unreasonable interruption in service.

You have the responsibility to:

1. give accurate and complete health information concerning your past use of equipment and any change in address, doctor, insurance carrier, prescription.
2. assist in developing and maintaining a safe environment
3. follow instruction in care and use of all equipment and request further information concerning anything you do not understand
4. treat HHC/K&R Home Medical associates with respect, courtesy, and consideration
5. to order supplies or refills on a timely basis to accommodate reasonable delivery.
6. to have someone at home when delivery is scheduled.
7. to pay all invoices that are due; not covered by insurance.
8. Accept the consequences of any refusal or choice of noncompliance, including changes in reimbursement eligibility

Customer concerns are an important form of feed-back for our company. Any questions or concerns regarding your service or equipment should be directed to the Manager at HHC/K&R Home Medical at 631.820.8220 so that we can improve our service. You are entitled to a written response to your formal complaint. If your concerns are not addressed to your satisfaction, you may contact The Accreditation Commission for Healthare (ACHC), our accreditor, on 919.785.1214. Matters concerning billing, insurance and payment disputes are not within the authority of the ACHC. To contact Medicare, call 1.800.633.4227; the New York State Health Dept: 1.800.663.6114
(Monday-Friday 9 - 5)

Notice of Privacy Practices

Our company is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the services we provide to you.
This Notice tells you about the ways in which HHC/K&R Home Medical (referred to as "we") may collect, use, and disclose your protected health information and your rights concerning your protected health information. "Protected health information" is information about you that can reasonably be used to serve you and that relates to you, or the payment for that care.
We are required by law to maintain the confidentiality of health information that identifies you; and to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards. If you have questions about this notice, please contact our Privacy Officer for further information.

The terms of this notice apply to all records containing your health information that are created or retained by our organization. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all your records we have created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our office in a prominent location, and you may request a copy of our most current notice by calling us.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

We may use and disclose your PHI for different purposes. The examples below are provided to illustrate the types of uses and disclosures we may make without your authorization for payment, home care operations, and treatment.

- **Payment**. We use and disclose your PHI in order bill and collect payment for the services and items you may receive from us. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly or services and items.
- **Treatment.** We may use and disclose your PHI to coordinate services with other health care providers involved in your care. For example, we may collect measurements to identify appropriate seating and mobility system(s). We may obtain and disclose information on CPT diagnosis codes, diagnosis and prognosis, functional limitations, pre-existing health conditions, hospitalizations, prior use of equipment, and information specific to qualifying the patient as dictated by CMN / detailed written order forms.
- **Appointment Reminders**. We may use and disclose your health information to contact you and remind you of visits / deliveries / to ask whether you need additional supplies.
- **Release of information to Family / friends**. We may release your health information to a friend or family member that is helping you to pay for your health care, or who assists in taking care of you.
- **Disclosures Required by Law**. We will use and disclose your health information when we are required to do so by federal, state or local law.

We require any business associates to protect the confidentiality of your information and to use the information only for the purpose for which the disclosure is made. We do not provide customer names and addresses to outside firms, organizations, or individuals except in furtherance of our business relationship with you or as otherwise allowed by law.
We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your personal information.

OTHER PERMITTED OR REQUIRED DISCLOSURES

- **As Required by Law**. We must disclose PHI about you when required to do so by law.
- **Public Health Activities**. We may disclose PHI to public health agencies for reasons such as preventing or controlling disease, injury, or disability. **Victims of Abuse. Neglect, or Domestic Violence**. We may disclose PHI to government agencies about abuse, neglect, or domestic violence.
- **Health Oversight Activities**. We may disclose PHI to government oversight agencies. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

- **Judicial and Administrative Proceedings**. We may disclose PHI in response to a court or administrative order. We may also disclose PHI about you in certain cases in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement**. We may disclose PHI under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **To Avert a Serious Threat to Health or Safety**. We may disclose PHI about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Special Government Functions**. We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- **Workers Compensation**. We may disclose PHI to the extent necessary to comply with state law for workers' compensation programs.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

You have certain rights regarding PHI that we maintain about you.

