



Patient Handbook

Points of Contact

Bluffton (Main Office) 262 Red Cedar Street, Suite 1
Bluffton, SC 29910
Customer Service Phone Number 843-706-3424

Monday through Friday, 8:30 AM to 5:00 PM

Fax line 843-706-9475

Website www.lcho.com

Email info@lcho.com

Emergency Emergency cell phone 843-422-4130

Oxygen emergencies while traveling:

(Charges may apply which may not be covered by insurance)

Freedom Link 866-693-3012

Patient Rights & Responsibilities

Consent to Privacy Practices

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care, may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify Low Country Home Oxygen of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Low Country Home Oxygen in such instances.
3. The patient should promptly notify Low Country Home Oxygen of any changes to their address or telephone.
4. The patient should promptly notify Low Country Home Oxygen of any changes concerning their physician.
5. The patient should notify Low Country Home Oxygen of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

MEDICARE DMEPOS SUPPLIER STANDARDS

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number 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 the supplier's place of business, all customers and employees. 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). *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 to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the 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.

Palmetto GBA National Supplier Clearinghouse P.O. Box 100142, Columbia, South Carolina 29202-3142 (866) 238-9652

A CMS Contracted Intermediary and Carrier

Low Country Home Oxygen – Patient Handbook - Updated on November 8, 2016

Notice of Privacy Practices . Effective February 12, 2007

This notice describes how your medical information may be used and disclosed and how to access to this information. Questions about this Notice may be referred to our Privacy Officer who may be contacted at 843-342-3423.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information+ is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling our office at 843-342-3423 and requesting that a revised copy be sent to you in the mail.

Understanding Your Health Record/Information

Each time you visit a healthcare provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
- source of data for facility planning and marketing
- a tool with which we can assess and work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to future use or disclosure of your health information
-

Our Responsibilities

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information with you.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Officer through our office at 843-342-3423 for further information about the complaint process.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. Examples include our collection agency and our attorney we use when trying to collect on unpaid invoices. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Funeral directors: We may disclose health information to funeral directors consistent with law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notice of Privacy Practices - Addendum - Effective February 1, 2014

This addendum provides clarification to our practices in handling your protected health information and further describes how your medical information may be used and disclosed and how to access to this information.

Our Privacy Officer

Questions about this Notice may be mailed to:
Privacy Officer
Low Country Home Oxygen
262 Red Cedar Street, Suite 1
Bluffton, SC 29910

Use of your protected health information

We will not use your protected health information for fundraising. You do not need to opt-out. We will not use your information in any fundraising efforts.

We will not sell your protected health information to outside entities for use in marketing.

Breaches of protected health information

We will notify you of any breaches of your protected health information. We will also notify the news media if the breach exceeds 500 patients as prescribed by law.

Copies of your medical records

In accordance with Federal law, you may obtain a copy of your medical record. Electronic records will be made available in written form. We may charge a reasonable fee equal to the labor and material costs to provide the copy. We will not deny you access to your medical records even if your financial account is not in good standing.

Amending your medical record

You may request to have your medical record amended. You may do this by sending your request in writing to our Privacy Officer.

Requests to provide copies or make disclosures to other entities

All requests for copies and disclosures to outside entities should be made in writing to our Privacy Officer.

Protocol for Resolving Complaints from Medicare Beneficiaries

The patient has a right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment and billing complaints will be communicated to management. These complaints will be documented in the Complaint Log on a properly completed form.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the president of the company will be notified.

A copy of this protocol will be furnished to each patient at the time of set up.

Medicare Beneficiary Complaint Form

Date of complaint: _____

Patient's name: _____

Patient's Address: _____

Phone number: _____

Medicare number: _____

Description of the complaint:

Action taken to resolve the complaint:

Signature of staff member resolving Print name of staff member Date resolved

In the event you are not satisfied after going through this process, you may contact The Compliance Team at 1-888-291-5353 Or via their website (www.thecomplianceteam.org)

In the event you are still not satisfied, you may also contact Medicare directly at 1-800-MEDICARE.

