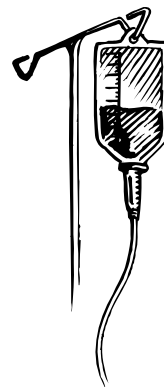


Patient and Caregiver Guide to Infusion Services



THE PROVIDENCE COMMITMENT

Mission

As People of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Core Values

Respect

Compassion

Justice

Excellence

Stewardship

WELCOME TO PROVIDENCE

At Providence Infusion and Pharmacy Services our top priority is patient safety and patient satisfaction. To create the best treatment outcome we believe that patients must be well informed and participate actively in their care. Together, we can achieve a successful care experience.

This guide provides useful information to patients and caregivers. Please take a moment to review it. The guide lets you know what to expect from Providence services, covers important safety information, and instructs you on important aspects of your home infusion care.

Our Licensed Pharmacists, Registered Nurses, and Registered Dietitians are here to serve you. Please do not hesitate to contact us. Our goal is that you experience quality care and service excellence at all times.

Chris Beaudoin
Vice President
Providence Infusion and Pharmacy Services

WHEN TO CALL US

We are available 24 hours, seven days a week.
Please Call (425) 687-4400 or Toll-Free 1-800-832-0319

Please call us if:

- Anything causes you concern for patient safety
- You have questions about your medication or suspect a possible adverse drug reaction
- You have any questions on how to administer your medication or need help with troubleshooting equipment
- You have any signs of redness, swelling or drainage at the catheter insertion site or your dressing becomes wet.
- You need to arrange for a delivery or reorder supplies
- The patient is hospitalized

In any life-threatening medical emergency, immediately call 911

PATIENT & CAREGIVER GUIDE TO INFUSION SERVICES

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HOW TO CONTACT US 24 hours a day 1-800-832-0319

Pharmacist & Patient Care Representative (PSR) for drug & supplies:

- ☐ A-Team: Pharmacist @ 425-687-4468 PSR @ 425-687-4457
- ☐ B-Team: Pharmacist @ 425-687-4462 PSR @ 425-687-4465
- ☐ C-Team: Pharmacist @ 425-687-4454 PSR @ 425-687-4466

Nurse or Dietitian: 1-800-832-0319

Scheduler: South @ 425-687-4464 North @ 425-687-4458

COMPLAINTS or CONCERNS

At Providence our top priority is patient safety and patient satisfaction. We encourage feedback from our patients to improve our quality of care and services.

- Discuss concerns directly with the persons providing care. Most times they can adequately address your concern.
- If problem is not resolved, contact a supervisor at **1-800-832-0319**. The supervisor will review concerns with the patient or caregiver and the staff involved.
 - **Nursing Manager:** Brooke Thompson, RN, BSN
 - **Pharmacy Manager:** Linda Czirr, Rph
 - **Billing Manager:** Gregg Wilcynski

If problems still exist you may contact the Providence Infusion and Pharmacy Services Vice President at 1-800-832-0319.

For any concerns that cannot be resolved with Providence, please contact:

Washington Department of Health
PO BOX 47890
Olympia, Washington 98504-7890
(phone: 1-800-633-6828)

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(email: complaint@jointcommission.org)

DRUGS / SUPPLIES / EQUIPMENT / DELIVERIES

Drug, supplies, and equipment, are essential components of your care. To ensure you have the correct drug and supplies as ordered by your physician, a Patient Service Representative (PSR) will contact you weekly. Please accept calls from Providence or return calls promptly.

DRUGS

Providence works under orders from your physician to make sure you are getting the appropriate drug regimen. You can participate actively in your care by following the information below:

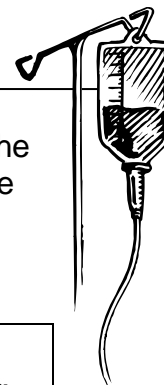
INSPECT *each dose of medication:*

Check the Prescription Label for:

Name
Dose
Administration Directions
Expiration Date

Check the Medication and Container (bag, syringe, etc.,) for:

Leakage
Liquid Separation
Discoloration



STORE *medications according to storage information on label.*

Refrigerated

Drugs must be stored in a refrigerator at **36°- 46 ° F**, only to be removed 1-2 hours prior to dosing.

Room Temp

Drugs to be stored at room temperature **68°- 77° F**

Light Sensitive

Drugs labeled 'Protect from Light' must remain in their amber colored bag regardless if being stored at room temperature or refrigerated.

