



**Medical Equipment Rentals, Inc.**

*"Providing All of Your Home Medical Equipment Needs 24 Hours a Day, 7 Days A Week"*

# **PATIENT INFORMATION GUIDE**



**Corporate Office:**

2850 Douglas Road, 3rd Floor  
Coral Gables, Florida 33134

**Distribution Center:**

6475 NW 87 Avenue  
Miami, Florida 33166

Telephone: 305-441-0156 • 800-242-8616

Fax: 305-441-1095 • 800-282-6254

**[www.centralmedequip.com](http://www.centralmedequip.com)**

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## **WELCOME**

It is with great pleasure that we **WELCOME** you as a patient of Central Medical Equipment Rentals, Inc. We are pleased in being able to service your home medical equipment needs.

Central Medical Equipment Rentals, Inc. was established in 1982 and is headquartered in Coral Gables, Florida with a Distribution Center centrally located in Miami-Dade County. We are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The JCAHO quality standards are grounded in our continuous performance improvement concepts and these standards guide and assist us to deliver quality services.

We are dedicated to providing quality respiratory, oxygen and home medical equipment services. We are committed to supporting patients in obtaining the maximum functionality and independence possible. We will work hard to do our best to ensure the prompt delivery of equipment and services and your satisfaction. This is of utmost importance to us as well as providing education and training on the proper use and care of equipment.

This guide has been designed to provide you with a reference tool. Please refer to it as much as possible. If you should have any questions please to contact our offices at:



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## **MISSION**

Central Medical Equipment Rentals, Inc., is a patient focused, home medical equipment company dedicated to providing high quality services in a coordinated, compassionate and cost-effective manner.

## **VISION**

To become the dominant home medical equipment provider in the targeted service area, by providing and coordinating quality service to achieve prompt delivery and customer satisfaction.

## **VALUES**

Ethics and Integrity are at the heart of our operations to ensure that each patient receives the maximum benefit from our services, regardless of age, race, religion, sex or national origin.

## **REQUIREMENTS FOR SERVICE**

Services will be provided in accordance with your physician or health care provider's orders and based upon the patient's identified needs, status and the type of services required that we can provide. In order to process orders on a timely basis certain information is necessary from referring health care providers. This includes:

- Your Personal Information
  - Last and First Name,
  - Address, City, State, ZIP
  - Delivery Address if Different
  - Telephone Number,
  - SSN# and Insurance Company Information (Policy# and Group#),
  - Date of Birth,
  - Sex
- Clinical Information
  - Diagnosis,
  - Allergies,
  - Your Height and Weight,
  - Special Needs
- Specific Equipment / Supplies Which You Need
  - Specify Equipment,
- Ordering Physician Information
  - Physician name and signature,
  - Address, City, State and ZIP
  - Telephone #,
  - Fax#
  - UPIN#,

***FOR MOST DURABLE MEDICAL EQUIPMENT YOUR DOCTOR WILL HAVE TO COMPLETE A CERTIFICATE OF NEED WHICH IS REQUIRED FOR MEDICAID AND MEDICARE PATIENTS.***

## **SERVICES**

Home Medical Equipment (HME) also referred to as durable medical equipment (DME) is any equipment that provides therapeutic benefits or enables the person to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions and/or illnesses. Home Medical Equipment includes wheelchairs, hospital beds, traction equipment, canes, crutches, walkers, oxygen and other medically needed items. HME is considered to be equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose. It is generally not useful to a person in the absence of an illness or injury and is appropriate for use in the home.

Supplies are medically necessary medical or surgical items that are consumable, expendable, disposable or non-durable and appropriate for use in the recipient's home.

Central Medical Equipment Rentals Inc., specializes in a broad range of medical equipment and supplies. Professionally trained staff is committed to providing quality services to achieve the goals of prompt delivery and satisfaction. Our patient education programs place an emphasis on safety and effective use of medical equipment. Our trained distribution staff delivers the equipment, sets it up for safe and easy use and we also provide service or maintenance when required.