Hurricane & Emergency Guidelines Summary

Updated August 2008

Please leave early and take all of the equipment we have provided.

Leaving early will not only be convenient but extends your limited supply of gas oxygen. You should not depend on having electricity at your destination.

All patients must evacuate with the concentrator and all gas cylinders.

We have tried to provide the proper equipment for you to remain self-sufficient. You should not count on being able to obtain additional equipment outside of our area. Your failure to take all of the equipment may leave you without oxygen or may lead to charges which will not be the responsibility of Home Oxygen, Medicare or any other insurance carrier.

Please be very careful transporting oxygen.

Please follow our standard safety guidelines when transporting oxygen. All cylinders and equipment should be well secured. Full cylinders should not be left in a hot car or trunk. Do not allow smoking, sparks or flame around oxygen equipment.

Please realize we may operate from a different location due to utility and communications issues.

We may operate out of a temporary office during and after a storm. Please be certain to call our other numbers if you are having trouble reaching us by phone or try using email. We will continue providing service even if we are outside the area. Please do not return until the power is restored to your county.

Please contact if you will remain out of our area for an extended period of time.

You should continue to use our equipment and services if you are out of our area for an extended period of time. We will continue to bill Medicare, Medicaid and other insurance carriers while we are out of our normal offices. Please call our toll free number for service during this time. We may have to have the toll free number re-routed to a temporary location. Please also contact using email if possible at info@lcho.com.

Points of Contact:

Primary Office Phone	843-706-3424
Primary Office Fax	843-706-9475
Emergency Cell Phone	843-422-4130
General Email	info@lcho.com
Website	www.lcho.com

*We participate with Freedom Link for oxygen emergencies while traveling at 866-693-3012
(Charges for Freedom Link services may apply which may not be covered by insurance)*

Nebulizer Set Care Instructions

After each use:

- Wash your hands.
- Take apart the nebulizer set.
- Let the water run for 20 seconds from the tap before rinsing.
- Rinse all parts of the nebulizer set, except the tubing, under a strong stream of warm water.
- Shake off excess water.
- Place the nebulizer parts on a paper towel to dry.
- Cover the parts loosely with another paper towel to keep dust free.
- Do not try to clean the tubing.
- If condensation appears in the tubing, let the compressor run for a few minutes with only the tubing attached.
- Once dry reassemble for the next treatment.

After last treatment each day:

- Wash your hands.
- Wash the mouthpiece with warm soapy water using a detergent such as Joy or Dawn.
- Rinse all parts of the nebulizer set, except the tubing, under a strong stream of warm water.
- Soak the pieces for 30 minutes in a solution of 1 part white vinegar and 3 parts water.
- Rinse the pieces very well in warm, clear water.
- Place the nebulizer parts on a paper towel to dry.
- Cover the parts loosely with another paper towel to keep dust free.
- Once dry reassemble for the next treatment.

Once a week:

- With the compressor unplugged, wipe the outside of the machine with a damp cloth.
- Do not store the compressor on the floor.

Every two weeks:

- Replace your entire nebulizer circuit with a new one.

Once a month:

- Check your air inlet filter. Some filters can be cleaned and others need to be replaced.
- Follow the instructions provided by your homecare company.

“Durable Nebulizer Sets”:

- These sets may be dishwasher safe so check with your homecare provider.
- Replace durable nebulizer sets every six months.
- Please follow the instructions provided by your homecare company.

Note: Do not leave unused medication in the nebulizer from one treatment to the next.

Warning: Improper cleaning can cause severe infections.

Oxygen Tubing and Humidifier Instructions

Daily:

- Wash your hands.
- Wipe the tips of your cannulas, not the tubing, with warm water.
- Wipe dry with a paper towel.

Once a week:

- Clean cabinet filters with warm soapy water and let it air dry on a paper towel before returning it to the frame on the concentrator.
- Wipe the concentrator with a damp cloth using a mild disinfectant.

On the 1st and 15th of each month:

- Change nasal cannula (both the concentrator and your portable) and/or oxygen mask.

