

Dear Valued Customer:

Northwest Respiratory Services, LLC, strives to provide you with the highest quality of home medical equipment and supplies. In order for us to evaluate the effectiveness of our services, equipment, and our employees, we are requesting that you complete and mail the annual survey that you will be receiving. This will allow us to better serve you, our most valued customer.



(651) 603-8720 - Twin Cities Area
1-800-232-0706 - Toll Free
Fax (651) 603-8723 - Twin Cities Area
Fax: 1-866-506-7011 - Toll Free

For Billing Inquiries:
1-877-241-0706 - Toll Free
(952) 887-6360 - Twin Cities Area
www.nwrespiratory.com



Northwest Respiratory Services

Vision Statement:

We are an empowered, customer driven organization, leading the regional marketplace, providing quality, cost effective respiratory products and services.

Mission Statement:

To care for our customers with compassion and integrity by providing quality respiratory products and services at the best possible value and with the highest standards of care.

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Northwest Respiratory Services is a privately owned home respiratory service that provides medical oxygen, respiratory equipment and supplies to people who are under a physicians care. We serve people with Medicare, medical assistance, private insurance and provide services through the Veterans Administration.

NRS offers the following services:

- Respiratory services
- Education
- Liquid oxygen
- Concentrators
- Gaseous oxygen
- Portable gas and liquid oxygen
- Oxygen supplies
- CPAP/Bi-Level
- Mechanical ventilation
- Plan of Care/Treatment with periodic review
- Oximetry
- Follow up visits by Service Technician/Respiratory Therapist
- Insurance billing

If you need emergency service after normal business hours:

NRS uses an advanced paging service that permits you to reach our on-call staff after normal business hours by simply calling the office telephone number 1-800-232-0706 or 651-603-8720.

If Traveling:

If you plan to travel, please do not move NRS equipment without contacting our office. Our staff can offer travel assistance and may be able to help with equipment arrangements at your destination.

If you have any questions, compliments, or complaints:

Customers who have questions or comments regarding our services should contact our customer service department or customer service manager at 1-800-232-0706 or 651-603-8720, Monday through Friday, 8:00 am to 6:00 p.m.

Ordering Oxygen or Supplies:

To place an order for oxygen or routine supplies (cannulas, tubing, humidifier bottles, etc.), please contact customer service during regular business hours. Please plan ahead when needing supplies, allowing for a 2-3 day lead time. A charge may be applied for special deliveries.

Your Financial Responsibility:

Our professional staff will be able to answer questions in regards to your financial responsibility for equipment or services provided. Please call our billing office during regular business hours.

Your acceptance or refusal of our services:

If you choose NRS, we will strive to provide you the highest quality care. However, if you do not wish to use our services, please contact your physician before making a final decision.

If you are a veteran and decline our services, the Veterans Administration will not reimburse for oxygen services with other providers.

If you transfer to another organization:

If you, your caregiver, or physician believes a transfer of service to another provider would be beneficial, we will help in the transition. All of your records will be kept confidential and information will be released only upon receipt of your written request.

To Our Clients:

Northwest Respiratory Services employees receiving a written request by a client, family member, or other caregiver of the client to discontinue a life sustaining treatment, or a request to not resuscitate shall take no action to discontinue the treatment but shall promptly inform the Director of Respiratory Services of the client's request. The Director of Respiratory Services will contact and inform the client that the request will be made known to their physician who ordered the treatment. The physician will be informed of the clients' request. Unless notified by patient or caregiver we will notify 911 and activate EMS for all witnessed emergencies.

Northwest Respiratory Services is committed to serve the medical community by providing medical services and equipment to homecare patients with the highest standards of ethics and quality care. To achieve our goal, we welcome you or your caregiver to notify us of any special needs or wishes you may have regarding this policy or other aspect of our service. We encourage you to contact your physician and our staff regarding ethical issues that may arise in your care or service.

Oxygen Equipment Information

Now that you are using oxygen, here are some things you should know:

Although oxygen is present in the air we breathe, your lungs cannot supply enough oxygen to your body. Your doctor has determined how much extra oxygen you require; which is measured in “liters per minute” (LPM).

Use your oxygen exactly as your doctor has prescribed. Do not turn your oxygen liter flow greater than your prescribed amount. Sometimes too much oxygen can make your breathing worse. Additionally, do not turn your oxygen down if you are feeling well.

