



Home Infusion Welcome Packet



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Welcome

Welcome to ECU Health Home Infusion. It is a privilege to provide you with all your home infusion needs.

Our dedicated pharmacy staff understands that your medical condition is complex and that there is a lot to know when working with your doctor and insurance company. To ensure that you get the most benefit from your therapy, we offer:

- Access to clinical staff 24 hours a day, 7 days a week
- Training, education and counseling
- Free medication delivery and medication refill reminders
- Equipment and pump management
- Coordination of prior authorization (pre-approval) with your insurance plan
- Assistance with enrollment in programs to help with the cost of your medication

We look forward to providing you with the best service possible. Thank you for choosing us!

Sincerely,
Your ECU Health Home Infusion pharmacy team

About Us



Location

**ECU Health Home Infusion Pharmacy at
ECU Health Medical Center**
524 Moye Blvd., Greenville, NC 27834

252-816-3088

Hours of Operation

Monday-Friday 8:30 a.m.-5:00 p.m.
Saturday-Sunday On-call staff only

Mission

To improve the health
and well-being of eastern
North Carolina

Vision

To become the national model
for rural health and wellness by
creating a premier, trusted
health care delivery and
education system

Values

Integrity • Compassion
Education • Accountability
Safety • Teamwork

Home infusion pharmacy

Home infusion is the administration of intravenous (through a vein) medication from the convenience of your own home. It is a safe and effective alternative to traditional infusions in an inpatient setting for many medical conditions and therapy types.

A dedicated team of professionals will be monitoring your therapy throughout your time with us. If a clinical emergency comes up, we are on-call 24 hours a day to help you.

If you have any questions about your medicine, call 252-816-3088 to speak to a pharmacist.

Ordering your medication

A pharmacy team member will call you weekly to confirm inventory and supplies needed for your upcoming delivery. If you want to contact us to order supplies or a medication refill, please call 252-816-3088.

To ensure that we are providing you with the resources you need for your infusion therapy, please provide a count of your supplies each week. Your home care nurse will teach you how to count and record what you have.

Our pharmacy will also call to let you know when your medication, equipment or supplies will be delivered.

Storage of medication and supplies

- Store all supplies away from children and pets.
- Do not store supplies on the floor.
- Look at the label on all medicine and solutions for storage instructions.
- If your medicine needs to be refrigerated, clear and clean a dedicated area in your refrigerator to store it. Please keep your medication away from food and spills.
- Place refrigerated medicine in your refrigerator as soon as possible after it arrives.
- Place new medicine behind any previously delivered medicine you may still have in your refrigerator.
- Keep non-refrigerated items in a cool, dry place away from direct sunlight and above freezing temperatures.
- During extreme winter weather, your delivery may contain *room temperature* ice packs to keep your medicine from freezing.

Proof of delivery

The packing slip included in your delivery package has an itemized list and quantity of medication and/or supplies you have received.

It also serves as proof of delivery and is included as part of your medical record in the event that your insurance provider requests this information. Insurance providers can audit medical records at any time for proof of delivery and can deny reimbursement if proof of delivery is not available.

If delivered by a driver, you must sign, date and return the packing slip to the delivery person. If your delivery was left at your door without a signature, the packing slip must be signed, dated, and returned as soon as possible.

If you do not sign and return packing slips promptly, we will not be able to leave future deliveries at your door without a signature. Someone will have to be available at the time of delivery to accept and sign the packing slip.

Disposal of medication and supplies

- Discard all used needles and syringes with needles in the provided red sharps container. Needles with a safety device can be double-bagged and placed in household garbage.
- Double-bag all drugs, used medication bags/ cassettes, syringes without needles, tubing, soiled dressings, bandages, and gloves and discard in household garbage.
- Once your red sharps container is $\frac{3}{4}$ full, place it in its original postage-paid box and take it to your local post office. The box will be shipped to the proper disposal site.

Medication recalls

From time to time, the FDA or a drug manufacturer will initiate a medication and/or supply “recall” when there is an identified safety risk to the patient. Your pharmacy team monitors for recalls daily. If any of your medications are recalled, we will follow the directed actions from the FDA or the manufacturer. A staff member from the ECU Health Home Infusion pharmacy will notify you and your prescriber of the recall. If you suspect that your medication has been recalled by the FDA, please contact ECU Health Home Infusion to speak with a pharmacist about the correct actions to take. We will work with you and your doctor to find a solution and arrange delivery of new medication and/or supplies so that your treatment will not be interrupted.

Return of medication, supplies and pump

North Carolina State Board of Pharmacy prohibits the return of any medicine or supplies to ANY pharmacy for credit and/or reuse for another patient.

