

THE MED MART CORPORATION

21195 IH 10 WEST, STE. 1101, SAN ANTONIO, TX 78257

EQUIPMENT CLEANING/CHANGE SCHEDULE

| EQUIPMENT SUPPLIES | CLEANING | CHANGE |
|--|---|---|
| 1. Nasal cannula, mask trach, aerosol, Venti, simple, etc. | Wipe daily with a damp cloth. | Every two weeks |
| 2. Humidifier Oxygen stationary equipment | Humidifier should be cleaned weekly. (See cleaning instructions below) | Every two weeks |
| 3. Oxygen tubing Oxygen adapter | Wipe down with damp cloth as needed. | Every month |
| 4. Treatment Nebulizer administration kits | Rinse medication cup with water after each treatment and clean daily. (See cleaning instructions below) | When discolored, cracked, if medications do not mist, or if treatments take longer than 20 minutes. |
| 5. Treatment Nebulizer compressor | Wipe cabinet daily with a damp cloth | Change filter when gray in color |
| 6. Oxygen Concentrator | Wipe cabinet with a damp cloth as needed. Clean filter once a week with soap and water and let air dry. | |
| 7. Suction collection canister and tubing | Collection canister and tubing should be cleaned daily. (See cleaning instructions below) | As needed |
| 8. 50 PSI Air Compressor | Wipe unit daily with damp cloth. Clean filter once a week with soap and water and let air dry. | Change filter as needed |
| 9. All other equipment ie. enteral pump, hospital bed, walker, etc. | Wipe equipment as needed with damp cloth. | |

“CLEANING INSTUCTIONS”

1. Wash equipment with mild dish washing soap and rinse with water.
2. Soak in one part (1/2 cup) vinegar and three parts (1 ½ cups) clear distilled water in a plastic container for 20 minutes. Rinse all parts well, place on a clean towel and let air-dry. Water and vinegar solution can be stored in a covered container for up to 7 days.

Preventing Falls in the Home

Facts about Falls

- For seniors, falls in and around the home are the most frequently occurring accident
- Falls are the 6th leading cause of death in those over 65
- Most home falls occur in bathrooms, bedrooms and on stairs
- Nearly 1/3 of people over 65 fall each year, and increases to 50% by age 80
- Those who have fallen once have a better chance of falling again unless steps are taken

Fall Prevention Checklist

| | Topic: | SubTopic: | |
|--|------------------------------|--|--|
| | Lighting | Turn on lights before entering a room | |
| | | Use night-light in the bedroom, bathroom, and hallways | |
| | | Have beds and chairs near lamps or light switches | |
| | Bathrooms | Install grab bars in showers, tubs and toilet areas | |
| | | Use bath mats with suction cups or non-slip rubber backs | |
| | | Use a shower chair in tube or shower | |
| | Floors & Walkways | Use skid-resistant throw rugs | |
| | | Securely tack carpets to the floor | |
| | | Avoid throw rugs | |
| | | Avoid highly polished floors | |
| | | Keep walkways free of telephone and electrical cords | |
| | | Install handrails on both sides of stairs | |
| | | Clearly mark stairs, walkways and floors | |
| | Other Safety tips | Immediately clean up spills | |
| | | Have eyes checked yearly | |
| | | Review medications with your nurse, doctor, or pharmacist. | |
| | | Some drugs, including over the counter drugs can make you drowsy, dizzy & unsteady | |
| | | Taking 4 or more prescription medications increase your risk of falls | |
| | | If you feel dizzy or light-headed, sit down or stay seated until your head clears | |
| | | Call someone to help you. Stand up slowly to avoid unsteadiness | |
| | | Use cane, walker or walking stick as recommended | |
| | | Wear non-slip shoes or slippers with rough soles | |
| | | Avoid clothes that are too big and can become tangled (nightgowns) | |
| | Hazards Found in Home | Keep phone near bed or chair | |
| | | Don't hurry to answer the phone, they will call back. | |
| | | Talk to your nurse or physician about an Emergency Activation System in your home | |
| | | Slippery Floors | |
| | | Poor Lighting | |
| | | Electrical cords in walkways | |
| | | Loose rugs | |
| | | Uneven thresholds | |

Notice of Privacy Practices

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| To: | All Med Mart Patients |
| Re: | Uses and Disclosures of Your Protected Health Information |

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

PLEASE REVIEW THIS INFORMATION CAREFULLY.

Med Mart's Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice. Except for the purposes described below, we will use and disclose health information only with your written permission.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

Payment. Your health information might be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from other resources previously used for payment (i.e. credit card). For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated for which the DME equipment and/or supplies were prescribed for.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of Med Mart. Information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote efficiency and quality.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting. Your health information may be released if asked by a law enforcement office if the information is (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (3) about a death we believe may be the result of criminal conduct; (4) about criminal conduct on our premises; and (5) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Public Health Reporting. Your health information might be disclosed to public health agencies as required by law. Med Mart is required to report certain communicable diseases to the state's public health department.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family

or close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

As Required by Law. Your health information will be disclosed when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health and Safety. Your health information will be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. Your health information may be disclosed to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information to her than specified in our contract.

Military and Veterans. If you are a member of the armed forces, your health information may be disclosed as required by military command authorities. We may also release health information to the appropriate foreign military authority if you are a member of a foreign military.

Worker's Compensation. Your health information may be released for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Health Oversight Activities. Your health information may be disclosed to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

Information About Treatments. Your health information might be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Data Breach Notification Purposes. Your health information may be disclosed to provide legally required notices of unauthorized access to or disclosure of your health information.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, your health information may be disclosed to the correctional institution or law enforcement official.

Uses and Disclosures Requiring Your Authorization

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing the use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Appointment Reminders. Your health information will be used by our staff to send you appointment reminders.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, your health information may be disclosed in response to a court or administrative order. Health information may also be disclosed in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to be notified upon breach of any of your unsecured protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to not have your protected health information disclosed for items paid out-of-pocket to your health plan for purposes of payment or health care operations.
- The right to amend or submit corrections to your protected health information.
- The right to inspect and copy your protected health information.
- The right to receive a printed copy of this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy practices. These changes in policies and practices may be required by changes in federal and state laws and regulations. The revised policies and practices will be applied to all protected health information that we maintain and may be read and printed by accessing the Internet and visiting our website www.shopmedmart.com.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Privacy Officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices, or if you believe your privacy rights have been violated, you may address the matter by sending a letter describing your cause for concern to:

Jackie Salcido - Privacy/Complaint Officer
Med Mart - San Antonio
21195 IH-10W Suite#1101
San Antonio, Texas 78257
210/697-9933

Effective Date

This notice is effective on or after April 14, 2003

STATEMENT OF PATIENT'S RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

The patient has the right to:

- a. have his/her cultural, psychosocial, spiritual, and personal values, beliefs, & preferences.
- b. personal dignity, and considerate, respectful service.
- c. obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis, or religious affiliation.
- d. access or receive an accounting of his/her health information, as permitted under applicable law.
- e. receive a written statement of the scope of services provided.
- f. be involved in decisions and make informed decisions about their service, to include resolution of dilemmas.
- g. to have family members or legal representatives involved in the decision of their care.
- h. refuse care, treatment, and services in accordance with law and regulation.
- i. have their life decisions (Advanced Directives, Living Wills) respected.
- j. effective communication.
- k. vocalize complaints and recommended changes without fear of reprisal or interruption of service.
- l. to have their complaints resolved within 5 calendar days.
- m. to receive written notifications of results within 14 calendar days.
- n. confidentiality, privacy, and security of patients and their property.
- o. be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- p. timely response to his/her request for HME services.
- q. select the HME supplier of his/her choice.
- r. expect reasonable continuity of service.
- s. address safety and quality concerns to organizational management.
- t. an explanation of charges for equipment and/or supplies.

Note: Family members or surrogate decision makers may be involved in the patient's rights and decisions as allowed by applicable law.

The patient has the privilege of contacting The Joint Commission at (800) 994-6610 in the event he/she is dissatisfied or concerned with the service they received.

PATIENT RESPONSIBILITIES

Patients and their families, as appropriate, must:

- a. provide to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters pertaining to their health.
- b. provide perceived risks in their care and unexpected changes in their conditions.
- c. provide feedback about service needs and expectations, to include equipment malfunction.
- d. ask questions when they do not understand their care, treatment, and service or what they are expected to do.
- e. follow the care, treatment, and service plan developed.
- f. express any concerns about their ability to follow the propose plan of service.
- g. understand they are responsible for the outcomes if they do not follow the plan of service.
- h. follow the organization's rule and regulations, to include notifying organization of address or telephone changes.
- i. be considerate of the organization's staff.
- j. be responsible for protecting the organization's equipment from fire, water, theft, or other damage while in the patient's possession.
- k. promptly meeting any financial obligations agreed to with the organization.

DERECHOS Y RESPONSABILIDADES DEL PACIENTE

DERECHOS DEL PACIENTE

El paciente tiene derecho a:

- a. Tener su propia cultura, sus creencias y preferencias psicosociales, espirituales y valores personales.
- b. Recibir un servicio digno, con respeto y consideración.
- c. Recibir servicio sin importar su raza, credo, origen, nacionalidad, sexo, edad, imposibilidad física, diagnóstico, o afiliación religiosa
- d. Tener acceso o recibir un reporte con información sobre su salud, según sea permitido por la Ley.
- e. Recibir un estado por escrito acerca del alcance del servicio proveído.
- f. Ser tomado en cuenta en las decisiones y ser informado sobre decisiones acerca del servicio, incluyendo la resolución en el caso de dilemas.
- g. Tener miembros de su familia o representantes legales involucrados en la decisión sobre su atención.
- h. Rechazar la atención, el tratamiento y el servicio de acuerdo con las leyes y regulaciones.
- i. Que se le respete la decisión sobre su vida (direcciones anticipadas, testamentos en vida).
- j. Recibir una comunicación clara y efectiva.
- k. Expresar sus quejas y cambios recomendados sin temor a represalias o a la interrupción del servicio.
- l. Obtener resueltas sus quejas dentro de los siguientes 5 días de calendario.
- m. Recibir notificación por escrito de los resultados dentro de los siguientes 14 días.
- n. Confidencialidad, privacidad y seguridad a su información y a sus pertenencias.
- o. No recibir abuso mental, sexual, físico o verbal, ni a un trato con negligencia o explotación.
- p. Una respuesta oportuna a su solicitud de Equipo médico para el hogar.
- q. Decidir sobre el abastecedor de Equipo Médico para el hogar que más le convenga.
- r. Esperar una continuidad razonable en el servicio.
- s. Reportar a la Gerencia de Med Mart sus preocupaciones sobre la seguridad o calidad en el servicio. El paciente puede llamar a JCAHO – Supervisión de calidad a (800) 997-6610.
- t. Recibir una explicación de los cargos por el equipo y/o los abastecimientos.

Nota: Los miembros de la familia del paciente o a los que se les haya autorizado para decidir, pueden estar involucrados en los derechos del paciente y en decisiones permitidas por la ley aplicable.

El paciente tiene el privilegio de llamar a las oficinas de The Joint Commission al teléfono (800) 944-9610 en caso de no estar satisfecho o sentirse inconforme con el servicio recibido.

RESPONSABILIDADES DEL PACIENTE

Los pacientes y sus familiares, según proceda, deben:

- a. Proporcionar según su mejor conocimiento, información exacta y completa acerca de sus padecimientos presentes, enfermedades pasadas, hospitalizaciones, medicamentos y cualquier otra información relativa a su salud.
- b. Proporcionar riesgos percibidos durante su atención y cambios no esperados en su condición.
- c. Proporcionar retroalimentación acerca de las necesidades y expectativas del servicio solicitado, incluyendo deficiencias en el funcionamiento del equipo proporcionado.
- d. Preguntar cuando no se entienda, la atención, el tratamiento y el servicio o lo que se espera que el paciente haga.
- e. Seguir el plan que se le prepare para su atención, tratamiento y servicio.
- f. Expresar sus preocupaciones acerca de su imposibilidad física para seguir el plan propuesto de servicio
- g. Entender que hay responsabilidades en los resultados esperados si no se sigue el plan preparado de servicio.
- h. Seguir las reglas y disposiciones de la empresa que incluyen el notificar cualquier cambio en su domicilio o teléfono.
- i. Ser considerado con los empleados de la empresa.
- j. Ser responsable de la protección del equipo de la empresa contra fuego, agua, robo o cualquier otro daño mientras permanezca en posesión del paciente.
- k. Cumplir oportunamente con las obligaciones de pago convenidas con la empresa.