Note: You are responsible for using your oxygen as prescribed by your doctor. Northwest Respiratory Services is not responsible for detrimental effects if you alter your prescribed oxygen flow rate.

Oxygen is a relatively safe gas. Oxygen does not burn, but anything that does burn will burn hotter and faster in the vicinity of pure oxygen.

Please follow these rules:

1. Have your home equipped with a fire extinguisher and working smoke alarms, test the alarms monthly.
2. Keep oxygen away from open flame. Never smoke while using your oxygen or let anyone smoke within 10 feet of you.
3. Do not use any oil-based products such as Vaseline®, Vicks Vapor-Rub® or Mentholatum on your face, nose or oxygen equipment. Oil-based products could cause a spark and may burn in the presence of oxygen. You may use water-soluble lubricants such as water-soluble jelly (KY Jelly).
4. Your oxygen should be kept in a cool, dry, and well-ventilated area. It should be kept away from heating pipes, gas or wood stoves, and at least 10 feet away from electrical equipment that may produce a spark.
5. Do not store oxygen cylinders in an enclosed closet. If you have storage limitations and must store your oxygen in the closet, keep the closet doors open at all times.
6. Change your plastic tubing every month and nose-piece (cannula) every week.
7. **For your personal safety and safety of others, an “Oxygen in Use” sign must be posted on all exterior doors.**
8. **Be sure exits and walkways are clear of obstructions to prevent slips, trips, and falls. If you have fallen, or have safety concerns about the placement of your equipment, please contact our office.**
9. Be aware that household pets can pierce oxygen tubing. If you have a pet, check regularly for leaks

Oxygen Concentrators:

A service technician will set up your oxygen concentrator in an area of your home that will be convenient for you. The oxygen concentrator uses normal household electricity and acquires oxygen from the air we breathe by separating the oxygen from other natural gases. However, the unit will not change the level of oxygen in your home.

With normal function, the oxygen concentrator makes a low humming sound. This sound does not bother most people and after awhile you will probably not even notice it.

The concentrator has an audible alarm which will sound in the event of a malfunction or power failure. It is imperative that when the equipment is running, you are able to hear the alarm and able to respond to these alarms.



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All units are equipped with:

- A Rocker or push button switch that turns the unit on and off.
- Flow meter: This controls the rate of oxygen flowing through your tubing. The rate of oxygen is the liters per minute prescribed by your doctor.
- Alarms: Your Service Technician will explain the alarms on your unit.
- Humidifier/Tubing Adaptor: This is where your tubing will connect.

To Operate:

1. Be sure that the power switch is “off” before you plug in the unit.
2. Plug the concentrator cord into a suitable outlet.
3. If you use a humidifier, fill the humidifier bottle to the indicated level with distilled water.
4. Be sure the threads are matched and the humidifier bottle or oxygen adapter is tightened firmly in place. This will prevent oxygen from leaking. Attach the oxygen tubing to the humidifier or oxygen adaptor (Christmas tree).

5. Turn the unit on. Some units have an alarm that sounds briefly, when the unit is first turned on. The alarm will automatically shut off in a short time.
6. Set the flow meter to your prescribed flow rate.
7. Check that there is oxygen flowing through the cannula by holding the cannula up to your lips.
8. Adjust your cannula to fit comfortably in your nostrils.
9. Always turn the unit off when not in use.

The Service Technician will show you how your oxygen concentrator works.

Electrical Precautions:

- The power cord should be connected only to a properly grounded outlet.
- Use an electrical circuit with the fewest electrical appliances plugged into the same circuit.
- Always turn the unit off when not in use or when moving the unit to another outlet.
- Do not use extension cords.
- Do not place liquids on top of the concentrator.
- Make sure the back of the unit is 12 inches away from any wall or curtain that may obstruct the air intake or follow the manufacturer recommendations for placement of the unit.

In Case of Equipment Failure:

1. Use your back-up oxygen cylinders. Adjust the liter flow on the regulator to your prescribed flow rate.
2. Call NRS to let us know you are on back-up oxygen and the equipment is not functioning.
3. A Service Technician will assist you in exchanging your equipment.

Cylinder Oxygen

Cylinder oxygen (oxygen tanks) is an oxygen delivery system that delivers oxygen in the form of compressed gas. Frequently, cylinder oxygen is used by people who require oxygen for portability, emergency back up and for patients who only need oxygen intermittently.