Our services are available **24 hours a day, 7 days a week**. Our qualified personnel is ready to respond to emergencies, answer questions, troubleshoot and fill urgent orders. **Customer Service** is our Top Priority. Providing quality customer service is the responsibility of all our employees. Our surveying methods and follow-up programs ensure that protocols are working to deliver quality services.

Examples of equipment and supplies include but are not limited to:

**Oxygen Systems** - Different options for patients that need supplemental home oxygen therapy and services are available. These options allow us to match a patient's medical and life style needs. These include: Gaseous Oxygen, Portable and Stationary Liquid Oxygen, Portable and Stationary Oxygen Concentrators

**Respiratory Equipment** – Different respiratory products and services are available. We provide a broad range of equipment from top national manufacturers. Respiratory equipment include nebulizers, continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and apnea monitors.

**Home Medical Equipment** - A broad range of home medical equipment products are carried by the company. These include ambulatory equipment and mechanisms, hospital room equipment, different accessories, stimulators, bathroom safety devices, phototherapy systems, support surfaces and different devices, pumps and supplies.

***Many different types of customized equipment are also available.***

# **PATIENT RIGHTS AND RESPONSIBILITIES**

## **Summary of the Florida Patient's Bill of Rights and Responsibilities**

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of individual dignity, and with protection of need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he does not speak English.
- A patient has the right to know what rules and regulations apply to their conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for their care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that shall deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give their consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of their rights, as stated in Florida, through the grievance procedure of the health care provider or health care facility which served him and to the appropriate state licensing agency.
- A patient is responsible for providing to his health care provider, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health.
- A patient is responsible for reporting unexpected changes in condition to his health care provider.

- A patient is responsible for reporting to his health care provider whether he comprehends a contemplated course of action and what is expected of him.

**A patient is responsible for following the treatment plan recommended by the health care provider.**

- **A patient is responsible for keeping appointment and, when he is unable to do so for any reason, for notifying the health care provider or health care facility.**
- **A patient is responsible for their actions if he/she refuses treatment or does not follow the health care provider's instructions.**
- A patient is responsible for assuring that the financial obligations of health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

**In addition, Central Medical Equipment Rentals, Inc. would like patients to understand that:**

- Rental equipment must be used with reasonable care, not altered or modified, and returned in good condition (normal wear expected).
- Rental equipment shall at all times remain the property of Central Medical Equipment Rentals, Inc.
- They should monitor and ensure they have adequate amounts of oxygen and supplies.
- **CENTRAL MEDICAL EQUIPMENT RENTALS, INC. IS NOT RESPONSIBLE FOR ACCIDENTS OR INJURIES CAUSED DIRECTLY OR INDIRECTLY BY THE USE OF THE RENTAL EQUIPMENT.**

Patients receiving services must:

- Promptly report to us any malfunction or defects in rental equipment so that repair/replacement can be arranged.
- Provide us with access to all rental equipment for repair/replacement, maintenance and/or pick-up.
- Use the equipment for the purpose so indicated and in compliance with the physician's prescription.
- Keep the equipment in their possession and at the address to which it was delivered unless otherwise authorized by Central Medical Equipment Rentals, Inc.
- Notify us of any hospitalizations or change in health insurance coverage, address, telephone number, physician, or when the medical need for rental equipment no longer exists.
- Agree to accept all financial responsibility for home medical equipment furnished.

## **PROBLEM SOLVING / CUSTOMER SERVICE**

Our patients and their satisfaction with our services is very important to us. Please ask questions if something is unclear regarding our services. The company welcomes your suggestions and comments and will conduct different surveys to ensure that your needs and expectations have been met and that you are satisfied with our services. Your response will help us ensure that we are providing quality services.

