



BARNES

HEALTHCARE SERVICES



PATIENT SERVICE GUIDE



LOCATIONS

LETTER FROM THE CHAIRMAN



Georgia

2030 Powers Ferry Rd.
Suite 325 Atlanta, GA 30339
Phone 678-627-0077

2201 US Hwy 41 N Unit K
Tifton, GA 31794
Phone 229-391-9114

200 S Patterson St.
Valdosta, GA 31601
Phone 229-245-6001

2875 Knight Ave.
Waycross, GA 31501
Phone 912-284-9191

Florida

450 Brookmeade Dr
Crestview, FL 32539
Phone 850-683-0888

1700 NW 80th Blvd
Gainesville, FL 32606
Phone 352-333-2525

8638 Philips Highway
Bldg 3, Suites 1&2
Jacksonville, FL 32256
Phone 904-306-9028

1833 North East
Avenue Panama City,
FL 32405 Phone
850-785-2480

2524 Cathay Ct.
Tallahassee, FL 32308
Phone 850-894-4480

Please Note

Call toll free: 800-422-5059

Hours of operation:

Monday through Friday,
8:30 AM - 5:00 PM CT

For all emergencies: Call 911

For Florida Residents

To report a complaint regarding the services you receive, please call toll-free: 1-888-419-3456

To report suspected Medicaid fraud, please call toll-free 1-866-966-7226

To report abuse, neglect, or exploitation of a disabled adult or an elderly person, please call toll-free 1-800-962-2873 (The Department of Children and Families Abuse Hotline)

For Medicare Recipients

KEPRO now handles all Medicare complaints and appeals call for any complaints and issues:

Georgia & Florida – 844-455-8708

After Business Hours: Call your servicing location and our answering service will reach out immediately to one of our staff members who will promptly return your call.

After Business Hours

Barnes Healthcare Services Pharmacies will have a clinician available on call 24 hours a day, 7 days a week to answer urgent and emergent calls and clinical questions. Questions may also include therapy related questions, delivery questions, and complaints or complaint resolution.

Call your service location and our answering service will reach out to one of our healthcare service professionals who will return your call within 30 minutes.

Information contained herein is accurate as of June 2021.



“ We Take Care of People ” by Keeping Them Healthy at Home”

Is our company motto and one we take seriously. My name is Charlie Barnes, III and I am the Chairman of Barnes Healthcare Services. I am very fortunate to be a third generation owner of a company founded by my grandfather in 1909 in Valdosta, GA. It is a tremendous pleasure and honor to be in the business of providing quality health care to medically fragile individuals. As a pharmacist, also third generation, I have always placed the needs of the patient as a priority, and I expect all employees of Barnes Healthcare Services, who have the privilege of serving our patients, to do the same. We have grown from a retail pharmacy opened over 100 years ago to today providing comprehensive home healthcare products and services in multiple locations servicing North and South Georgia; the Panhandle, North and Central Florida. Our services include home infusion, respiratory, nutrition, and retail pharmacy. Barnes Healthcare Services has always been a family-oriented company. At the same time, we are serious about providing a world class customer experience utilizing cutting edge technology available for patients being treated in the home or alternate care setting. We are excited about the opportunity to provide services to you our patient. From the early days when my grandfather opened Barnes Drug Store, we have focused our attention on providing the best care to our customers. People trust us and we want to keep it that way. That is my solemn promise.

Thanks again for the opportunity to serve you!

Charles W. Barnes, III, RPh

"We Take Care of People by Keeping Them Healthy at Home" is a registered trademark of Barnes Healthcare Services and is registered with the United States Patent and Trademark Office - Registration Number - 4803363.



Barnes Healthcare Services would like to take this opportunity to thank you for allowing us to serve you. This Patient Service Guide contains useful information to assist you in understanding your care, the supplies you have been provided, and how to access needed services. Please read over all information carefully and keep your service guide in a safe place for future reference.