- **Right To Access Your PHI.** You have the right to review or obtain copies of your PHI records, with some limited exceptions. Usually the records include referral information, delivery forms, billing, claims payment, and medical management records. Your access to records can include PHI maintained electronically even if not an electronic health record. Your request to review and/or obtain a copy of your PHI records must be made in writing. We may charge a fee for the costs of producing, copying, and mailing your requested information, but we will *tell* you the *cost* in advance.
- **Right To Amend Your PHI.** If you feel that PHI maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or you ask to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.
- **Right to Notification of Breach or Accounting of Disclosures**. You have the right to be notified following a breach of your unsecured PHI. You may request an accounting of disclosures we have made of your PHI. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. This time period may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge for providing the accounting, but we will tell you the cost in advance.
- **Right To Request Restrictions on the Use and Disclosure of Your PHI**. You have the right to request that we restrict or limit how we use or disclose your PHI for services, payment, or health care operations. You may restrict disclosures of PHI to a health plan if you have paid out-of-pocket in full for the health care item or service. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.
- **Right To Receive Confidential Communications**. You have the right to request that we use a certain method to communicate with you or that we send information to a certain location. For example, you may ask that we contact you at work rather than at home. Your request to receive confidential communications must be made in writing. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice**. You have a right at any time to request a paper copy of this Notice. You may ask us to give you a copy of this notice at any time.
- **Contact Information for Exercising Your Rights**. You may exercise any of the rights described above by contacting our privacy Office.
- **Complaints**. If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Office of Civil Rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

MEDICARE SUPPLIER STANDARDS

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 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 an 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).

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. All suppliers must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).

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
and
Inexpensive or Routinely Purchased Items Notification

Medicare defines the equipment that you are receiving as being either a capped rental, or an inexpensive and routinely purchased item.

FOR COVERED 13-MONTH CAPPED RENTAL ITEMS:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to you.
  After ownership of the equipment is transferred to you, it is your responsibility to arrange for any required equipment service or repairs.
  - Examples of this type of equipment include, but are not limited to:
    Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts

FOR COVERED OXYGEN:

- Medicare will pay a monthly rental fee for a period not to exceed 36 months, after which and the rental charges cease. We retain ownership of the equipment. We are responsible for any required service or repair, excluding abuse.
- You may be entitled to receive new oxygen equipment covered by Medicare after 5 years.

FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- We only *sell* the Inexpensive and Routinely Purchased item(s) you require.
  If you prefer to *rent* the item(s) you will need to obtain the item(s) from another Medicare supplier.
  Examples of this type of equipment include, but are not limited to:
  Walkers, commodes, canes and crutches

Return Policy

HHC/K&R HOME MEDICAL will accept returns for any items that are deemed to be defective, substandard, or inappropriate for the indicated use. Our return policy is as follows:

Rental Equipment: Equipment actively being rented from HHC/K&R HOME MEDICAL may be returned at any time for any reason. In some instances, rental equipment that has been ordered by a physician and is being returned without physician approval may require us to inform your physician of the discontinuation of service. Rental items in the middle of a month's rental will not be pro-rated.

Purchased Equipment: Equipment that is purchased outright may be returned within 30 days if the equipment is found to be defective, substandard or inappropriate for the indicated use. For any defects or deficiencies occurring after the initial 30 days HHC/K&R HOME MEDICAL ***Warranty Service & Repair*** policy shall be in effect.

Supplies & Consumables: Supplies and consumables provided by HHC/K&R HOME MEDICAL may be returned within 7 days of the date of delivery if deemed to be inappropriate or unnecessary. Defective or incorrect supplies may be exchanged within 30 days of the date of delivery. All supplies being returned or exchanged must be in the original sealed packaging.

Personal Care Items: Personal care items such as sheets, cushions, mattress overlays & bath safety items may not be returned once opened. Please inspect the item at the time of delivery to ensure it meets your satisfaction.

Special Orders: Any items that are not routinely stocked by HHC/K&R HOME MEDICAL and are specially ordered for a customer at their request will not be eligible for returns.