Please let us hear about your issues, you are free to voice your concerns about our policies and services and recommend changes without being subject to retribution. If you have any questions or issues regarding our services please contact us.

We are committed to responding to all inquiries on a timely basis. If you are not satisfied with the resolution, you may wish to file a formal grievance. Your written complaint will be reviewed and investigated and resolution will be made within 10 days of filing of the grievance. Central Medical Equipment Rentals, Inc. will, at all times, operate in the best interest of patients.

Please note that you may refer to your health insurance handbook for review of their procedures regarding complaints and grievances.



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## HOME SAFETY TIPS

Most falls occur at home and most fractures result from a fall at home. Falls can lead to a tragic loss of people's independence and mobility. Simple modifications to the interior of your house can cut your risk of falling.

According to the American Academy of Orthopedic Surgeons, each year, many are treated in hospital emergency rooms for injuries associated with stairs, bathtubs, furniture, carpeting and other products people live with and use every day. Many of these accidents could be prevented. Changes in furniture arrangement, housekeeping and lighting will help reduce your risk of falling at home. Use this checklist as a guide.

### Stairs and steps

- Make sure light switches are at both the top and bottom of the stairs.
- Provide enough light to see each step and the top and bottom landings.
- Keep flashlights nearby in case of a power outage.
- Install handrails on both sides of the stairway and be sure to use them.
- Do not leave objects on the stairs.
- Consider installing motion detector lights which turn on automatically and light your stairway.
- Put non-slip treads on each bare-wood step.
- Do not use patterned, dark or deep-pile carpeting. Solid colors show the edges of steps more clearly.
- Do not place loose area rugs at the bottom or top of stairs.
- Repair loose stairway carpeting or boards immediately.

### Bathroom

- Install grab bars on the bathroom walls near the toilet and along the bathtub or shower.
- Place a slip-resistant rug adjacent to the bathtub for safe exit and entry.
- Mount a liquid soap dispenser on the bathtub/shower wall.
- Place nonskid adhesive textured strips on the bathtub/shower floor.
- Use a sturdy, plastic seat in the bathtub if you are unsteady or if you cannot lower yourself to the floor of the tub.
- Stabilize yourself on the toilet by using either a raised seat or a special toilet seat with armrests.
- Replace glass shower enclosures with non-shattering material.

### Bedroom

- Clear clutter from the floor.
- Place a lamp and flashlight near your bed.
- Install night-lights along the route between the bedroom and the bathroom.
- Sleep on a bed that is easy to get into and out of.

- Keep a telephone near your bed.

### Living areas

- Arrange furniture to create clear pathways between rooms.
- Remove low coffee tables, magazine racks, footrests and plants from pathways in rooms.
- Install easy-access light switches at entrances to rooms so you won't have to walk into a darkened room in order to turn on the light. Glow-in-the-dark switches may be helpful.
- Secure loose area rugs with double-faced tape or slip-resistant backing. Recheck these rugs periodically.
- Keep electric, appliance and telephone cords out of your pathways, but don't put cords under a rug.
- Eliminate wobbly chairs, ladders and tables.
- Do not sit in a chair or on a sofa that is so low it is difficult to stand up.
- Place carpeting over concrete, ceramic and marble floors to lessen the severity of injury if you fall.
- Repair loose wooden floorboards immediately.

### Kitchen

- Remove throw rugs.
- Immediately clean up any liquid, grease or food spilled on the floor.
- Store food, dishes and cooking equipment at easy-to-reach waist-high level.
- Don't stand on chairs or boxes to reach upper cabinets. Use only a step stool with an attached handrail so you are supported.
- Repair loose flooring.
- Use nonskid floorwax.

## EMERGENCY PREPAREDNESS

In the event of an emergency or disaster, we have a Business Continuation Plan that will be put into effect in order to continue **necessary** patient services. The purpose of this Business Continuation Plan is to help prevent, when possible, events that could disrupt our business and its ability to provide services. It also minimizes the impact of any disruption by containing it within a predictable and predetermined period of time. We have established preventive controls, contingency resources, and procedures administered by a formal internal management team to ensure the continuance of business operations.