If you have any question about your medication **call 1-800-832-0319** to speak to a pharmacist.

SUPPLIES

The right supplies are necessary to administer your medications correctly. Actively participate in your care by following the steps below:

- ✓ Keep an accurate count of inventory.
- ✓ Store supplies in an organized manner.
- ✓ Communicate openly with your PSR in regards to any shortages or overstocks.
- ✓ Call your PSR if supplies are running low; allowing 48 hours for delivery.

If you have any question about your supplies **call 1-800-832-0319** to speak to a PSR.

EQUIPMENT

An infusion pump may be required to safely administer your medication. The pump assigned to you is the property of Providence and must be returned to Providence upon completion of your therapy.

- Pumps are fragile equipment, do not drop, submerge, or shower with them.
- Your pump will arrive preprogrammed for your therapy. If you have any questions regarding the program, call Providence immediately 1-800-832-0319.
- If the pump alarms call Providence immediately 1-800-832-0319
- During the course of your therapy it may be necessary to reprogram your pump. If this is the case, Providence will call you with instructions.

If you have any question about your equipment **call 1-800-832-0319** to speak to a nurse.

DELIVERIES

Your PSR will contact you weekly to confirm your supply needs, and then arrange a delivery either by Courier or by UPS. Please allow 48 hours from time of request for delivery to be made. What to Expect:

UPS:

Delivery by 7:00 PM
Delivery may be left at doorstep



Courier:

Driver will call with approximate time of arrival
Every page of the ticket will require the following:

- A signature
- The relationship to the patient
- Date of delivery

If unable to obtain signature, Providence will call to arrange a way to obtain a signature.

Upon receipt of delivery **immediately open package and review the follow:**

- ✓ correct supply items
- ✓ correct quantities
- ✓ Store Medications as required on the prescription label.

If you have any question about your delivery **call 1-800-832-0319** to speak to a PSR.

Washington State RETURN OF MEDICATION & SUPPLIES LAW



WAC 246-869-130: Pharmacies cannot accept return of unused medication and supplies.

INFECTION CONTROL: ASEPTIC TECHNIQUE / INFUSION PREPARATION / SHARPS

ASEPTIC TECHNIQUE

It is **very important** for you to keep your hands and work surfaces clean whenever you handle your medication, catheter, and IV tubing. Aseptic Technique refers to carefully disinfecting or cleaning each area involved, and not touching sterile surfaces with your hands. This should be first in your mind as you perform each step of your therapy.



Prepare Your Work Surface

- Clear your workspace of objects and papers.
- The work area used for preparing your infusion/treatment should be very clean. We recommend cleaning the surface with alcohol or bleach and water solution.
- Place a new clean paper towel on your workplace. Change paper towel every day.

Wash Your Hands

- Use anti-bacterial soap and warm running water to thoroughly wash your hands for a minimum of 20 seconds (back of hands, under fingernails and between fingers.)
- Dry your hands with a clean paper towel.
- Use a paper towel to turn off the faucet.

Or use an alcohol based hand sanitizer, scrubbing for 15-20 seconds

INFUSION PREPARATION

- Prepare and administer all medication/treatments as patient education handouts instruct. If you have any questions or concerns contact a nurse or pharmacist at **1-800-832-0319**.
- Make sure medications and clear solutions are well marked and appropriately stored. Read the instructions carefully before using. Keep all medication out of reach of children.
- Allow medication to reach room temperature before administering.
- **Do not throw needles or needles with syringes attached in garbage.** Use provided “sharps” container.

SHARPS

Providence will provide you with a mail-back “sharps” biohazard container.



- Dispose all needles (with syringes still attached) into these containers immediately after use.
- Dispose Port access needles into these containers.
- When the “sharps” container is becoming full or your Infusion Services end, contact your PSR for instruction.
- Your nurse will instruct you on how to dispose of medical waste in accordance to your city and county regulations.
- Keep the lid on the “sharps” container at all times.
- Clothing and linens contaminated with body fluids or medication should be washed as soon as possible.
- All other supplies, including needleless syringes and dressings, are to be placed in a plastic bag secured tightly and thrown in a trash can.
- Always dispose of expired or unused medications properly. **Do not return medications to Providence Infusion and Pharmacy Services.** If you have questions call the pharmacist.

PATIENT AND CAREGIVER RESPONSIBILITIES

We believe the patient and the patient’s family share in the responsibility for care. Following these responsibilities creates a safe and satisfying care experience.