Supplies sent to your home are specific to your therapy and cannot be reused. Any extra supplies can stay with you, be discarded at your home, or donated to a local hospice or nursing agency.

Thermal coolers and ice packs cannot be returned. Our pharmacy delivery staff cannot remove these items from your home due to safety and infection control standards.

IMPORTANT: Do not throw away your infusion pump or accessories.

Pumps and accessories such as power packs, IV pole clamps, etc. are loaned to you for your use while receiving home infusion therapy. When your treatment is complete, all equipment must be returned to our pharmacy.

If you do not return these items, you may be asked to pay for them.

If you need to have your pump picked up, please call 252-816-3088 to speak with a member of the ECU Health Home Infusion team.

Hand washing and hand sanitizers

Hand hygiene is one of the most important steps you can take to avoid getting sick and spreading germs to others. Many illnesses and conditions are spread by not washing hands with soap and clean, running water. Proper hand washing includes scrubbing the backs of your hands, between fingers, and under nails.

Always wash your hands before getting your medication ready.

If clean, running water is not available, use soap and any available water. If soap and water are unavailable, use an alcohol-based hand sanitizer with at least 60% alcohol.

Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do NOT eliminate all types of germs and are NOT effective when hands are visibly dirty.

Infection control

It is important to notice problems as soon as possible to prevent complications. Look at your IV site daily for signs of infection and report any suspected infection to your nurse immediately. These include:

- Pain
- Redness
- Swelling
- Warmth
- Drainage where the catheter enters your skin

Never use medicine or supplies with evidence of damage, leaks, discoloration, visible particulate matter or if medicine is past the expiration date on the label.

Always prep injection caps with alcohol, or another antiseptic given, prior to accessing the catheter, as taught by your nurse.

If your IV catheter becomes loose and is no longer secured correctly, this can lead to complications or an infection. Contact your nurse right away.

For all medical emergencies, call 911.

Clinicians with proper CPR training may perform resuscitative measures if there is a medical emergency in the home. Non-clinician staff will respond to medical emergencies in the home by accessing “911” services.

Emergencies and environmental disasters can happen at any time. We will make every effort to continue services without interruption and to let you know where your delivery is during these emergencies. Please listen to radio and television for weather updates and emergency information/instructions.

Environmental safety

- Repair or remove torn, worn or frayed carpeting.
- Rugs, runners, and mats should be rubber-backed or secured to the floor with double-sided tape or rubber matting.
- Secure handrails and hand grips.
- Use a sturdy step stool to reach items on high shelves.
- Always store heavy items on lower levels.

Fire and electrical safety

- Replace frayed cords.
- Do not place cords under furniture or rugs. Do not overload extension cords.
- Electrical outlets should be grounded.
- Do not use multiple outlet adaptors on electrical outlets.
- Do not use an outlet if it sparks, if smoke appears, or if it is very warm.
- Always keep flashlights and extra batteries on hand.
- Fire regulations recommend one smoke detector on each level of the home.
- Check the batteries in smoke detectors often.
- Develop an evacuation plan to exit your home in the event of fire.
- Establish clear pathways to all of the exits. Do not block exits with furniture or boxes.
- Have a key accessible near deadbolt-locked doors.
- Have chimneys inspected yearly to avoid unsafe build up.
- Do not leave kerosene heaters, wood stoves and fireplaces unattended while in use.
- Do not smoke in bed.

Weather-related emergency tips

Winter Storms

- Keep an emergency supply of food and water in your home.
- Conserve energy; close unused rooms.
- Dress warmly and in layers.
- Use caution when using kerosene or electric heaters.

Flooding

- Go to high ground immediately; avoid areas that tend to flood.

Hurricanes

- Create an evacuation plan.
- Keep an emergency supply of food and water in your home.
- Know the hazards where you live. Have a way to monitor severe weather and receive emergency alerts.

Tornadoes

- Be prepared to move to the basement. If there is no basement, go to the lowest level, in a bathroom, closet, inner hallway, or under the stairs.
- Stay away from doors and windows.

Power Outages

- If your equipment is run by A/C current with a battery back-up, call the electric company to let them know of your need for priority restoration of power.
- Always keep extra alkaline batteries for your infusion pump.
- Inform us of any power outages lasting longer than six hours; we may be able to deliver a recharged battery or pump.
- Fill an ice chest with ice to store all refrigerated medicine.

In addition to education materials to help you learn about your therapy and how to administer it, patient education videos are available upon request.

Please note, not all therapies and pumps are covered in these videos. We are continually adding new videos, but please only use those that pertain to your therapy and/or pump.

Troubleshooting with infusion therapy

Central venous catheter associated complications

There are different types of venous access, including a PICC (peripherally inserted central catheter), the Hickman (tunneled central catheter), ports, midlines, and peripheral lines. Your home care nurse will check your IV line and teach you how to care for it. Depending on the type of line you have, it may also be used to get blood samples for lab studies. As with any type of treatment, there are certain problems that can happen.

PROBLEM	POSSIBLE CAUSE	WHAT TO DO
Accidental removal of the catheter from the chest	The catheter is no longer in place. THIS REQUIRES AN EMERGENCY RESPONSE.	Apply firm pressure to the exit site and chest area above it with a gauze dressing or clean washcloth, then call 911.
Shortness of breath, coughing, fast heart rate	These are signs of a possible blood clot or pulmonary embolus. THIS REQUIRES AN EMERGENCY RESPONSE.	Clamp your catheter, then lay down on your left side with head flat and feet up. Stay in this position while your caregiver calls 911.
Swelling or pain in your neck, shoulder, face or arm on the side of the catheter	THIS REQUIRES AN EMERGENCY RESPONSE.	Stop using your catheter and make sure it is clamped. Call 911 and your nurse or doctor right away.
Accidental catheter movement or complete removal of the catheter from the arm	If the catheter appears longer, if a “cut” is visible at the exit site, or if the catheter is no longer working then it may be displaced.	Do not use the catheter. If it seems loose, tape it to your skin. If you are bleeding or the catheter is completely out of your arm, apply clean gauze and pressure to the site and call your nurse or doctor right away.
Pain, redness, warmth, swelling or pus-like drainage where catheter enters your skin	These are signs of an infection.	Stop your infusion. Do not start a new infusion. Call your nurse or doctor right away.
Unexplained fever and/or chills	This is a sign of a possible infection or a drug reaction.	Stop infusion or do not start infusion. Call your nurse or doctor right away.

Education & Troubleshooting

PROBLEM	POSSIBLE CAUSE	WHAT TO DO
Fluid leaking from catheter or at intravenous (IV) site	There may be a loose connection or there may be damage to the catheter, such as a hole or crack.	Check the connection and tighten it. If leaking continues, stop your infusion – do NOT flush the line. Clamp the catheter as close as possible to the insertion site. If necessary, pinch or fold it to clamp it. Some catheters can be repaired. Cover the hole or crack with sterile gauze. Call your nurse or doctor immediately. Never use scissors or sharp objects near your catheter.
Blood in catheter or tubing	Some blood may be normal. There may be a loose connection or your IV bag may not be high enough.	Check and tighten connections. Raise the bag. If your medication does not infuse or if blood does not clear from the line, flush the line with saline. If you are unable to flush the catheter, call your nurse or doctor immediately.
Difficulty flushing the catheter	The catheter may be clamped, or your catheter could have a blood clot; this can be treated.	Make sure the catheter is not clamped. Change your position by raising your arms, lying down, coughing, or taking a deep breath. If you still cannot flush the catheter, stop using it and call your nurse. Never use force to flush the catheter.
Skin rash or itching, swelling of face, hands or eyelids, fever, and wheezing or shortness of breath may occur.	These are signs and symptoms of an allergic reaction.	Stop infusion, clamp the catheter, and do not restart infusion. If severe reaction or if symptoms worsen, call 911. Otherwise, call your nurse or doctor immediately.

Standard supplies from ECU Health Home Infusion may include, and are not limited to:

- Welcome handbook, patient education sheet for administration, and medication information sheet
- Alcohol wipes and gloves
- Syringe tip cap (end cap for syringes & tubing)
- Tubing/filters
- Pumps per therapy plan of treatment with batteries & carrying pouch for continuous infusions
- Injection caps (IV line caps - Neutral Pressure)
- IV pole for gravity & dial-a-flow therapies
- Paper tape
- Saline & Heparin flushes per catheter care protocol and patient plan of care
- Vented spike adapter for glass bottle infusions

Peripheral

- IV start kit
- 8in extension tubing (changed with each new IV insertion)
- IV Catheter - Insyte w/ wing notch
- 24G x ¾ in (other gauges available upon request)

PICC

- Dressing change kit
- Securement dressing
- Securement device
- 12in extension tubing (to be changed with each dressing change)

Port

- Dressing Change kit
- Safety Huber needle (no side port)
- 22G x ¾ in
- 22G x 1 in

Available by request

- Biopatch
- Statlock
- Stockinette
- Alcohol caps
- Additional securement devices
- Dressing products for allergy and size needs
- Port Sorbaview dressing
- Betadine and alcohol for chlorhexidine allergy
- Power injectable Huber needles

Complaints and grievance process

At ECU Health, your experience – the experience of patients and families we serve – is our top priority. If you have any concerns with your medication, the services we provide, or any other problems with your order, please call 252-816-3088 and ask to speak with a supervisor – we are always open to hear your concerns.

As part of our formal complaint process, we will review your concerns and open an investigation within 48 hours. Our team will provide an initial update within five business days and we will make every effort to resolve your complaint within 14 days, at which time we will notify you in writing as to the results of our investigation.

You have a right to file a grievance directly with the NC Department of Health and Human Services, Division of Health Service Regulation, formerly known as the Division of Facility Services.

- Call toll free **800-624-3004**
- Mail your information to their offices: **2711 Mail Services Center, Raleigh, NC 27699-2711**

If you are a Medicare beneficiary, you have the right to refer a concern about the quality of your care.

- Call toll free **844-455-8708**

File a complaint about Medicare by contacting

- The Office of the Medicare Beneficiary Ombudsman on its website, www.Medicare.gov/Claims-and-appeals/medicare-rights/get-help/ombudsman/html.
- Toll-free telephone numbers:
800-MEDICARE (800-633-4227), TTY service is available at **877-486-2048**
- Written inquiries:
Medicare Beneficiary Contact Center, PO Box 39, Lawrence, KS 66044

You may also contact the state Board of Pharmacy or other program accreditation bodies as needed.

North Carolina Board of Pharmacy

Call 919-246-1050 or visit NCBOP.org

Accreditation Commission for Health Care

Call 919-785-1214 or visit ACHC.org

Tell Us Now

If you feel that, after sharing your concerns, you still need additional assistance, please contact the Office of Experience at 252-847-8355. You may access our *Tell Us Now* service seven days a week, 24 hours a day. To access *Tell Us Now*, you may

- Email us at ContactOurTeam@ECUHealth.org
- Call us at **252-847-TELL (8355)**
- Text us at **252-917-9284**

Patient bill of rights and responsibilities

As a patient being served by our organization, you have the right to:

- Be fully informed of your rights and responsibilities and the right to exercise your rights while receiving service in the home.
- Your family/guardian(s) have the right to exercise your rights in the event you are unable to.
- Choose a health care provider.
- Be informed of anticipated outcomes of care and of any barriers to outcome achievement.
- Give your consent and have your questions answered prior to the start of any care or treatment.
- Be fully informed of services to be provided, disciplines that will furnish care and the frequency of visits to be furnished.
- Be informed of company's scope of services and care limitations.
- Receive appropriate care in accordance with physician's orders without discrimination.
- Be given proper identification by name and title of persons providing health care and/or service to you.
- Be treated with courtesy, respect for property and person, and be free from mistreatment, neglect and/or physical, verbal and mental abuse.
- Be informed, both verbally and in writing, in advance of care being provided, of the charges, including payment expected from third parties, and if you will be responsible for any payment.
- Participate in the development and periodic revision of your plan of care/services.
- Have your medical records treated with privacy and confidentiality.
- Be informed of the company policy regarding privacy and disclosure of protected health information.
- Refuse treatment and be informed of the consequences of your decision.
- Formulate advance directives for health care.
- Voice grievances/complaints with and/or suggest changes in health care services without being threatened, restrained or discriminated against. Grievances will be acknowledged within 48 hours and investigated confidentially.

- Be informed of any financial benefits to our organization when referred to another organization.
- Request and receive information regarding treatment, services, or costs thereof, privately, and confidentially.
- Receive instructions on handling drug recall.

As a patient being served by our organization, you have the responsibility to:

- Give accurate and complete information concerning your health, particularly if it may affect your current plan of care/services.
- Remain under your physician's care while receiving services from our organization.
- Notify the company of any concerns regarding care/services provided.
- Request further information concerning anything you do not understand regarding your ordered treatment and care.
- Report any changes in your insurance benefits information and acknowledge financial responsibility for any balance owing on your account.
- Communicate any changes in contact information, health status or treatment and to notify the patient management program of changes in this information.
- Submit any forms that are necessary to receive services or participate in the patient management program.
- Maintain any equipment provided to you (if applicable) and return said equipment to us.
- Accept responsibility for your actions, if refusing treatment or not complying with the prescribed treatment and services.
- Respect the rights of pharmacy personnel.
- Notify your physician and the pharmacy of any potential side effects and/or complications.
- Notify us via telephone when medication supply is running low.
- Notify your treating provider of your participation in the patient management program, if applicable.

Patient consent and assignment of benefits

Consent to treatment

I hereby request services of ECU Health Home Infusion and I consent to such care, treatment, medications and procedures as are ordered by my physician and my physician's associates to be provided by ECU Health Home Infusion.

I understand that ECU Health Home Infusion must provide care and services in accordance with a physician's instructions. I also understand that if I am in a condition to need hospitalization or special services during my care, which are not provided by ECU Health Home Infusion the services and hospitalization must be arranged by me/my legal representative, or my physician, and are my responsibility.

Medical information release authorization

I hereby authorize release of all records pertaining to my medical history, treatment, or payment information to an agent of ECU Health Home Infusion, which are required for the provision of treatment, payment, or healthcare operations.

I also authorize the review of my medical records by any local, state, or federal regulatory agency and accrediting bodies.

I understand that verbal communication regarding my care may be discussed via cellular phone which can be considered a non-secure line.

Liability release and use of equipment notice

NOTE: The following statement may not apply to your therapy, i.e., the use of medical equipment. Please disregard all statements that do not apply to your therapy or plan of treatment.

I understand that there are risks known and unknown associated with the use of all medical equipment, supplies, drugs, access devices, and the administration of medication. I further understand that because I am using the drugs, devices, equipment and/or supplies at home, immediate emergency medical attention may not be available for any complications, injuries, or adverse results that may occur in connection with their use. I recognize my obligation to return any rented equipment after the termination of my therapy or in the event that the equipment received is no longer necessary and I promise to do so. In addition, I hereby authorize my payer and/or physician to release any personal information to ECU Health Home Infusion to assist in locating the equipment in the event it is not returned. I agree to pay ECU Health Home Infusion for the cost of rental equipment if I fail to return it to ECU Health Home Infusion upon completion of therapy or discontinued use.

Assignment of insurance benefits and release of information

I hereby authorize my public and/or private insurance company or fund responsible for payment of my care, if applicable, to pay benefits on my behalf directly to ECU Health Home Infusion for any products and services, including physician services, furnished to me by ECU Health Home Infusion.

I also authorize ECU Health Home Infusion to request, on my behalf, all public or private insurance benefits for products or services provided to me by ECU Health Home Infusion.

I agree to inform ECU Health Home Infusion of any change in my status, including but not limited to change of address, admission to hospital or nursing facility, any change that affects third party payments or my own ability to pay for products and services prescribed by my physician and rendered by ECU Health Home Infusion.

Receipt of admission information

Prior to admission to homecare, I have received, read, or had explained to me, been afforded the opportunity to discuss, and acknowledge the receipt of the following documents and/or information:

- Patient Bill of Rights and Responsibilities
- Emergency Preparedness Plan
- Medicare Supplier Standards
- Treatment and Therapy information
- Notice of Privacy Practices
- Ability to participate in my plan of care
- 24-hour clinical support
- How to file a complaint by calling (252)-816-3088.
- Advance Directive information
- How therapy will be paid for and any financial responsibility

Making medical decisions in advance about your care and treatment

Your rights as a patient in North Carolina

In the event you become too sick to make decisions for yourself, it is important to have advance directives in place to ensure your wishes are honored. Advance directives are legal documents that give instructions to health care providers about the kind of treatment you want to receive if you are not able to communicate with your health care team.

North Carolina law provides three kinds of advance directives: living will, health care power of attorney and advance instruction for mental health. If you have questions about advance directives, please talk to a member of your health care team.

What is an “advance directive”?

An Advance Directive is a legal document that an individual prepares in advance. If needed, it is used to dictate what you do or don't want if you are faced with a health crisis and are unable to communicate for yourself.

If you would like to create an advance directive, contact your Primary Care Provider for more information or utilize the Advance Care Planning Toolkit.

What is a “living will”?

In North Carolina, a “living will” is a written document that describes the kind of “life-prolonging treatment”

When does a “living will” take effect?

A “living will” only takes effect when (1) your doctor has a copy of it; and (2) your doctor has concluded that you are “incompetent” and therefore no longer able to make decisions about the medical care you wish to receive; and (3) your doctor and a second doctor has determined that you are in a “terminal condition” or in a “state of permanent unconsciousness”.

In North Carolina, a living will lets you state your desire not to receive life-prolonging measures in any or all of the following situations:

- You have a condition that is incurable that will result in your death within a short period of time.
- You are unconscious, and your doctors are confident that you cannot regain consciousness.
- You have advanced dementia or other substantial and irreversible loss of mental function.

To whom should I give my “living will”?

You should give a copy of your “living will” to your doctor, hospital, or other health care provider. The law requires your doctor or other health care provider to ask you if you have an advance directive. If you give a copy of your “living will” to your doctor or other health care provider, that document must be made a part of your medical record.

Durable powers of attorney for health care

A “durable power of attorney” for health care is a document which allows you to name another person to make certain medical decisions for you if you are unable to make them for yourself.

- Authorize your admission to a medical, nursing, residential, or other facility
- Enter into agreements for your care
- Authorize medical and surgical procedures

Before you write your instructions down, you may wish to discuss them with your doctor, family, friends, or other appropriate persons, such as a member of the clergy. If you are writing a “durable power of attorney” for health care, you should discuss your wishes with the person you are naming as your “attorney-in-fact”. Similarly, if you are writing a “living will” and naming someone in that document to carry out your wishes, you should discuss your wishes with that person.

You may wish to contact a lawyer or the local or state Agency on Aging who can provide you with information about such documents.

Medicare DMEPOS supplier standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet 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.
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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 and must maintain a visible sign with posted hours of operation. The location must be 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.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
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 cost either directly, or through a service contract with another company, any 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.

Medicare DMEPOS supplier standards continued

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 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 for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
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 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week (as defined in section 1848(j) (3) of the Act).

The products and/or services provided to you by us are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Notice of privacy practices

Effective November 30, 2022

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 questions or requests, please contact the ECU Health Privacy Official at 252-847-6545 or PO Box 6028, Greenville, NC 27835-6028.

Overview

We are required by law to maintain the privacy of your Protected Health Information or “PHI” for short, and to also provide you with notice of our legal duties and privacy practices with respect to PHI. References to “ECU Health” in this notice refers to ECU Physicians and University Health Systems of Eastern Carolina, Inc. (and all of its affiliated entities with the exception of ECU), together as an Affiliated Covered Entity. An Affiliated Covered Entity (“ACE”) is a group of organizations under common ownership or control who designate themselves as a single Affiliated Covered Entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). ECU Health, its team members, its medical staff and members of its affiliated covered entities who are involved in providing and coordinating your health care are all bound to follow the terms of this Notice of Privacy Practices (“Notice”). The members of the ACE will share PHI with each other for the treatment, payment, and health care operations of the ACE and as permitted by HIPAA and this Notice. For a complete list of the members of ECU Health’s affiliated covered entities, please contact the ECU Health Privacy Official.

Our privacy practices

As a major resource for health services and education, ECU Health strives to support local medical communities and to work with providers throughout the region to deliver quality care. To do so, we need to use and share your information among ourselves, with our vendors, and with providers and agencies involved with your care. Your privacy is important to us, and it is our policy to respect your privacy when you are our patient. This Notice outlines how we protect your information and your rights under HIPAA. We are required to protect the privacy of health information about you that can identify you. We must give you notice of our legal duties and privacy practices concerning PHI to:

- Maintain the privacy of your health information as outlined in this Notice
- Provide you with notice of our legal duties and privacy practices related to your health information
- Follow the terms of the Notice currently in effect

How we may use and disclose your PHI

We may use and disclose PHI about you without your authorization in the following circumstances:

(1) To provide healthcare to you.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other healthcare providers about your treatment and coordinating and managing your healthcare with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray or other healthcare services. In addition, we may use and disclose PHI about you when referring you to another healthcare provider. We may make health information about you available to other healthcare providers who ask for it through the Care Everywhere function of our electronic health record system, the North Carolina HealthConnex, or through health information exchanges. Patients have the right to opt out of the electronic health information exchange by completing the Opt-Out Form by notifying registration staff or by contacting the ECU Health Privacy Official. If you choose to opt out, providers must request and receive your information using other methods, such as, fax or mail.

(2) To obtain payment for services

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- Billing departments.
- Collection departments or agencies.
- Insurance companies, health plans and their agents which provide your coverage.
- Hospital departments that review the quality and cost of the care you received.
- Consumer reporting agencies (e.g., credit bureaus).

Example: Let's say you have a broken leg. We may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed.

(3) For healthcare operations.

We may use and disclose PHI about you when we perform business activities, that we call "healthcare operations." These healthcare operations allow us to improve the quality of care we provide and reduce healthcare costs. For example, we may look at patient information to evaluate the performance of our staff, plan new services, identify new locations for services, or send you a survey about your experience. We may also use patient information to train team members and students, respond to governmental agencies, support our licensing, analyze data, and for legal and other purposes. We can also share your information with other providers who have a relationship with you for their own health care operations. We may also use or reveal PHI about you to carry out certain business actions separately or as part of our involvement in an Organized Health Care Arrangement (OHCA) with the credentialed and privileged members of our medical staff.

(4) To provide you with information about appointments, prescription refills, and treatment options.

We may contact you to remind you of an appointment for treatment, or to remind you of a prescription refill. We may use and/or disclose PHI to tell you about treatment, services or products options that may interest you. For example, if you have diabetes, we may tell you about nutritional services that might help you.

(5) For fundraising activities.

We may use your health information to contact you about donating to ECU Health. We may also share your health information with a related foundation that may contact you to raise money for a treatment or service related cause, such as for our children's hospital. You can opt out of fundraising communications by calling 252-847-5626 or 252-847-6545 or writing to ECU Health at P.O. Box 6028, Greenville, NC 27835-6028. Please provide your full name and address.

(6) To our Business Associates.

We provide some services through other businesses we call business associates. We may give business associates health information about you so they can do the job we asked them to perform for us. For example, we might use a copy service to make copies of requested medical records. When we do this, we require the business associate to safeguard health information about you.

(7) De-Identified Health Information.

We may use your health information to create "de-identified" information that is not identifiable to any individual in accordance with HIPAA. We may also disclose your health information to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.

(8) Limited data set.

We may use your health information to create a “limited data set” (health information that has certain identifying information removed). We may also disclose your health information to a business associate for the purpose of creating a limited data set, regardless of whether we will use the limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any person receiving the limited data set must sign an agreement to protect the health information.

(9) With electronic Health Information Exchange (HIE).

We may participate in certain HIE’s that permit health care providers or other health care entities, such as your health plan or health insurer, to share your health information for treatment, payment and other purposes permitted by law, including those described in this Notice.

You may ask that your health information no longer be contributed to an HIE by sending your request to the Privacy Office address provided in this notice. Please include your name and date of birth or address. We will use reasonable efforts to limit the sharing of health information in HIE’s if you opt out. Opting out will not recall your health information that has already been shared, nor will it prevent access to health information about you by other means, e.g., request by your individual providers.

We participate in NC HealthConnex (the “Exchange”). You may request to opt out by submitting the form downloaded directly from <https://hiea.nc.gov/patients/your-choices>. Your opt out will not affect our obligation to disclose your health information to the Exchange when you receive services that are paid for by the State of North Carolina Health Plan and/or Medicaid.

We may use and/or disclose PHI about you in certain circumstances without an authorization or an opportunity to object, as described below:

- As required by law.
- As necessary for public health activities, such as to prevent or control disease, injury, or disability; report reactions or problems with medical products; report births or deaths; work with the CDC.
- For health oversight activities, such as to a state or federal health oversight agency or the Center for Medicare/Medicaid Services.
- For a legal proceeding. For example, we may disclose PHI about you in response to a court order, a warrant, or other legal proceeding.
- For law enforcement purposes. We may disclose PHI about you to report certain types of wounds, physical injuries, or criminal conduct on our property.
- To a coroner, medical examiner or funeral director. We may disclose PHI about you to a coroner or medical examiner to identify you or determine cause of death. We may also release PHI to funeral directors so they can carry out their duties.
- For organ, eye or tissue donation.
- For medical research. Research done at ECU Health must go through a special review process. We will not use or disclose your PHI unless we have your authorization or we have determined that your privacy is protected.
- To avert a serious threat to health or safety. We may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- For specialized government functions. We may disclose PHI about you if it relates to military activities, national security and intelligence activities, protective services for the President, or medical suitability/ determinations of the Department of State.
- For correctional institutions and other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

Unless you object, we may disclose your information as described below:

- To maintain our facility directory. If a person asks for you by name, we will only disclose your name, general condition (good, fair, serious, etc.), and room number. We also may share your religious affiliation with clergy affiliated with your faith, regardless of whether they ask for you by name.
- We may share PHI with family members or other persons identified by you, who are involved in your care or payment for your care. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your PHI with a person involved in your care. If you bring family members or others to your appointments or for unscheduled care, and do not tell us that you object to them hearing your PHI, then we are allowed to interpret that as your consent for us to do so.
- We may share your PHI with a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for emergency circumstances.

If you would like to object to our use or disclosure of your PHI in the above circumstances, please notify the staff member registering you or call the Privacy Officer listed on the front and back cover of this Notice. If you ask not to be included in the patient directory, you will not receive any cards or flowers that are sent to the hospital for you. Also, we will not tell callers or visitors that you are here.

Special protections

In some cases, other laws require us to give more protection to your health information than HIPAA does. Even if one of these special rules applies to your health information, we may still be required to report certain things and we will follow these laws. For example, we are required to report suspected cases of child or disabled adult abuse or neglect, and we may share the information listed below when we make the report.

- If you have a communicable disease like tuberculosis, syphilis or HIV/AIDS, we generally will not share that information unless we have your written permission. But, we do not need your permission to report information about your disease to state and local health officials or to prevent the spread of the disease.
- If you are treated for a mental health condition, a developmental disability or substance abuse, state law generally requires us to get your written consent before we disclose that information. There are some exceptions to this rule. For example, we may disclose information if you need a guardian or involuntary commitment. We also may disclose information to: (1) a healthcare provider who is treating you in an emergency; (2) a healthcare provider who referred you to us, if they ask; and (3) to other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment. We may also share information with other covered entities, such as a pharmacy, or businesses associates, such as a software vendor, unless you object in writing. After notification to you, we are required to tell a family member or other person substantially involved in your care that you were admitted to, transferred from, left or discharged from, a behavioral health unit. Under a special federal law, if you apply for or receive substance abuse services from us, we generally have to get your written permission before we share information that identifies you as a substance abuser or a patient receiving substance abuse services. There are some exceptions to this rule. We can share this information with our workers to coordinate your care and to agencies or individuals that help us serve you. We may share information with medical workers in an emergency. If you commit a crime, or threaten to commit a crime, on our property or against our workers, we may report that to the police.
- Our pharmacy will only release a copy of your prescription orders to certain people. Some of these people include: (1) you; (2) the provider who wrote the prescription or who is treating you; (3) a pharmacist who is providing pharmacy services to you; (4) a company responsible for providing, or paying, for your medical care; (5) members and certain employees of the Board of Pharmacy; and (6) researchers who have been approved by the Board of Pharmacy, if there are certain protections in place to keep the information confidential.

- If you are under the age of 18 and are not emancipated, we will not reveal any information about treatment that you consented to receive for pregnancy, venereal disease and other communicable diseases, drug or alcohol abuse, or emotional disturbance, without your permission. But, we are allowed to reveal this information if: (1) your doctor thinks your parents need to know because there is a serious threat to your life or health, or (2) your parents or guardian ask your doctor about the treatment, and your doctor believes that sharing the information is in your best interest.

Other Uses and Disclosures. Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, for example, for the following purposes:

- Psychotherapy notes made by your individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your health information except certain purposes permitted under the regulations. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

Your rights under this notice

Right to notification about a breach.

You have the right to be notified in the event of a breach of your unsecured PHI.

Right to a paper copy of this notice.

You have the right to a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically. This Notice can also be found on our website at www.ECUHealth.org.

Right to request different ways to communicate with you.

We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on you providing us with information regarding how payment, if any, will be handled. You may request alternative communications by notifying the person registering you or your healthcare provider.

All of the following rights require you to submit a written request form to us. If you would like to exercise any of these rights please contact the ECU Health Privacy Official listed on pages 18 and 23 of this document.

You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations.

We are not required to agree to your requested restrictions, except in limited situations in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer. However, your request may still not be followed in certain situations such as emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in the previous sections of this Notice.

Reference Materials

You have the right to see and receive a copy of PHI about you.

You have the right to request to see and receive a copy of PHI about you contained in clinical, billing and other records used to make decisions about you. We may charge you related fees. Instead of providing a full copy of the PHI about you, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. In certain situations, we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI about you by contacting your provider's medical records department.

You have the right to request an amendment of PHI about you.

You have the right to ask us to change PHI about you if you do not believe it is correct or complete. You must ask us in writing. You must explain why you want the change. We can deny your request in some situations. If we deny your request, we will explain why in writing and tell you how to give us a written statement disagreeing with our decision.

You have the right to a listing of disclosures we have made.

You have the right to receive a written list of certain disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request date. We are not required to include disclosures:

- For your treatment,
- For billing and collection of payment for your treatment,
- For our healthcare operations,
- Requested by you, that you authorized or that are made to individuals involved in your care, and
- Allowed by law

The accounting will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure. You can get one accounting of disclosures at no charge every 12 months; after that, there may be a fee. In most cases, we will send the accounting of disclosures within 60 days. If we need an extra 30 days, we will let you know. You may request a listing of disclosures by contacting the medical records department.

We reserve the right to change the terms of this Notice and make the new provisions effective for all PHI that it maintains. If we revise this Notice, a copy will be made available to you upon request.

You may file a complaint about our privacy practices.

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact the ECU Health Privacy Official:

HIPAA Privacy Officer
ECU Health
PO Box 6028
Greenville, NC 27835
Phone: 252-847-6545

All complaints will be investigated to help resolve any issues you may have. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Your rights regarding discrimination

ECU Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ECU Health provides:

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a member of your health care team or call 833-505-9249 or TTY 844-438-4640.

If you believe that ECU Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the Office of Audit and Compliance: 2100 Stantonsburg Road, Greenville, NC 27834, call 252-847-0125, fax 252-847-6466 or email Compliance@ECUhealth.org.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Office of Audit and Compliance is available to help you.

You can also file a civil rights complaint with the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.