Your Service Technician will help you set up your oxygen and determine which size oxygen cylinder will serve you best.

See cylinder usage chart on inside back cover.



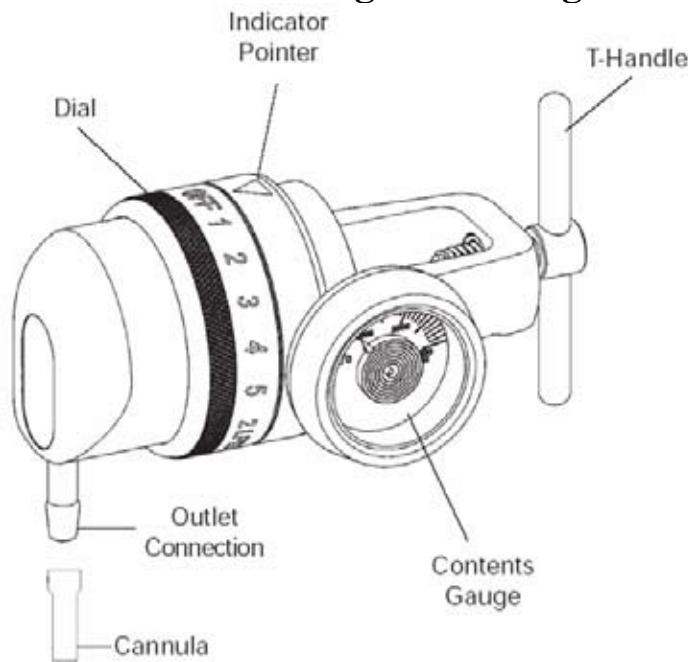
To set up and use the small “B, C, D, or E” size cylinders with standard regulator:

1. Find the two small and one large hole on the cylinder valve.
2. On the regulator, you will see two small pins and one large pin with a yoke seal that matches the holes on the cylinder valve.
3. Place the regulator on the oxygen tank and align all three holes and pins.
4. Tighten the “T-handle” on the regulator.
5. Use the cylinder wrench and turn counterclockwise (to the left) to open the cylinder valve. Note: If you hear oxygen escaping, turn the valve off. Verify regulator placement and re-tighten the regulator “T-Handle”.
6. Check the valve of the regulator to verify oxygen content. Your Service Technician will show you how to determine how long your oxygen cylinder will last.
7. Attach your oxygen tubing to the outlet connection of the regulator.
8. Adjust the oxygen liter flow by turning the dial on the regulator to prescribed flow rate. Most regulators have “windows” or “indicator pointers” to indicate oxygen flow in LPM.

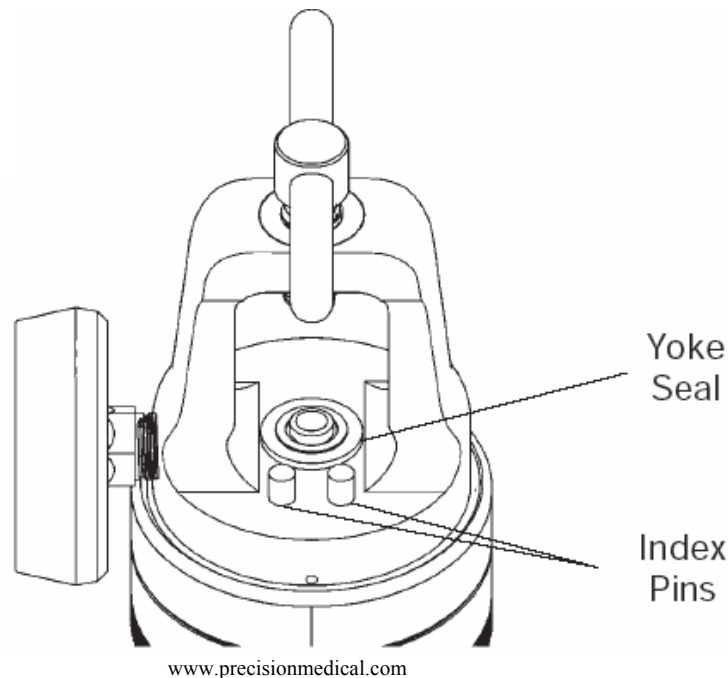
To turn the oxygen off:

Turn the valve on the oxygen cylinder clockwise (to the right). Let the oxygen continue to flow until the content gauge reads “zero”. Always turn the cylinder off when not in use.