- Actively participate in decisions about your health care. Review treatment plans, ask questions, and give feedback.
- Inform Providence if you have any concerns about your safety.
- Follow all directions provided by Providence regarding drugs, supplies, equipment, deliveries, aseptic technique, and medication administration.
- Work collaboratively with your PSR to manage your inventory of drugs and supplies.
- Notify your physician or Providence if you are concerned about a treatment, do not understand a treatment, or if you cannot or will not follow a treatment plan.
- Keep appointments as ordered by your doctor for office visits, lab work, and nursing visits.
- Give accurate and complete information regarding your medical history, treatments, current medication list, and other pertinent health information.
- Treat your medical equipment with care and use as instructed. Inform Providence immediately when you have any equipment problems.
- Inform Providence of any changes in your doctor, caregiver, or health insurance
- Inform Providence if you enter a hospital or any other medical facility
- Inform Providence if you have any changes in your medications.

- Examine your bill and ask questions regarding charges or methods of payment.
- Fulfill your financial obligations to Providence in a timely manner.

NATURAL DISASTERS AND NATIONAL EMERGENCIES

Disasters and emergencies are unexpected and could happen at any time. It is important to be prepared for such events. ***Providence will try to contact you; however, calling into an area struck by a disaster can be very difficult. Please attempt to reach us so that your infusion needs can be met.***



In any life-threatening emergency, immediately call 911



IN HOME PREPAREDNESS

- Keep 911 and other emergency telephone numbers close to the phone. Know your neighbors. List your neighbors (and their phone numbers) who could help if you have a problem.
- List preferred hospital and physician(s) phone numbers in a prominent place.
- Have your own address and phone number posted near your phone.
- Know where your home's gas and water shut off valves are located.
- Know the location of your home circuit breaker box.
- Have flashlights, extra food, and water available.
- Have a battery operated radio to listen to news reports in times of disaster.
- Call Puget Sound Energy Customer Service at (1-800-321-4123) and Seattle City Light at (206-625-3000). They maintain a file of people who have special medical needs and will give them a high priority for help in the event of a natural disaster. If you live outside of the boundary for either of these companies, they will refer you to the power and light company in your area.
- Washington State has prepared an emergency planning and response guide, Located on their website at http://www.emd.wa.gov/preparedness/prep_personal_preparedness.shtml

This publication is a comprehensive guide to creating an effective home emergency plan.

If you must leave your house: Call Providence Infusion and Pharmacy Services to have your supplies sent to your new location. Be ready to provide the new address and phone number where you can be reached.

If you decide to stay home: Let Providence Infusion and Pharmacy Services know whether your home can be reached by a delivery truck. If not, we will work with you to arrange for delivery of your supplies by other means or to another location.

If you need emergency medical care of medical supplies: Go to the nearest hospital outside of the disaster area.

If you have no electricity: IV pumps generally have a battery back up which will last for a limited time. Then, if approved by your doctor, your pharmacist may send out an emergency gravity method for infusing your medication/treatment.

If your water is contaminated: You and your caregiver should wash your hands with alcohol (rubbing or isopropyl), hydrogen peroxide, or a waterless hand sanitizer (Purell) prior to doing any aseptic procedure.

FIRE



- Install working smoke detectors and have a fire extinguisher available.
- Develop an evacuation plan to evacuate the patient in the event of fire.
- Establish clear pathways to all exits. Do not block exits with furniture or boxes.
- Have a key accessible near deadbolt locked doors.
- Fireplaces should not be left unattended while in use. Fireplaces should be screened when fire is burning or when hot ashes remain.
- Patient and family must be warned against smoking in bed. Patients who do smoke in bed should never be left unattended.

OXYGEN

- If the patient smokes, he or she must remove and turn off oxygen. There is a high risk of fire and the potential for serious bodily injury caused by smoking in the presence of oxygen.
- If a visitor smokes, the smoker should be at least 10 feet away from the oxygen source and any tubing.
- There should be no open flames (e.g., candle, wood stove, fireplace) within 10 feet of the person using oxygen, all tubing, and the source of the oxygen.
- The prongs of the nasal cannula should be in the patient's nose.
- If using a facemask, it must fit snugly on the patient's face.
- Understand how to use the equipment and any backup system.
- Small pieces of cotton or pads between tubing and skin can lessen irritation if it occurs.