Disasters typically give little warning and can leave confusion and devastation in its wake. By evaluating your needs and the resources available prior to a disaster you will be better prepared. In all cases advance preparation and planning are the keys to survival. The State of Florida has created the Family Preparedness Guide that can be down loaded at

[www.doh.state.fl.us/familyprepare.pdf](http://www.doh.state.fl.us/familyprepare.pdf). This guide can assist you and your family in preparing for emergencies.

## **HURRICANES**

Florida has quite a history with hurricanes. Florida is very vulnerable to Hurricanes because it is near the tropics and westerly winds blow off the African coasts along the equator. If you have special medical needs and require medical treatment, special care, or are on electricity dependent medical equipment, you should contact your local emergency management office for guidance. A registry is maintained by each county's office of Emergency Management to provide transportation assistance to public shelters. This service is intended for persons who would have no other means of evacuation due to physical or psychological limitations. In addition, if you are on electricity dependant medical equipment we encourage you to contact Florida Power and Light and enroll in the medical essential services program. Although this program does not assign electricity priority status or guarantee electricity during a power outage, it does alert the field staff of your special needs and this program may provide other values as far as your electric bill. These telephone numbers can be found in the Important Telephone Numbers section of this handbook.

Know in advance if you are in an evacuation zone. If you are in a high-rise building or a home without protection, you should plan to evacuate to a safer location. Know where you will go, how you will get there, and what you will need to take with you. Alternatives may include staying with relatives or friends outside the evacuation zone. Another alternative is relocating outside the storm area if you have transportation available. Remember that interstate routes will be crowded and flights will be filled quickly. Another alternative are Red Cross shelters. These are public shelters, usually in public schools, which are open to anyone seeking refuge. They do not provide cots, privacy, or quiet. Simple meals or snacks may be available. However, RED CROSS SHELTERS DO NOT PROVIDE MEDICAL CARE. If you have special medical needs and require medical treatment, special care, or are on electricity dependent medical equipment, you should contact your local emergency management office for guidance.

**IMPORTANT NOTE:** Central Medical Equipment Rentals, Inc. will coordinate delivery of additional oxygen tanks to those patients that choose not to evacuate as long as they do not reside in an evacuation zone. We will not make deliveries to evacuation zones during a Hurricane Watch.

## **FIRE PREVENTION TIPS**

- Make sure you know your emergency 911 procedures.
- Install smoke detectors on every level of your home, in hallways and outside of sleeping areas.
- Test every detector at least once a month. [See your instruction book for the location of the test button.]
- Keep smoke detectors dust free. Replace batteries with new ones at least once every 6 months, or sooner if the detector makes a chirping sound.
- If you have a smoke detector directly wired into your electrical system, be sure that the little signal light is blinking periodically. This tells you that the alarm is active.
- Inexpensive smoke detectors are available for the hearing impaired.