Regulator Diagram



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To set up the large “M” or “H” cylinders:

1. Unscrew the cylinder cap and uncover the cylinder valve.
2. On the valve handle, quickly turn the valve (wheel) ¼ turn counterclockwise and clockwise. A brief rush of oxygen will escape from the valve. This is called “cracking” the valve. Cracking the valve will blow any dust or debris that may have settled in the valve.
3. Connect the oxygen regulator to the cylinder outlet valve. Use the wrench NRS provides with your oxygen to tighten the regulator nut. Do not use a household wrench on the oxygen regulator.
4. Connect the humidifier bottle or oxygen adapter (Christmas tree) to the threaded regulator outlet.
5. Turn the cylinder on by turning the valve (wheel) on the top of the cylinder one full turn counterclockwise (to the left).
6. The pressure on a full tank should read between 1800 to 2200 psi (pounds per square inch).
7. The gauge to the left on the regulator is the liter flow gauge. Adjust the liter flow by turning the valve clockwise (to the right) until your prescribed liter flow is indicated.

To turn off the oxygen on the “M” or “H” Cylinders:

To turn the cylinder off, turn the cylinder valve clockwise (to the right) until it stops. Allow the oxygen to flow until the regulator gauge reads zero. Always turn off your oxygen when not in use.

Never try to move the large oxygen cylinder by yourself.

Safe Oxygen Cylinder Storage:

Acceptable methods of storing oxygen cylinders in your home:

- Store in NRS provided metal rack.
- Customer made wood box or wood rack.
- Chained upright to the wall with the chains secured into the wall with bolts.
- Cylinders lying on the floor and placed on their side; cylinders may be placed under the bed if the bed does not have a bed skirt extending to the floor.
- Tanks should be stored at least 10 feet from any heat source and out of direct sunlight.
- When traveling in a car, store tanks in the passenger compartment with the windows partially open. Do not store in the trunk.



Do Not Store Oxygen:

Do not store oxygen cylinders in a freestanding, upright position.

Do not store cylinders in a closed closet or other enclosed area.

Do not store oxygen within 10 feet of furnaces, hot water heater, fireplaces, and any other heat source.

Oxygen Conserving Devices:

Oxygen conserving devices are used primarily for the conservation of oxygen by providing a puff of oxygen during inspiration. An oxygen-conserving device senses the

start of a breath and provides a short “pulse” dose of oxygen at the beginning of each breath. Therefore, using an oxygen conserving device can extend the benefit from a single oxygen cylinder nearly two to five times longer than a continuous oxygen flow system and may provide the same therapeutic benefit.

Use your oxygen-conserving device as demonstrated by your Service Technician. Oxygen conserving devices are attached to an oxygen cylinder the same way as a traditional oxygen regulator. Your oxygen flow rate on the conserving device may not be the same as the flow rate on your continuous oxygen flow regulator. Your physician should evaluate your oxygen needs on the conserving device before prescribing the oxygen conserver.

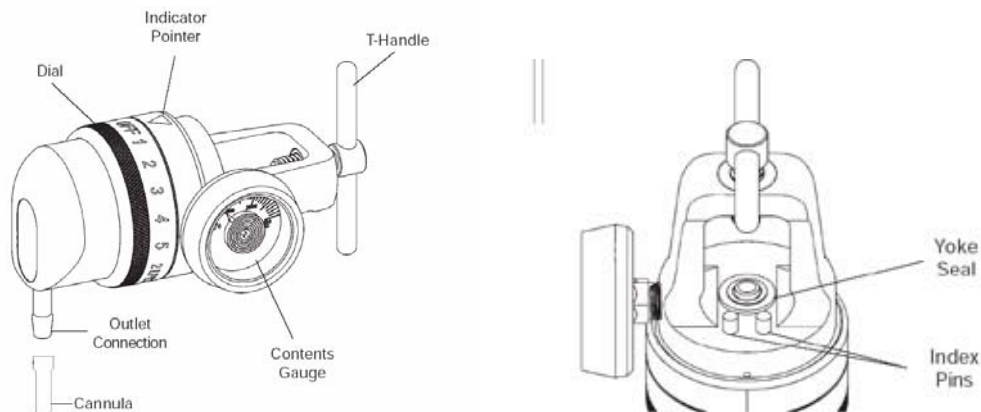
IF YOU DEVELOP SYMPTOMS OF SHORTNESS OF BREATH, CHEST PAIN, HEADACHES, LIGHT-HEADEDNESS, DIZZINESS, RAPID HEART RATE, ETC. WHEN USING THE CONSERVING DEVICE, CHANGE TO THE CONTINUOUS FLOW SETTING AND CONSULT YOUR PHYSICIAN IMMEDIATELY. IT IS NOT RECOMMENDED TO SLEEP WITH YOUR CONSERVING DEVICE ON.