Equipment Warranty Service & Repair

Every product sold or rented by our company carries a minimum of a 1-year manufacturer's warranty. Home Care Specialists will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. Warranty information for all inexpensive or routinely purchased items shall be provided to you at the time of delivery. An owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

HHC/K&R HOME MEDICAL will repair, replace or service any items that we provide according to the manufacturer's warranty and insurance guidelines. For any requested service or repair to items that are not covered by warranty HHC/K&R HOME MEDICAL shall assess the item and given an estimate cost for the repair. If the item is brought to HHC/K&R HOME MEDICAL location for assessment there will be no charge. If HHC/K&R HOME MEDICAL performs an in-home assessment of the product there will be a $ service fee payable at the time of the assessment.

EMERGENCY PLANNING

This pamphlet has been provided by Hampton Homecare to help you plan your actions in case 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 patient 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 can try to provide you with the best, most consistent service we can during an 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 should not.
- 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 opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's 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 do not work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our mobile phone. (Mobile phones frequently work even when the regular land phone lines do not.)
- If you have no way to call our mobile phone, you can try to reach us by having someone you know call us from his or her mobile phone. (Many times, mobile phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)
- If the emergency is 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 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 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, purchase waterless hand disinfectants from Hampton Homecare or from a local store. It comes in very handy if you do not have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with Hampton Homecare and your home nursing agency.
- When you return home, contact your home nursing agency and Hampton Homecare so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster.

- Get informed about hazards and emergencies that may affect you and your family.
- Develop an emergency plan.
- Collect and assemble disaster supplies kit, which should include:
    - Three-day supply of non-perishable food.
    - Three-day supply of water - one gallon of water per person, per day.
    - Portable, battery-powered radio or television and extra batteries.
    - Flashlight and extra batteries.
    - First aid kit and manual.
    - Sanitation and hygiene items (moist towelettes and toilet paper).
    - Matches and waterproof containers.
    - Whistle.
    - Extra clothing.
    - Kitchen accessories and cooking utensils, including a can opener.
    - Photocopies of credit and identification cards.
    - Cash and coins.
    - Special needs items, such as prescription medications, eyeglasses, contact lens solutions, and hearing aid batteries.
    - Items for infants, such as formula, diapers, bottles, and pacifiers.
    - Other items to meet your unique family needs.
- Learn where to seek shelter from all types of hazards.
- Identify the community warning systems and evacuation routes.
- Include in your plan required information from community and school plans.
- Learn what to do for specific hazards. ·
- Practice and maintain your plan.
- Review information from FEMA at https://www.fema.gov/.

An Important Reminder!!

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

SPECIAL NEEDS SHELTERS

Please note: The special needs shelter should be used as a place of last refuge. The evacuee may not receive the same level of care received from independent contractors in the home, and the conditions in a shelter might be stressful.

(1) If the patient has a caregiver[1], the caregiver must accompany the patient and must remain with the patient at the special needs shelter.

(2) The following is a list of what special needs patients need to bring with them to the special needs shelter during an evacuation:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- The patient's medication includes the dose, frequency, route, time of day and any special considerations for administration, supplies, and equipment list, including the phone, beeper and emergency numbers for the patient's physician, pharmacy / facility and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; Do Not Resuscitate (DNR) form, if applicable.

- Name and phone number of the patient's home health care provider, if applicable
- Prescription and non-prescription medication needed for at least 5 to 7 days; oxygen for 5 to 7 days if needed.
- Identification and current address
- Glasses, hearing aids and batteries, prosthetics, and any other assistive devices
- Personal hygiene items for 5 to 7 days
- Extra clothing for 5 to 7 days
- Flashlight and batteries
- Self-entertainment and recreation items, like books, magazines, quiet games.

(3) Shelterees need to know the following:

- If the patient has a caregiver, the caregiver(s) shall be allowed to shelter together in the special needs shelter. If the person with special needs is responsible for the care of individuals without special needs, those people may also shelter together.
- The shelteree caregiver will have floor space provided. The caregiver must provide his or her own bedding.
- Service dogs are allowed in shelters. However, check with your local Emergency Management office to see if other pets are permitted.
- Bring personal snacks, drinks, and any special dietary foods for 72 hours. It is possible only sparse meals will be provided.