Every three months:

- Change extension oxygen tubing and connectors.
- Change your humidifier bottle.

Oxygen Humidifiers:

Oxygen humidifiers are not routinely part of the apparatus provided unless specifically requested by your physician/nurse/respiratory therapist or if you experience excessive nasal dryness and/or sore throat.

Twice a week, if using a humidifier:

- Wash your hands.
- Remove and disassemble the humidifier.
- Wash the humidifier pieces with warm soapy water using a detergent such as Joy or Dawn.
- Rinse both pieces of the humidifier under a strong stream of warm water.
- Soak the pieces for 30 minutes in a solution of 1 part white vinegar and 3 parts water.
- Rinse the pieces very well in warm, clear water.
- Place the parts on a paper towel to dry.
- Cover the parts loosely with another paper towel to keep dust free.
- Once dry reassemble for the next usage.
- Prior to usage, refill to the fill line with sterile or distilled water.
- Secure humidifier to concentrator.
- Attach tubing to humidifier output.
- Make sure humidifier bubbles once unit is turned ON. If bubbling does not occur, check connections.
- Do not try to clean the tubing.

Note: Your device has been tested to accommodate 50' of tubing to allow you to ambulate without needing to carry a portable device or move your equipment each time you need to go 50' or beyond your stationary equipment. However it may be feasible to add additional tubing that allows you to ambulate greater than 50'. Since your device was tested to ensure the proper amount of oxygen is delivered to you, within the 50' of tubing that has been supplied, you may need additional testing to ensure you are receiving the proper amount of oxygen beyond 50'. Because of the length of tubing, you need to ensure that you have the proper adapters to help prevent any accidents that may occur due to longer lengths of tubing.

CPAP Mask, Tubing and Filter Instructions

Once a day:

- Wash your hands.
- Wipe the mask and cushion with warm soapy water using a mild soap like Dove, Dial, Ivory, etc. Do not use soaps with added scents. You may want to use the same soap that you wash your face with, especially if you have sensitive skin.
- Rinse the mask and cushion under a strong stream of warm water.
- Place the mask, cushion and headgear on a paper towel to dry.
- Empty water from your humidifier and let it air dry.

Cautions:

- Do not use solutions containing vinegar, bleach, chlorine, alcohol, aromatics, moisturizers, antibacterial agents or scented oils to clean any part of the mask or headgear. These solutions may cause damage and reduce the life of the product
- If any visible deterioration of a component is apparent (cracking, tears, etc.) the component should be discarded and replaced.

Each night before bed:

- Fill the water chamber with fresh distilled water each night before going to bed.

Once per week:

- Disinfect the water chamber and tubing with a vinegar solution.
- Wash your hands.
- Wash the water chamber and tubing with warm soapy water using a mild soap like Dove, Dial, Ivory, etc. Do not use soaps with added scents. You may want to use the same soap that you wash your face with, especially if you have sensitive skin.
- Rinse the humidifier chamber and tubing under a strong stream of warm water.
- Soak the pieces for 30 minutes in a solution of 1 part white vinegar and 3 parts water.
- Rinse the pieces very well in warm, clear water.
- Place the parts on a paper towel to dry.

Every two weeks:

- Change the white disposable filter, if present.

Once a month:

- Check the grey non-disposable filter in the machine for dust.
- Brush any dust off as needed with a dry cloth.
- Do not wash the white disposable filter!
- Change the cushion or mask.

Every three months:

- Replace the mask and tubing.

Every six months:

- Replace the mask, headgear, tubing and non-disposable filter.

I have signed the documents on behalf of _____.

(Print the Patient's Name)

Relationship to the patient: _____

The reason the patient could not sign: _____.

_____ I am authorized to sign legal, medical and financial documents on their behalf.

_____ I have a fully executed Power of Attorney to sign for the patient.

_____ The patient is being furnished equipment, supplies and services through a contract between Low Country Home Oxygen and _____.

Signature: _____

Date: ____/____/____

Print Name: _____

Address: _____

Phone: _____

LCHO Staff Signature: _____