The goal of Barnes Healthcare Services is to provide quality service and equipment. At all times our customers have the opportunity to voice their grievance and recommend changes without fear of coercion, discrimination, or reprisal. If you have a complaint or suggestion, we WANT to hear from you. Please call your location and ask to speak to a customer experience specialist.

Your complaint or suggestion will be taken and a patient incident report will be completed by a customer experience specialist. If he/she cannot resolve the concern to your satisfaction, the information will be given to the general manager. The general manager will review the information and call you as soon as possible, within 24 hours.

If you feel your complaint has NOT been handled to your satisfaction and the general manager has not been able to resolve the issue, you may send a letter outlining your concerns to:

Compliance Officer
Barnes Healthcare Services
200 S. Patterson Street
Valdosta, GA 31601
888-412-2127

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. You may also use the above name and address to contact us for further information concerning our privacy practices.

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, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).

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. 42.4.57(c).



Implementation Date - October 1, 2009

23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

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. 42 4.57(c).

Notice of Privacy Practices

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

If you have any questions about this notice, please contact: Corporate Compliance Officer at 888-412-2127.

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Healthcare Operations: We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to ensure the home care, medical equipment and medications you receive are of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services: We may use and

disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. 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 a 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.

SPECIAL SITUATIONS

As Required by Law: We will disclose Health Information when required to do so by international, federal, state or Local law. To Avert a Serious Threat to Health or Safety: We may use and disclose Health Information 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: We may disclose Health Information 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 other than as specified in our contract.

Military and Veterans: If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers’ Compensation: We may release Health Information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities: We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.



NOTICE OF PRIVACY PRACTICES

Data Breach Notification Purposes: We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information 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.

Law Enforcement: We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) 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.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief: We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or

notify family and friends of your location or condition in a Disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosures of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review. **Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information

NOTICE OF PRIVACY PRACTICES



is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend: If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to: Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603.

Right to an Accounting of Disclosure: You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to: Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to: Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such

information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to: Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. To request confidential communications, you must make your request to 888-412-2127. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.barneshc.com.

To obtain a paper copy of this notice, contact Compliance Officer at 888-412-2127

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services.

To file a complaint with our office, contact: Compliance Officer at 888-412-2127. All complaints must be made in writing. You will not be penalized for filing a complaint.

Effective Date: September 23, 2013



PATIENT RIGHTS AND RESPONSIBILITIES

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As a home care patient/client you have the right to:

1. Be given information about your rights for receiving home care services.
2. Receive a timely response from Barnes Healthcare Services regarding your request for home care services.
3. Be given information of Barnes Healthcare Services policies, procedures and charges for services.
4. Choose your own home care providers.
5. Be given appropriate and professional quality home care services without discrimination against your race, creed, color, religion, sex, national origin, sexual preference, handicap or age.
6. Be treated with courtesy and respect by all who provide home care services to you.
7. Be free from physical and mental abuse and/or neglect.
8. Be given proper identification by name and title of everyone who provides home care services to you.
9. Be given the necessary information so you will be able to give informed consent for your service prior to the start of any service.
10. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose, in terms and language you can reasonably be expected to understand.
11. A plan of service that will be developed to meet your unique service needs.
12. Participate in the development of your plan of service.
13. Be given an assessment and update of your request.
14. Be given data privacy and confidentiality.
15. Review your clinical record at your request.
16. Be given information regarding anticipated transfer of your home care facility and/or termination of home care services to you.
17. Voice grievance with and/or suggest change in home care services and/or staff without being threatened, restrained and discriminated against.
18. Refuse treatment within confines of the law.
19. Be given information concerning the consequences of refusing treatment.
20. All home care staff respects the property of the patient/client.