[1]Caregivers can be relatives, household members, guardians, friends, neighbors, and volunteers.

HOME SAFETY

At Hampton Homecare, we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients 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 not sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Make sure that all medical equipment is plugged 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. Do not use cheap extension cords. Safety in the Bathroom
- Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for people 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, you should consider lowering the temperature setting of your water heater, so you do not accidentally scald yourself without realizing it.

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 so you can 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 tend 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 throughout the day or night.
- Install nightlights 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, so you do not trip and fall while walking with the pole.

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.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use

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 tubing, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

- If you are now using assistant 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 to get into or out of the house. Ramps can be purchased ready-made or may be constructed for you. Talk to your durable medical equipment provider about available options.

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.

INFECTION CONTROL

The patient/caregiver should observe all healthcare workers they meet and encourage and remind healthcare workers to wash their hands prior to providing care.

Items that touch only intact skin (e.g., blood pressure cuff, stethoscopes, thermometers, and other medical accessories) rarely, if ever, transmit disease. These items will be cleaned with alcohol after each use. Should any piece of item become contaminated with blood or other potentially infectious material, the item should be cleaned with a chemical germicide.

All excretions, secretions, blood, and drainage should be discarded in the toilet.

To minimize contamination during use, products must be handled in a manner that will protect them from contamination. These procedures include the following:

- Wash hands, making sure to use good hand washing technique.
- Unpack and handle products in a manner consistent with preservation of optimal cleanliness.
- Properly store all products

MAKING DECISIONS ABOUT YOUR HEALTH CARE

Advance Directives are forms that say, 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 pamphlet 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 Durable Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) if you become terminally ill and unable to make your own decision. 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 treatment you want or do not 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 be making medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney can 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. Everyone’s situation and preferences are unique.
- For many people, 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 individuals you trust, such as close family members, friends and/or caregivers. 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 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?

- You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.
- 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), your family, and friends have a revised copy.

What If I Do not 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.

Hampton Homecare/K&R Home Medical Equipment

CUSTOMER CHECKLIST AND ACKNOWLEDGEMENT

Name of Beneficiary **MRN #**

Equipment / Supplies provided:

Assignment of Insurance Benefits: I authorize direct payment to HHC/K&R Home Medical of any insurance benefits otherwise payable to me for HHC/K&R Home Medical provided products or services, and to furnish to an agent of HHC/K&R Home Medical any and all information pertaining to my insurance benefits and status of claims submitted by HHC/K&R Home Medical for services rendered.

Acknowledgment of Financial Responsibility: While there may be insurance coverage for services or products provided to me by HHC/K&R Home Medical, not all products/services may be covered, and coverage may be less than 100 percent of the billed charges. I acknowledge financial responsibility for any balance owing on my account. I agree to make payment to HHC/K&R Home Medical within 30 days of receipt of a statement. A finance charge at the lesser of 1.5% per months or the maximum amount allowed by law will be added to all past due balances. I also agree to pay any fees incurred by HHC/K&R Home Medical to collect on my past due account. I agree to transfer immediately to HHC/K&R Home Medical any payment made directly to me for services provided by HHC/K&R Home Medical on an assigned basis.

Medical Information Authorization: I hereby authorize any holder of medical information about me to release to HHC/K&R Home Medical any records pertaining to my medical history, services rendered, or treatment.

I consent to the release of my HHC/K&R Home Medical records to be reviewed by authorized representatives of Medicare/Medicaid, Medicare intermediary, and/or my private insurance company (is) for use in determining my home health benefits.

Change in Patient's Insurance or Condition: I agree that any change in patient's insurance will be promptly reported to HHC/K&R Home Medical and failure to do so may result in patient responsibility for payment. If the patient changes insurance to a managed care organization (HMO) in which HHC/K&R Home Medical does not participate, the patient will be responsible for payment of all charges. I agree that I will promptly notify HHC/K&R Home Medical if patient's medical condition changes so that rental equipment provided to patient is no longer needed. I agree that I will promptly notify HHC/K&R Home Medical if patient is admitted to a hospital or skilled nursing facility and will provide the correct date(s) of admission and discharge.