- Fire extinguishers should be mounted in the kitchen at least 10 feet from stove and on exit side of the kitchen, garage, or workshop.
  - Purchase an ABC type extinguisher for extinguishing all types of fires.
  - Learn how to use your fire extinguisher before there is an emergency.
  - Use an extinguisher on small fires only. If there is a large fire, get out immediately and call 911 from another location.
  - Develop an emergency exit plan from each room in your home.
  - Never use elevators in a fire emergency
- 
- Never leave home with the clothes dryer running.
  - Dryers must be vented to the outside, not into a wall or attic.
  - Clean the lint screen frequently to keep the airway clear.
  - Never put in synthetic fabrics, plastic, rubber, or foam because they retain heat.
- 
- Make sure extension cords are not frayed or worn. Do not run it under a rug or twist it around a nail or hook.
  - Eliminate use of "octopus" outlets, outlet extensions that accommodate several plugs.
  - Do not use light bulb wattage which is too high for the fixture. Look for the label inside each fixture which tells the maximum wattage.
  - Check periodically for loose wall receptacles, loose wires, or loose lighting fixtures. Sparking means that you've waited too long.
  - Allow air space around the TV to prevent overheating. The same applies to plug-in radios and stereo sets, and to powerful lamps.
  - If a circuit breaker trips or a fuse blows frequently, immediately cut down on the number of appliances on that line.
  - Be sure all electrical equipment bears the Underwriters Laboratories (UL) label.
  - In many older homes, the capacity of the wiring system has not kept pace with today's modern appliances. Overloaded electrical systems invite fire. Watch for these overload signals: dimming lights when an appliance goes on, a shrinking TV picture, slow heating appliances, or fuses blowing frequently. Call a qualified electrician to get expert help.
- 
- Never pour water on a grease fire; turn off the stove and cover the pan with a lid, or close the oven door.
  - Keep pot handles on the stove pointing to the back, and always watch young children in the kitchen.
  - Don't store items on the stove top, as they could catch fire.
  - Keep kitchen appliances clean and in good condition, and turn them off and disconnect them when not in use.
  - Don't overload kitchen electrical outlets and don't use appliances with frayed or cracked wires.
  - Wear tight-fitting clothing when you cook. Your bathrobe, apron, or loose sleeve may catch fire.
  - Be sure your stove is not located under a window in which curtains are hanging.
  - Clean the exhaust hood and duct over the stove regularly. and wipe up spilled grease as soon as the surface of the stove is cool.
  - Operate your microwave only when there is food in it.
- 
- Keep lighters and matches out of the reach of children.

- Never leave children unattended with fire or space heaters.
- If youngsters live with you or stay overnight occasionally, be sure that they know how to escape from every room and are part of your emergency exit plan
- Never smoke in bed or when oxygen equipment is being used.

### **FLOOD SAFETY TIPS**

Be aware of flood hazards, especially if you live in a low-lying area or near water. Know your area's flood risk--if unsure, call your local Red Cross chapter or Emergency Management Office.

- If it has been raining hard for several hours, or steadily raining for several days, be alert to the possibility of a flood.
- Listen to local radio or TV stations for flood information.
- Try to prepare a family disaster plan and make sure you check your insurance to determine if it covers flooding.
- Try to assemble a disaster kit, this may include medications, water, battery-powered radio, flashlight, and extra batteries.
- Identify where you could go if told to evacuate. Choose several places . . . a friend's home in another town, a motel, or a shelter.
- Be alert to signs of flash flooding and be ready to evacuate on a moment's notice.

**CALL YOUR LOCAL RED CROSS CHAPTER FOR ADDITIONAL MATERIALS IN BOTH ENGLISH AND SPANISH (REFER TO IMPORTANT TELEPHONE NUMBERS SECTION OF THIS GUIDE), OR LOG ON TO THEIR WEBSITE AT [www.redcross.org](http://www.redcross.org).)**

## **PAYMENT FOR SERVICES**

Our organization will verify your insurance eligibility and benefit coverage when we receive your physicians or health care provider's prescription/order. Your financial responsibility will depend on your benefits. Some insurers offer a maximum financial coverage for certain services and some call for patients to share in the cost of services by adding copayments, deductibles and coinsurance.

We are contracted with most managed care plans and accept payment for services from them directly. We also accept payment for services from Medicare, Medicaid, Workers Compensation, private insurance and private pay.

**If you are a member of a contracted managed care plan there is usually no cost to you for most services, if you are eligible. Please review your benefit plan for a detailed description of your benefits, copayments, deductibles and coinsurance.**

If you have any questions about charges or insurance billing please call our office.