21. A patient/client does not receive experimental treatment or participate in research unless he/she gives documented, voluntary informed consent

AS A HOME CARE PATIENT/CLIENT, YOU HAVE THE FOLLOWING RESPONSIBILITIES:

1. Agrees to care for, use as instructed, and return the rental equipment in good condition at the end of the rental period (normal wear and tear expected).
2. Agrees to pay for the replacement cost of any equipment damaged, destroyed or lost due to misuse, abuse or neglect.
3. Agrees not to make any changes regarding the rental equipment without written consent from Barnes Healthcare Services. Qualified persons employed by Barnes Health Care Services should make any changes or repairs to equipment.
4. Agrees not to let anyone other than he/she, the patient, use the equipment.
5. Agrees to notify Barnes Healthcare Services of any equipment malfunction or defects and allow those qualified persons employed by Barnes Healthcare Services to enter the premises to repair, relocate, perform regularly scheduled services or provide adequate substitute equipment.
6. Barnes Healthcare Services guarantees all equipment to be delivered operating within manufacturer's specifications and to be fully warranted to manufacturer's current policy.
7. Barnes Healthcare Services fully warrants used equipment purchased for a minimum of thirty (30) days from the date of purchase.
8. Agrees Barnes Healthcare Services shall not insure or be responsible to the patient for any personal injury or property damage related to any equipment, including that caused by use or improper functioning of the equipment, the act or omission of any third party, or by any criminal act or activity, war, riot, insurrection, fire or Act of God.
10. Agrees that if their respective insurance company fails to make payment on any rental or purchase within sixty (60) days after it becomes due, Barnes Healthcare Services retains the right to reacquire all equipment¹
11. Sales returns will be accepted as long as they are in unopened packages and/or suitable condition within thirty (30) days from date of purchase. A minimum of one rental month may be deducted (where applicable).
12. No merchandise will be accepted for return if worn next to the skin or if it is disposable.

13. Special order items will require 50% deposit and are non-refundable.
14. Barnes Healthcare Services maintains 24-hour availability by telephone. Qualified staff are always available to assist with equipment malfunction or other emergencies. However, should a life-threatening situation arise, the patient or caregiver should dial "911" for professional emergency assistance.
15. 24-hour advance notice is required for routine delivery and services.
16. It is understood that the Terms of all Rentals shall repeat on the monthly anniversary date of the original rental. No rental of less than a full month shall be charged.
17. Understands that the patient is to notify Barnes Healthcare Services of all changes in their medical status (i.e., change in oxygen flow rate, change of address, re-hospitalization, etc.).
18. Barnes Healthcare Services retains the right to refuse delivery of service to any patient at any time in the interest of the health and safety of Barnes Healthcare Services employees.
19. Understands any legal fees resulting from a disagreement between parties shall be borne by the unsuccessful party in any legal action taken.
20. Agrees the patient and/or caregiver are responsible for maintaining a safe, clean environment and electrical supply.

Effective Date: September 23, 2013

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ADDITIONAL RIGHTS AND RESPONSIBILITIES

GENERAL SAFETY MEDICAL EQUIPMENT



ADDITIONAL RIGHTS AND RESPONSIBILITIES RIGHTS:

1. The right to know about philosophy and characteristics of the patient management program and the company scope of services.
2. The right to have personal health information shared with the patient management program only in accordance with state and federal law.
3. The right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
4. The right to receive information and participate in the patient management program.
5. The right to receive administrative information regarding changes in or termination of the patient management program.
6. The right to decline participation, revoke consent or withdraw from the program at any point in time.
7. The right to choose a provider.
8. The right to report any grievance or complaint without fear of repercussion.
9. The right to be treated with respect, dignity and free from any type of discrimination.
10. The right to have your property treated with respect.
11. The right to be informed both orally and in writing, in advance of any care provided, of the charges for which you will be responsible.
12. The right to be informed of any state specific patient rights in regards to Advanced Directives.
13. The right to be informed of any financial benefits when referred to an organization.

RESPONSIBILITIES

1. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
2. The responsibility to provide the company with accurate clinical and non-clinical information and to notify the patient management program of changes in this information.
3. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

When using the medical equipment the physician has ordered, there are certain precautions to consider ensuring your comfort and safety.