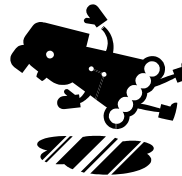


- Oxygen is a drug and must be used only as prescribed by your physician. Treat it like any other medication you take.
- Do not change the amount of oxygen given unless instructed to do so. Oxygen needs vary with activity.
- Never use petroleum products (e.g., oil or grease) if oxygen equipment is being used because of the risk of combustion. Vaseline is a petroleum-based product and should never be used for nasal irritation. Instead, use a water-based moisturizer such as K-Y Jelly.
- Make certain that the delivery device (cannula, facemask, etc.) is clean to reduce potential infection and to assure adequate oxygen delivery.
- Oxygen tubing should be no longer than 50 feet because this may decrease the amount of oxygen received.



FALL PREVENTION

- Avoid throw rugs, runners, and mats.
- Locks on wheeled equipment should be in good working order and used consistently (hospital beds, wheelchairs, commodes).
- Do not place phone or electrical cords across pathways.
- Cane, crutch, and walker tips should be kept in good condition.
- Provide adequate lighting throughout the home and keep stairs well lit.
- Do not wax floors.
- Keep all pathways clear.
- Wear your glasses.
- Wear safe, well fitting, non-slip shoes.
- Do not climb chairs, stepstools, or ladders.
- Install handrails by all steps.
- Use nonskid mat or strips in tub/shower, as well as outside tub/shower.
- Install grab bars in tub/shower and by toilet.
- Follow electrical safety for appliances used in the bathroom.



WASHINGTON DEATH WITH DIGNITY ACT

Providence Infusion and Pharmacy Services will not participate in any aspect of physician-assisted suicide including, but not limited to: the provision of information intended to promote physician-assisted suicide; patient assessment for the purpose of eligibility, prescribing, procuring, providing or administering a lethal prescription; or presence when the medication is ingested. Patients who choose to exercise their rights under the Washington Death with Dignity Act will not be excluded from the full range of services provided by Providence Infusion and Pharmacy Services.

PATIENT AND FAMILY RIGHTS

Consistent with the policies and values inherent in the Providence Infusion and Pharmacy Services mission, patients and families will be assured of the following rights

- To be treated fairly, regardless of race, color, gender, sexual preference, national origin, religious philosophy or beliefs.
- To receive respectful, appropriate, and considerate care without fear of discrimination or abuse.
- To be informed of the scope of services, including those offered in the home.
- To be informed of any personal responsibilities related to the care process, including medical supervision when required.
- To expect that pain, if present, is assessed and managed in a timely manner.
- To be fully informed of all products, equipment, and services furnished by Providence for which payment may be required, including any insurance coverage available for such items and services, any charges not covered by insurance, any charges to be paid directly by the patient, and any changes in those charges.
- To be given a detailed bill, at least monthly, that describes charges for products and equipment used during treatment, including date and charge for each service provided.
- To have qualified and competent staff to carry out all services for which they are responsible.
- To have personal property treated with respect.
- To be informed as to the nature and purpose of care and the names and disciplines of the staff members providing care.
- To expect care to be provided in a timely and appropriate manner.
- To be heard and communicated with in a manner that is respectful, reasonable and understood.
- To receive coordinated care and to be informed when services are provided by another agency.
- To be assured of confidentiality in treatment and with personal medical information, to be allowed to approve or refuse release of information, and to have questions and concerns addressed clearly and honestly.
- To be informed of the process for reviewing and resolving patient complaints, including availability of state/federal mechanisms for grievance resolution.
- To be assured that complaints can be submitted without fear of retaliation.
- To have access to the Department of Social and Health Services directory of licensed agencies and to select any of these agencies for care.
- To be provided with information necessary to give informed consent prior to any procedure, treatment, or participation in research, investigational, or experimental studies or clinical trials.
- To refuse treatment and to be informed of the ramifications of refusing treatment

- To seek assistance in finding and transferring care to another agency.
- To be told who owns and operates Providence Infusion and Pharmacy Services.
- To receive written rights and responsibilities in advance of treatment.

ADVANCE DIRECTIVES

When you decide a plan of action before something happens to you, it is called an advance directive. It is Providence Infusion and Pharmacy Service's policy to make information about advance directives known to both you and your caregivers. We encourage open and thoughtful discussion about your directives so that all caregivers have the opportunity to understand your desires and to act as you indicate. We invite you to take direct responsibility for your directives, to ask questions and seek answers that will help you make the best situations about your care.



KINDS OF ADVANCE DIRECTIVES

Living Will: A living will, also called "Directive to Physicians" is a statement of a person's intention to be allowed to die, rather than have life sustained or dying prolonged, by means of support measures.

Health Care Directive: Similar to a Living Will but differs as it pertains to a specific diagnosed terminal illness. It requires a physician's statement regarding the diagnosed terminal illness to be attached to the Directive in order for it to be effective.

Durable Power of Attorney for Health Care Decisions: The Durable Power of Attorney gives decision-making authority to a designated individual for a person's health care decisions in the event that a person becomes incapable of making his/her own decisions. The Durable Power of Attorney is non-specific as to a cause of incapacitation; it can apply to any medical situation as a cause of incapacitation.

Advance Directives can be changed in writing or destroyed at any time. If you change your Advance Directives, you should give new copies to your family, physician, attorney or others involved. Your physician must know about the change or it will not be effective.

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.

Providence Health & Services, Providence Infusion and Pharmacy Services is committed to protecting the confidentiality of your health information.

We are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information, and abide by the practices of this Notice, unless more stringent laws or regulations apply. This Notice applies to all Providence Health & Services facilities, services, and programs that provide health care to you. You may request an up-to-date list of those facilities, programs, and services, by contacting Providence Infusion and Pharmacy Services.

Who This Notice Applies To: This Notice describes this facility/organization's practices and those of:

- Any health care professional authorized to enter information into your facility/organization record;
- Any member of the medical staff credentialed to practice at this facility/organization;
- All departments and units of this facility/organization;
- All employees, staff and other facility/organization personnel;
- Any volunteer, intern, or student we allow to help you while you are a patient at this facility/organization;

This Notice of Privacy Practices provides detailed information about how we may use and disclose your medical information with or without authorization as well as more information about your specific rights with respect to your medical information. This Notice became effective April 14, 2003.

**DISCLOSURES OF YOUR MEDICAL INFORMATION THAT
WE MAY MAKE WITHOUT AUTHORIZATION FOR
TREATMENT, PAYMENT, AND OPERATIONS**

Treatment: Your information may be shared with any provider who is providing you with health care services. This includes coordinating your care with other providers and providing referrals to other providers. Examples of health care providers who may need your information to treat you include your doctor, pharmacist, nurse, and other providers such as physical therapists, home health providers, and x-ray technicians. We may also use your information to contact you for appointments and to provide information about health-related products and services that we believe may be helpful to you. We may share your information electronically with your health care providers in order to make sure they have your information as quickly as possible to treat you. We will use the utmost care in any situation where we need to disclose your information electronically.

We may also share your medical information with any family member or friend who is involved in assisting with your health care. We will only do this if you agree, and will only share with them the information they need in order to help you. If you are unable to either agree or object to such a disclosure, we may disclose your health care information as necessary if we determine that it is in your best interest based on our professional judgment.

Payment: In order to get your health care services paid for, we may have to provide your medical information to the party responsible for paying. This may include Medicare, Medicaid (state health plan), or your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage, reviewing the medical necessity of the health care services, or providing approval for hospital stays.

Healthcare Operations: Your medical information may be used by in order to support the business activities of the facility and to ensure that quality health care services are being provided. Some of the activities which would be part of our operations would be quality

assessment activity, employee review, training of medical personnel, licensure and accreditation, and audits by regulatory agencies.

We may share your protected health information with third parties who perform services for us such as transcription or billing. In those cases we have written agreements with the third parties that they will not use or disclose your information for any other purposes, except as required by law.

We may also use your demographic information (name, dates of treatment, address) for our fundraising activities. If you do not want to receive these materials, please Providence Infusion and Pharmacy Services at 425-687-4400, ask for the Privacy Officer, and request that these materials are not sent to you.

Your name and location in the facility/organization may be included in our patient directory. You will be given the opportunity to have your name excluded from the directory listing if you wish. If it is included, we will only share very limited information about you, such as your location in the hospital and general status, with anyone who asks about you by name. If you request a visit from your faith or religious community your religious affiliation may be disclosed to outside clergy.

OTHER DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION

There are a number of ways that your medical information may be used without your authorization, generally either because they are required by law or for public health and safety purposes. Those include:

Required by Law: Your medical information may be used or disclosed by us when required by law. If this happens, we will comply with the law and will only disclose the information necessary. You will be notified, as required by law, of any such uses or disclosures.

Disaster Relief: Your medical information may be used or disclosed by us when required by law. If this happens, we will comply with the law and will only disclose the information necessary. You will be notified, as required by law, of any such uses or disclosures.

Incidental Disclosures: Certain incidental disclosures of your health care information may occur as a by-product of lawful and permitted use and disclosures of your health care information. For example, a visitor may overhear a discussion about your care at a nursing station. These incidental disclosures are permitted if we apply reasonable safeguards to protect the confidentiality of your health care information.

Limited Data Set Information: We may disclose limited health care information to third parties for purposes of research, public health, and health care operations. Before disclosing this information, we must enter into an agreement with the recipient of the information that limits who may use or receive the data and requires the recipient to agree not to re-identify the data or contact you. The recipient of your information is required to have appropriate safeguards to prevent inappropriate use or disclosure of your information.

Communicable Diseases: If required by law to do so, we may disclose your medical information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: Health oversight agencies are authorized to have access to medical information maintained by us for activities such as audits, investigations, and inspections. Agencies with this authority include government agencies that oversee the health care system, government benefit programs, government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may also disclose your protected health information to the governmental agency authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence. Any disclosures of this nature will be made consistent with state and federal law.

Food and Drug Administration: We may disclose your medical information to a person or agency required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements.

Legal Proceedings: We may disclose your medical information if required to by a court of administrative order to do so for an administrative or judicial proceeding, or in some cases in response to subpoena, discovery request or other legal process.

Law Enforcement: We may disclose your medical information, so long as applicable legal requirements are met, for law enforcement purposes. Examples of these purposes would be: (1) legal processes required by law; (2) limited information requests for identification and location purposes; (3) pertaining to crime victims; (4) suspicion that death has occurred as a result of criminal conduct, (5) if crime occurs on the premises, and (6) for medical emergencies where it appears likely a crime occurred.

Coroners, Funeral Directors, and Organ Donation: Your medical information may be disclosed to a coroner or medical examiner for identification purposes, determining cause of death or other legally required duties. Your medical information may also be released to a funeral director in order to permit performance of their duties. Your information may be disclosed if we reasonably anticipate your death, and may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: Your medical information may be disclosed to researchers, provided that the research has been approved by an Institutional Review Board and the research protocols have been approved to ensure your privacy. We may disclose health care information about you to people preparing to conduct a research project; for example, to help the researcher identify patients with specific medical needs that would relate to the proposed research. Information used for this purpose will not leave Providence Health & Services, Providence Infusion and Pharmacy Services.

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

Military Activity and National Security: Under certain circumstances, the medical information of Armed Forces personnel may be disclosed (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. Your medical information may also be disclosed to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your medical information may be used or disclosed as necessary to comply with workers' compensation laws and other similar legally established programs.

Inmates: Your medical information may be used or disclosed by us if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.

HOW WE WILL USE AND DISCLOSE YOUR MEDICAL INFORMATION WITH AUTHORIZATION

Other uses and disclosures of your medical information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke the authorization, at any time, in writing, except to the extent that we have already taken an action in reliance on the use or disclosure indicated in the authorization.

If you need for us to share your medical information with someone for purposes other than those listed here, you should contact Providence Infusion and Pharmacy Services Privacy Officer for an Authorization form.

YOUR RIGHTS

The following information describes your rights with respect to your medical information that we maintain.

Right to Request Restrictions: You have the right to ask us to place restrictions on the way we use or disclose your medical information for treatment, payment, or healthcare operations. We are not required to agree to the restriction, but if we agree to a restriction, we will not use or disclose your medical information in violation of that restriction, unless it is needed for an emergency. If a restriction is not longer feasible, we will notify you. You should contact Providence Infusion and Pharmacy Service's Privacy Officer for further details and a form to fill out.

Confidential Communications: We will accommodate reasonable requests to communicate with you about your medical information by different methods or alternative locations if you make your request in writing and give it to Providence Infusion and Pharmacy's Privacy Officer. For example, if you are covered on a health plan but are not the subscriber, and would like your medical information sent to a different address than the subscriber, we can usually do that for you.

Access to Your Medical Information: You have the right to receive a copy of your medical information that we maintain, with some limited exceptions. You may request access to those records in writing and provide us with information about the specific information you need so that we can fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies. For more information about the cost, you may contact Providence Infusion and Pharmacy's Privacy Officer.

Amendment of Your Medical Information: You have the right to ask us to change any of your medical information. You need to request this amendment in writing and submit it to Providence Infusion and Pharmacy's Privacy Officer. In certain situations we may have to deny your request, such as when the medical information in your records was created by another provider. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement. For more information about this process, contact Providence Infusion and Pharmacy's Privacy Officer.