## **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 our Privacy Officer:**

**Mrs. Mayra R. Campuzano  
2850 Douglas Road, 3<sup>rd</sup> Floor  
Coral Gables, FL 33134  
Tel: 305-441-0156 / 1-800-242-8616  
Fax: 305-441-8188**

#### **WHAT DOES A NOTICE OF PRIVACY PRACTICES TELL YOU:**

The 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" (PHI) 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 the office and requesting that a revised copy be sent to you in the mail.

#### **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION WHICH IS PRIVATE**

We understand that information we collect about you and your health is personal. We are committed to protecting your health information and following all laws regarding the use of your health information.

#### **Uses and Disclosures of Protected Health Information**

Your protected health information is usually sent to us by your physician, physician's office staff or others outside of our office that are involved in your care and treatment, for the purpose of providing and coordinating the delivery of home medical equipment and supplies to you. In turn we use this information to receive payment for the services provided and to support the operations of Central Medical Equipment Rentals, Inc.

The following are examples of the types of uses and disclosures of your protected health care information that Central Medical Equipment Rentals, Inc. is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your protected health information to coordinate and provide or manage the delivery of home medical equipment and supplies. This may include the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to providers or suppliers who may be called upon to assist us with providing service to you. We may also disclose protected health information to physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information.

**Payment:** Your protected health information will be used, as needed, to obtain payment for services provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services provided such as; making a determination of eligibility or coverage for insurance benefits, reviewing services for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a customized wheelchair may require that your relevant protected health information be disclosed to the insurance carrier to obtain approval.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of the organization. These activities include, but are not limited to, accreditation activities, quality assessment activities, employee review activities, training, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

We may use or disclose your protected health information, as necessary, to contact you to schedule delivery, or pick up of equipment or supplies, as well as to verify the continued use of such.

We will share your protected health information with third party “business associates” that perform various activities. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, we may send you information about products or services that we believe may be beneficial to you. We may also send you other material from time to time including surveys.

**You may contact our Privacy Officer to request that these materials not be sent to you.**

We may use or disclose your demographic information and the dates that you received services, in order to contact you for fundraising activities supported by our office. If you do not want to **receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.**

In addition, our office may publish in newsletters or post letters of appreciation and other holiday cards received from patients in lobby bulletin boards or other general areas.

#### **WHAT IF MY INFORMATION NEEDS TO GO SOMEWHERE ELSE:**

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

#### **COULD MY HEALTH INFORMATION BE RELEASD WITHOUT MY PERMISSION:**

We may use and disclose your protected health information in the following instances.

**To others involved in your health care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition as directed by you. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status or location.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object:**

We may use or disclose your protected health information in the following situations without your Authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. These activities generally include the following: prevent or control disease, injury or disability, to notify people of recalls of products they may be using, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, to report abuse or neglect or domestic violence.

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

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises, and (6) medical emergency and it is likely that a crime has occurred.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

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

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe 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 the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or

apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (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 services. We may also disclose your protected health information 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 protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: **Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance.**

<b>YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:</b>
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**You have the right to inspect and copy your protected health information.** Usually this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Under Federal law, however, you may not inspect or copy information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

**Central Medical Equipment Rentals, Inc.** is not required to agree to your restriction request, especially if it believes it is not in your best interest. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. To request restrictions, please make request in writing to our Privacy Officer. Please indicate what information you want to limit, whether you want to limit use or disclosure or both and to whom you want the limits to apply, for examples, disclosures to your spouse.

**You have the right to request to receive confidential communications from us by alternative**

**means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to our Privacy Officer indicating how or where you wish to be contacted.

**You may have the right to have your physician or health care provider amend your protected health information.** This means you may request an amendment of protected health information if you feel that medical information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as we maintain the information. An amendment request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request if it is not in writing or does not include a reason to support the request, the information was not created by us, is not part of information kept by us, is not part of information which you would be permitted to inspect and copy or information is accurate and complete. You have the right to file a complaint in writing and we will prepare a written response to your complaint. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

#### **QUESTIONS AND COMPLAINTS:**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Mayra R. Campuzano at 305-441-0156 or 1-800-242-8616 for further information about the complaint process.