ALWAYS use the equipment in accordance with patient's orders safely, correctly and consider the following suggestions:

- Anticipate all possible exits from the home in the event of a fire.
- Have smoke detectors installed on each floor of the home.
- Keep fire extinguishers handy.
- Make sure there is easy access to a telephone.
- DO NOT use extension cords.
- Use properly grounded electrical outlets.
- Under NO circumstances will the ground prong of a three prong electrical plug in on power operated equipment be torn off to make usable in a 2 hole electrical wall receptacle. (Use a 3-to-2 adapter)
- DO NOT use multiple plugs in a single outlet.
- Power sources should meet or exceed electrical requirement of the equipment.
- Keep ALL oxygen producing equipment at least 5 feet from the electrical power sources, receptacles, etc.
- NEVER use equipment in need of repair. Contact your HME provider as soon as possible.
- ALWAYS use equipment as instructed.
- ALWAYS use safety locks. Lock brakes securely into position when patient is moving to and from beds and wheelchairs.
- NEVER override, bypass or cover alarms.
- If possible, remove throw rugs and avoid slippery or uneven surfaces.
- If necessary, rearrange furniture for easy patient access.
- If possible, avoid placing electrical cords or tubing in a high traffic area. Otherwise make sure that they are taped down securely to prevent tripping.
- Make sure NO body parts come into contact with moving equipment parts.
- Report ALL incidents, accidents, and/ or safety hazards involving medical equipment to your medical equipment provider either in person or by telephone. Such reports must ultimately be in writing from patient, family member or caregiver.
- Keep ALL disposable supplies in a clean, cool, dry are and DO NOT open the package until ready to use.
- Patients exhibiting signs of mental instability should NOT be left unattended and/or in hospital beds.

UNIVERSAL PRECAUTIONS

Universal precautions apply to blood, other body fluids containing visible blood, semen, and vaginal secretions. Universal precautions also apply to tissues and to the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids.



EMERGENCY PREPAREDNESS

- Contact local emergency shelter if special needs will be required such as oxygen or electricity needs.
- Build an emergency kit.
- Water – one gallon of water per person per day for at least three days for drinking and sanitation.
- Food – at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone; include extra batteries for both.
- Flashlight and extra batteries.
- First Aid kit.
- Whistle – to signal for help.
- Dust mask to help filter contaminated air, plastic sheeting and duct tape to keep shelter in place.
- Moist towelettes, garbage bags and plastic ties for personal sanitation.
- Wrench or pliers to turn off utilities.
- Manual can opener for food.
- Local maps.
- Cell phone with chargers, inverter or solar charger.

Be sure everyone in your family knows what to do in an emergency.

HURRICANE SAFETY CHECKLIST

Hurricane season begins June 1 and ends November 30. We are in areas that may be threatened by a storm. Our goal is to help our patients, caregivers and their families to prepare for a storm. There are things you can do now before we are threatened by a storm.

- Soap/detergent/toiletry items
- Flashlight and batteries
- Radio and batteries
- Bottled water, water purification pills or bleach
- Handy wipes
- Chux (blue underpads) Depends
- Sun screen/insect repellent
- Closed toe shoes
- Plastic bags/baggies and ties
- Ice chest
- Manual can opener
- Blankets
- Extra change of clothes
- Money/cash
- Non-perishable food
- Extra pet food (if applicable)

Before the Storm

- Monitor the weather reports to see if storms will turn in your direction.
- Check battery-powered equipment – like radios and flashlights.
- Have extra prescription medication available.
- Turn your refrigerator to the coolest setting and open only briefly.
- Have plenty of non-perishable food on hand.
- Prepare an emergency water supply.
- Unplug electrical equipment.
- Store valuables and documents in a waterproof container.
- Close all windows and curtains, and go to an interior room.
- Stay away from windows and glass.
- Go to a local hurricane shelter if necessary.

During the Storm

- Remain indoors and monitor emergency broadcasts.