___ I have received a copy of the Medicare Supplier Standards statement.
___ I have received information on warranty coverage and services covered under warranty
___ I have been advised on rent / purchase options and been informed that HHC/K&R Home Medical does not rent items that are categorized as inexpensive, frequently purchased by Medicare
___ I have received orientation for the services and safe operation, and maintenance of my equipment
___ Home Safety Assessment**:** Residence appears to be suitable for equipment use and to meet the needs of the patient
___ I have received a copy of the Privacy Notice
___ **If this is a wheelchair delivery,** the home provides adequate access between rooms, maneuvering space, and surfaces for its use; and that the patient / caregiver has sufficient capabilities to propel the wheelchair

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, or is duly authorized by the patient as patient's general agent to execute the above and accept its items.

Beneficiary Signature Date

(IF signed by Parent/Guardian/Agent,) list patient relationship

Hampton Homecare/K&R Home Medical Equipment

Orientation Checklist

Patient / Caregiver received:
- ☐ Written instructions
- ☐ 24-hour phone number

Name: _____ Date: _____

ID# _____

Emergency Contact: _____

☐ **Hospital Bed:** ☐ Semi ☐ Full Electric ☐ Manual
☐ hand crank ☐ high/low shaft ☐ hand control ☐ locking wheels
☐ side rails ☐ emergency hand crank

☐ **Wheelchair** ☐ Geri-chair: ☐ Footrest ☐ Opening & fold
☐ Seat belt ☐ Adjustments ☐ Brakes (wheel locks)
☐ The home has adequate access between rooms (including sufficient doorway width, maneuvering space, and surfaces for use of the wheelchair)
☐ Patient or caregiver has ability to safely propel the wheelchair

☐ **Scooter** ☐seat attachment ☐tiller controls ☐steering ☐attachments
☐tiller adjustment ☐braking ☐batteries ☐charging procedure ☐EMI
☐assembly ☐ manual received

- ☐ **Oxygen**
  - **Backup system or portable use and proper storage**
  - **Setting prescribed flow rate**
- ☐ **Nebulizer**
  - **disassembling nebulizer for cleaning and disinfection then reassembly**
- ☐ **CPAP**
- ☐ **Air Mattress**
- ☐ **Low Air Loss Mattress**
- ☐ **Bedside Table**
- ☐ **Commode**
- ☐ **CPM**
- ☐ **Crutches (all types)**
- ☐ **Hoyer Lift / Sling**
  - Do not use lift to transport patient
- ☐ **Raised Toilet Seat**
- ☐ **Shower Chair**
- ☐ **Straight Cane**
- ☐ **Traction**
- ☐ **Trapeze**
- ☐ **Tub Bar**
- ☐ **Walkers (all types)**

Check all that apply:

- ☐ Routine use and troubleshooting
- ☐ Height adjustment
- ☐ Maintenance
- ☐ Safety

Environmental Assessment

	Yes	No	Family Notified
1. Adequate electrical source – grounded	☐	☐	☐
2. Any other unsafe situation:_____	☐	☐	☐
3. Home suitable for equipment and appropriate for patient	☐	☐	☐
4. **Home adaptable for the equipment provided**	☐	☐	☐

Company Representative Signature: _____

Caregiver Name (print) _____

Caregiver or Customer Signature_____

Hampton Homecare/K&R Home Medical Equipment

Hello,
Please complete and return this short questionnaire so that we can improve our services based on your feed-back.

	Yes	No	Not Applicable
1. Was the device or supply delivered in a timely manner?			
2. Was the device / supply quality acceptable?			
3. Did we respond to your questions, problems and concerns in a timely manner?			
4. Do you understand how to safely and effectively use the device? (if applicable)			
5. Was the business office representative courteous and knowledgeable?			

Name:

Address:

Item received:

I would like to Thank You for your time.
If you have any questions, please feel free to contact us.

Name:

Address:

Item received: