

## **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.

### **If we can not reach you by telephone:**

You should stay in your home as long as it is safe to do so.

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 and fire departments, as well as the utility company, that you may need their assistance in the event of an emergency.

## **MEDICARE SUPPLIER**

### **STANDARDS**

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. 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.
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 or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items 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 The 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 regulation.
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 service, 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 DMEPOS suppliers must obtain a surety bond in order to receive and retain a supplier billing number.
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.

***You have the right to:***

1. Prompt delivery and to be informed on the use, and care of all Hampton Homecare equipment in your home.
2. Expect that all information will be kept in strictest confidence.
3. Have your personal privacy respected.
4. Expect all equipment to be clean and in good repair.
5. Have your property respected during visits.
6. Have any questions answered promptly, correctly and courteously.
7. Have personal, cultural, and ethnic preferences considered.
8. Refuse delivery of any and all equipment.
9. Be informed of all options if the need to transfer care arises.
10. Expect a resolution to any problem or complaint.
11. Know that if he/she is found unresponsive Hampton Homecare policy is for staff to call 911 for emergency medical intervention.
12. 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 and prescription.
2. Assist in developing and maintaining a safe environment.
3. Follow instructions in the care and use of all equipment.
4. Request further information concerning anything you do not understand.
5. Treat Hampton Homecare's associates with respect, courtesy, and consideration.
6. Order supplies or refills on a timely basis to accommodate reasonable delivery.
7. Have someone at home on the day delivery is scheduled.
8. Pay all invoices that are due; not covered by their insurance.
9. Accept the consequences of any refusal or choice of noncompliance, including changes in reimbursement eligibility.

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.

### **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.

### **HOME RESPIRATORY AND MEDICAL EQUIPMENT**

#### ***Respiratory Equipment***

- Oxygen Concentrators
- CPAP/Bilevel Therapy
- Suction Pumps
- Nebulizer Aerosol Therapy
- Home Ventilator Support
- Licensed Respiratory Therapists
- Hospital & In-Patient Education
- Clinical Respiratory Services
- Individualized Attention & Care

#### ***Home Medical Equipment***

- Seat Lift Chairs
- Walkers
- Canes
- Crutches
- Shower Chairs / Bath Benches
- Wheelchairs
- Hospital Beds
- Wound Care Supplies
- Incontinence Supplies
- Continuous Glucose Monitoring (CGM)

### **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](mailto:support@hamptonhomecare.com)

**Website: [www.hamptonhomecare.com](http://www.hamptonhomecare.com)**

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

Hampton Home Care, Inc. (631) 820-8220

K and R Home Medical Equipment Co Inc. (914) 963-7070

Homecare Concepts, Inc. (631) 752-0555

**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 Hampton Home Care, Inc./K&R Home Medical Equipment Co./Homecare Concepts, Inc. (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 of 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 to 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 for 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 the 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.

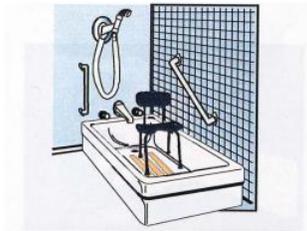
September 23, 2013

## 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.



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## 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



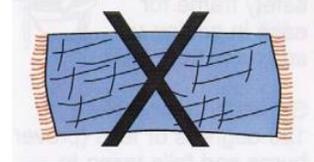
## Clear Hallways and Stairs

- ♦ 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



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### CONFIRMATION OF RECEIPT:

I have received, read, and understood my Patient/Client Bill of Rights and Responsibilities, Medicare Supplier Standards and personal fall risk information. I have also received a copy of Hampton Homecare (HHC) and Affiliates Privacy Notice which outlines how Protected Health Information about me may be used and disclosed and how I can access this information.

The Board of Certification/Accreditation (BOC) encourages those having concerns or complaints about the quality of care being provided to bring those concerns or complaints first to the attention of Hampton Homecare, Inc. If your concerns are not addressed to your satisfaction, you may contact the BOC's Office of Quality Monitoring to report any concerns or register a complaint by calling 1-877-776-2200 or emailing [info@bocusa.org](mailto:info@bocusa.org)

Matters concerning billing, insurance and payment disputes are not within the authority of the BOC.

### TERMS OF AGREEMENT AND MEDICAL TREATMENT CONSENT:

I understand that by signing this agreement, I authorize the provision of products or services to me by HHC and Affiliates. I hereby give permission to HHC and its affiliates to contact me regarding equipment and supply needs. Some of these services may be provided in person or via Tele-visits by the provider or affiliates of the provider. The equipment usage and compliance information will be stored in the cloud or locally by the device manufacturer, provider and affiliates of the provider and may be accessible by or provided to my insurance company and medical care team to manage

my care. I also understand that I am under the control of my attending physician and that HHC and its affiliates are not liable for any act or omission when following the instructions of said physician.

**MEDICARE CAPPED RENTAL AND INEXPENSIVE OR ROUTINELY PURCHASED ITEMS NOTIFICATION:**

I received instructions and understood that Medicare defines the equipment type that I received as being either a capped rental or an inexpensive or routinely purchased item.

**FOR COVERED 13-MONTH CAPPED RENTAL ITEMS:**

- Medicare will pay a monthly rental fee for a period not exceeding 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.
- 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 positive airway pressure (CPAP) devices, patient lifts, and trapeze bars.

**FOR COVERED OXYGEN:**

- Medicare will pay a monthly rental fee for a period not exceeding 36 months, after which the supplier retains ownership of the equipment, and the rental charges cease.
- The supplier is 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.

**MEDICARE SUPPLIER STANDARDS:** The products and/or services provided to you by Hampton Home Care Inc and its subsidiaries are subject to the supplier standards contained in the Federal Regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business, professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <https://www.ecfr.gov>. Upon request we will furnish you with a written copy of the standards.

**BLANKET SIGNATURE AUTHORIZATION:** I hereby authorize the release to HHC and its affiliates to my insurer any necessary information for this or any related claim. I request the payment of authorized benefits be made on my behalf directly to HHC and its affiliates. I do authorize HHC and its affiliates to submit claims to any of the insurers as may be required.

I understand that I am responsible for DEDUCTIBLES and CO-PAYMENT not covered by my insurance and to notify HHC promptly of any CHANGES IN INSURANCE or information that would otherwise affect claims processing. In addition, I agree to be responsible for the full amount of the charges if my physician or I fail to provide the information necessary to submit the claim for

payment. I agree to transfer to HHC and its affiliates immediately any payments made directly to me for services provided by HHC and its affiliates on an assigned basis. SHOULD MY INSURANCE PLAN DENY COVERAGE IN PART OR ITS ENTIRETY.

I UNDERSTAND THAT I MAY BE RESPONSIBLE FOR PAYMENT.

I HAVE READ, UNDERSTAND AND HEREBY AGREE TO THE ABOVE CONDITIONS AND PAYMENT POLICIES.

THANK YOU FOR CHOOSING US. IF YOU NEED IMMEDIATE ASSISTANCE, PLEASE VISIT OUR WEBSITE AT [WWW.HAMPTONHOMECARE.COM](http://WWW.HAMPTONHOMECARE.COM) AND USE OUR LIVE CHAT OR EMAIL US AT [SUPPORT@HAMPTONHOMECARE.COM](mailto:SUPPORT@HAMPTONHOMECARE.COM).

YOU CAN ALSO CALL OUR CUSTOMER SERVICE/BILLING DEPARTMENT AT (631) 283-8217 WITH QUESTIONS OR RE-ORDERS.