After the Storm

- Listen to emergency reports to make sure it is safe to go outside.
- Water supplies may be contaminated; therefore, a “boiled water only” order may be in effect for up to 72 hours. If unable to boil water, you can add these agents to one gallon of water: 4 water purification tablets or 12 drops of household bleach that does not contain additives.
- Check food and make sure it isn't spoiled before eating.
- Use the telephone only for life-threatening emergencies.



EMERGENCY PREPAREDNESS

TORNADO SAFETY CHECKLIST

A tornado is a violently rotating column of air extending from the base of a thunderstorm down to the ground. They are capable of completely destroying well-made structures, uprooting trees and hurling objects through the air like deadly missiles.

To Prepare For a Tornado

- Listen to local news or an NOAA Weather Radio to stay informed about watches and warnings.
- Know your community's warning system, if applicable.
- Pick a safe room in your home where household members and pets may gather during a tornado. This should be a basement, storm cellar or an interior room on the lowest floor with no windows.
- Practice periodic tornado drills
- Consider having your safe room reinforced. Plans for reinforcing an interior room to provide better protection can be found on the FEMA website at www.fema.gov.
- Prepare for high winds by removing diseased and/or damaged limbs from trees.
- Move or secure lawn furniture, trash cans, hanging plants or anything else that can be picked up by the wind and become a projectile.
- Watch for tornado danger signs:
 - Dark, often greenish clouds
 - Cloud of debris
 - Large hail
 - Funnel cloud
 - Roaring noise

If a Tornado is Threatening

- The safest place to be is an underground shelter, basement or safe room.
- If no underground shelter or safe room is available, a small, windowless interior room or hallway on the lowest level of a sturdy building is the safest alternative.
- Mobile homes are not safe during tornadoes – DO NOT seek shelter in a hallway or bathroom of a mobile home. If you have access to a sturdy shelter or a vehicle, abandon your mobile home immediately. DO NOT wait until you see the tornado.
- If you are caught outdoors, seek shelter in a basement or sturdy building. If you cannot quickly walk to a shelter:
- Immediately get into a vehicle, put on your seatbelt and try to drive to the closest sturdy shelter. If flying debris occurs while you are driving, pull over and park.
- As a last resort, stay in the vehicle with seatbelt on. Put your head down below the windows, covering with a blanket or your hands.
- If you can safely get noticeably lower than the level of the roadway, exit your car and lie in that area, covering your head with your hands.

After a Tornado

- Continue listening to local news or an NOAA Weather Radio for updated information and/or instructions.
- If you are away from home, return only when authorities say it is safe to do so.
- Wear long pants, a long-sleeved shirt and sturdy shoes when examining your walls, doors, staircases and windows for damage.
- Watch out for fallen power lines or broken gas lines
- and report them to the utility company immediately.
- Stay out of damaged buildings.
- Use battery-powered flashlights when examining buildings – DO NOT use candles.
- If you smell gas or hear a blowing or hissing noise, open a window and get everyone out of the building quickly. Call the gas company and/or fire department.
- Take pictures of the damage, both of the buildings and its contents for insurance claims.
- Use the telephone only in an emergency
- Keep all of your animals under your direct control.
- Clean up spilled medications, bleaches, gasolines or other flammable liquids that could become a fire hazard.
- Check for injuries. If you are trained, provide first aid to persons in need until emergency responders arrive.

KNOW THE DIFFERENCE!

WATCH – tornado is possible in/near the watch area. **WARNING** – a tornado has been sighted or indicated by weather radar.

Tornado Safety information provided by the American Red Cross. For more information on disaster and emergency preparedness, visit www.RedCross.org

HOW TO HANDRUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a Apply a palmful of the product in a cupped hand, covering all surfaces;

1b Rub hands palm to palm;

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

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HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0 Wet hands with water;

1 Apply enough soap to cover all hand surfaces;

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;

10 Use towel to turn off faucet;

11 Your hands are now safe.

Hand care

- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

Please remember

- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

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IN CASE OF EMERGENCY



DIAL 911

To Reach Barnes Healthcare Services 24/7

Contact your local office



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