Accounting of Certain Disclosures: You have a right to a listing of the disclosures we make of your medical information, except for those disclosures made for treatment, payment, or healthcare operations, or those disclosures made pursuant to your authorization. The type of disclosures typically contained in a listing would be disclosures made for mandatory public health purposes, law enforcement, legal proceedings, or for other required reporting such as birth and death certificates. If you would like to receive an accounting of your disclosures, you should contact Providence Infusion and Pharmacy Service's Privacy Officer, who will provide you with a request form.

QUESTIONS AND COMPLAINTS

To exercise any of the above rights, or if you are concerned that any of your privacy rights have been violated, please contact our Privacy Officer at Providence Infusion and Pharmacy Services. You also have the right to complain to the Secretary of Health and Human Services at:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

You will not be retaliated against for filing a complaint.

CHANGES TO PRIVACY PRACTICES

Providence Health & Services, Providence Infusion and Pharmacy Services reserves the right to change its privacy practices and its Notice to Privacy Practices at any time. The new notice will be effective for any medical information we create or maintain as of the date of the change. You have the right to a paper copy of this Notice any time, upon request. You may contact Providence Infusion and Pharmacy Services to get a current paper copy.

MEDICARE DMEPOS SUPPLIER STANDARDS

NOTE: *This is an abbreviated version of the supplier standards every Medicare DMEPOS supplies 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).*

- 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 service.
- 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.
- An authorized individual (one whose signature is binding) must sign the application for billing privileges.
- A supplier must fill out orders from its own inventory, or must contract with other companies form 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.
- A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchase durable medical equipment, and of the purchase option for capped rental equipment.
- 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.
- A supplier must maintain a physical facility on an appropriate site. This standard requires 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.
- A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- 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.
- 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.
- 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.
- A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
- A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 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.

- 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.
- A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
- A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
- 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.
- 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.
- Complaint records must include: then name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
- A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
- All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
Implementation Date – October 1, 2009
- All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- All must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation Date - May 4, 2009*
- A supplier must obtain oxygen from a state-licensed oxygen supplier.
- A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
- DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and supplies.
- DMEPOS suppliers must remain open to the public for minimum of 30 hours per week with certain exceptions.

Palmetto GBA – National Supplier Clearinghouse

P.O. Box 100142
Columbia, SC 29202-3142
(866) 238-9652

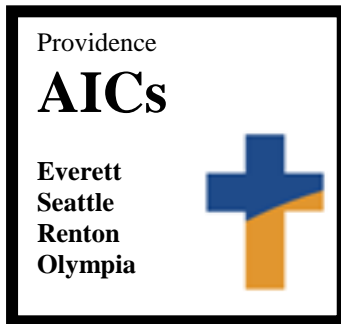
<i>A CMS Contracted Intermediary and Carrier</i>
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NOTES



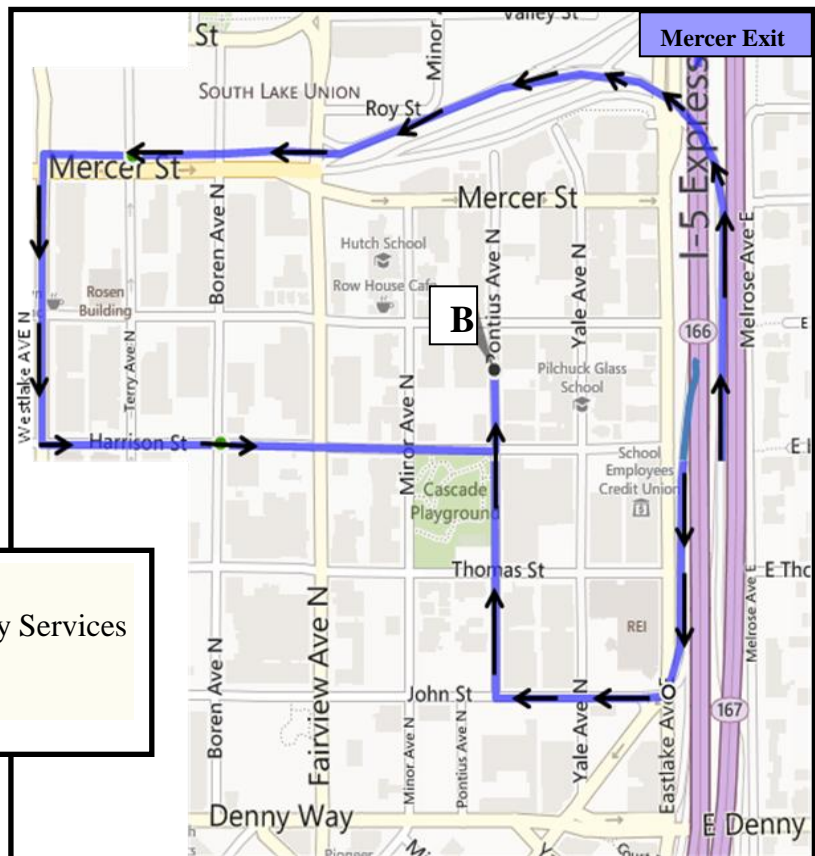
Everett (A)