**This notice was published and becomes effective on April 14, 2003**

## **IMPORTANT PHONE NUMBERS**

### **PATIENT INFORMATION**

<b>PHYSICIAN</b>	
<b>PHARMACY</b>	
<b>HOSPITAL</b>	
<b>POLICE, FIRE, AMBULANCE</b>	<b>911</b>
<b>CENTRAL MEDICAL EQUIPMENT RENTALS, INC.</b>	<b>305-441-0156</b> <b>800-242-8616</b>

### **EMERGENCY MANAGEMENT OFFICES**

<b>Miami-Dade County</b>	<b>305-468-5400</b> <b>305-468-5402 TDD</b>
<b>Broward County</b>	<b>954-831-3900</b>
<b>Monroe County</b>	<b>305-289-6018</b>
<b>Palm Beach County</b>	<b>561-233-3500</b>

### **EMERGENCY EVACUATION ASSISTANCE**

Patients requiring assistance with daily activities, disabilities or with medical equipment that is electrically dependant should register as soon as possible.

<b>Miami-Dade</b>	<b>305-513-7700</b> <b>305-486-5402 TDD</b>
<b>Broward</b>	<b>954-537-2888</b>
<b>Monroe</b>	<b>305-292-4591</b>
<b>Palm Beach</b>	<b>407-233-3500</b>
<b>Deaf Services Bureau</b>	<b>305-668-3323 TDD</b>

### **FLORIDA POWER AND LIGHT**

<b>CUSTOMER SERVICE CENTER</b>	<b>305-442-8770</b>
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### **REPORTING ABUSE, NEGLECT OR EXPLOITATION**

<b>STATE AUTHORITIES</b>	<b>1-800-96-ABUSE</b>
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**DISASTER HOTLINES**

<b>Miami-Dade Answer Center</b>	<b>305-468-5900 305-468-5402 TDD Bell South Mobility Customers Dial: *OEM(636)**</b>
<b>Haitian Support, Inc.</b> (Provides general human services assistance, community information and disaster information in Creole)	<b>800-443-2951</b>
<b>State of Florida Emergency Information Line</b>	<b>800-342-3557 TTY: 800-226-4329</b>
<b>City of North Miami Beach</b>	<b>305-919-0892</b>
<b>City of Miami</b>	<b>305-579-1800</b>
<b>City of Miami Beach</b>	<b>305-673-7222</b>
<b>Broward County</b>	<b>954-831-4000</b>
<b>Monroe County</b>	<b>800-955-5504</b>
<b>Palm Beach County</b>	<b>407-233-3500</b>

**AMERICAN RED CROSS**

<b>Miami-Dade and Monroe County</b>	<b>305-644-1200</b>
<b>Broward</b>	<b>954-763-9900</b>
<b>Monroe County (Upper Keys)</b>	<b>305-852-9612</b>
<b>Monroe County (Lower Keys)</b>	<b>305-296-4033</b>
<b>Palm Beach</b>	<b>561-833-7711</b>

**AMERICAN LUNG ASSOCIATION OF FLORIDA**

<b>Better Breathers Club</b> (Club meetings are a series of educational meetings for persons with chronic breathing problems such as: asthma, emphysema, chronic bronchitis and COPD (Chronic Obstructive Pulmonary Disease). The programs purpose is to improve the participant's sense of well being and quality of life. Research has shown that people with proper education and support are better able to manage their health care costs.)	<b>(904) 743-2933 * (800) 940-2933 * Fax (904) 743-2916</b>  <b>Area offices are located throughout the state. To locate the office nearest you, click Contact Us or call 1-800-LUNG-USA.</b>  <b>Visit the American Lung Association® national website at <a href="http://www.lungusa.org">www.lungusa.org</a></b>
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