Providence Everett Medical Center - Pacific Campus
916 Pacific Ave., Suite 200
Everett, WA 98201



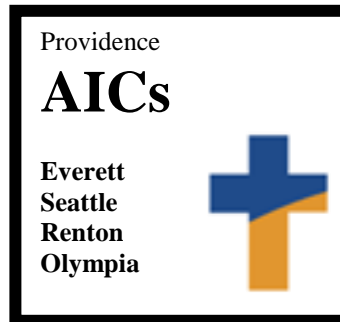
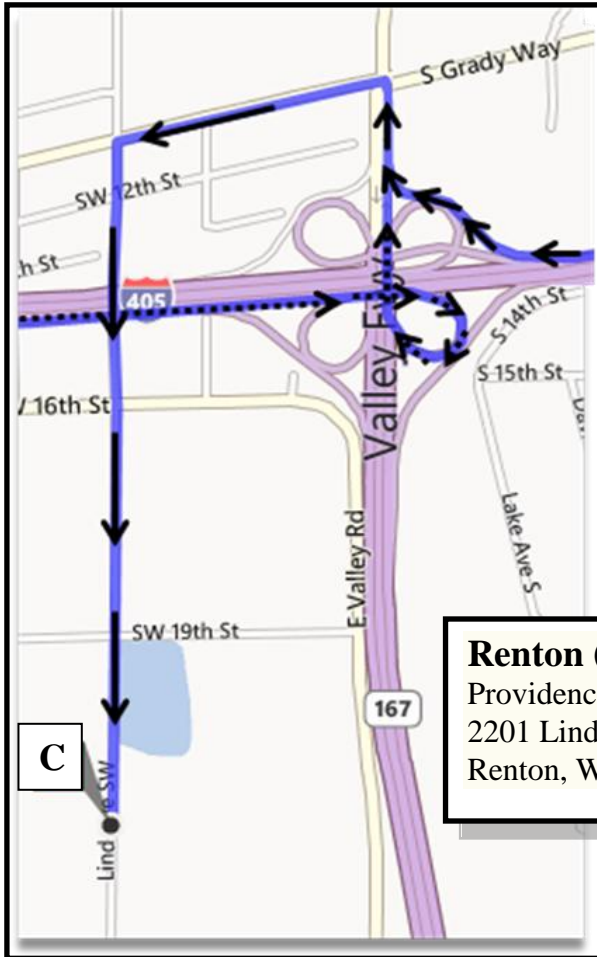
1-800-832-0319

(for all locations)



Seattle (B)

Providence Infusion & Pharmacy Services
425 Pontius Ave. N. Suite 425
Seattle, WA 98109



1-800-832-0319
(for all locations)

Renton (C)

Providence Infusion & Pharmacy Services
2201 Lind Ave SW, Suite 130
Renton, WA 98057



OLYMPIA

(Exit #109 from either direction)

Olympia (D)

Mother Joseph Care Center, Annex Building
3333 Ensign Rd. N.E.
Olympia, WA 98506



Visit our website @ <http://providence.org/infusion> for:

1. Instructional infusion videos
(under the tab titled "Educational Resources")
2. AIC locations and directions
3. FAQs



Questions or Concerns? **Call 1-800-832-0319**
(available 24 hours)

Who do I ask for when calling **1-800-832-0319**?

<p>If your question is related to your...</p> <ul style="list-style-type: none"> • Catheter (blood back up, broken, leaking, won't flush) • Pump (programming and alarms) • Dressing (loose or saturated) 	NURSE
<ul style="list-style-type: none"> • Medication Issues • Supply Issues 	PHARMACIST
<ul style="list-style-type: none"> • Tube Feed related Issues 	DIETITIAN

(For other concerns: review page 3 for more information.)