To set up and use the small “B, C, D, or E” size cylinders with an oxygen-conserving device (see diagram on back of page):

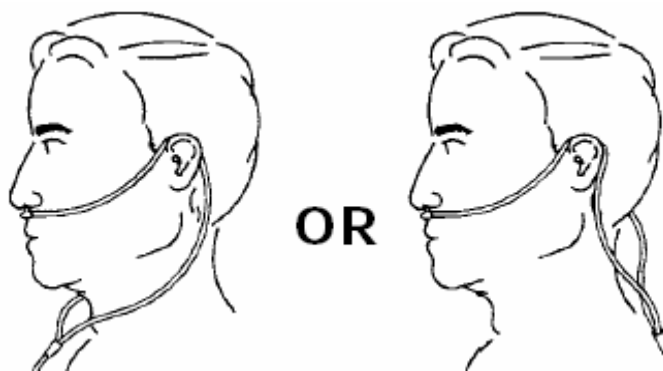
1. Find the two small and one large hole on the cylinder valve.
2. On the conserver, you will see two small pins and one large pin with a yoke seal that match the holes on the cylinder valve.
3. Place the conserver on the oxygen tank and align all three holes and pins.
4. Tighten the “T-handle” on the regulator.
5. Use the cylinder wrench and turn counterclockwise (to the left) to open the cylinder valve. Note: If you hear oxygen escaping, turn the valve off. Verify conserver placement and re-tighten the conserver “T-Handle”.
6. Check the valve of the conserver to verify oxygen content. Your Service Technician will show you how to determine how long your cylinder will last.
7. Attach your oxygen tubing to the outlet connection of the conserver and place cannula over your ears and prongs in your nose (see diagram on back of page).
8. Adjust the oxygen liter flow by turning the dial, on the conserver, to prescribed flow rate. Most conservers have “windows” or “indicator pointers” to indicate oxygen flow in LPM.
9. Breathe normally through your nose. You will feel a puff of oxygen with each breath.

To remove the conserver:

1. Completely close the oxygen cylinder valve.
2. Turn the dial to off on the conserver.
3. Slowly loosen the T-Handle until the conserver can be removed.



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Liquid Oxygen Systems:

The liquid oxygen system is designed to be used in your home and enables you to fill smaller portable units for short-term use outside the home. Generally, your service technician will check your liquid oxygen system once a week, depending on your oxygen flow rate. Your flow rate will determine the length of time the stationary and portable unit will last, before it needs to be re-filled.

Note: Liquid oxygen is very cold, -300 °F. Do not allow the liquid oxygen to touch your skin. Additionally, if any of the parts become frosted or covered with ice, do not touch them.

Your main liquid oxygen unit is equipped with the following:

- A liquid level indicator to tell you how much liquid oxygen is in your unit. As oxygen is used, the indicator will descend on the indicator gauge.

- ❖ If your unit has a round gauge (Puritan Bennett), read the number next to the Green line. The amount of Red appearing below this line indicates the amount of liquid oxygen remaining in the tank.
- ❖ If your unit has a light bar gauge (Caire), press the red or green button on the top of the unit. Read across the red light bar to the scale on the right side to determine the level of oxygen.
- A humidifier bottle or oxygen tubing adapter if you do not use humidity.
 - ❖ If you use the humidifier bottle, you will need to fill the bottle routinely with distilled water, to ensure proper equipment operation. Fill the humidifier bottle only to the “max line” on the humidifier bottle. When connecting the humidifier bottle, make sure the bottle threads are aligned and the bottle is firmly connected. The threads must be firmly connected to prevent oxygen from leaking out of the bottle.
 - ❖ You should see bubbling of oxygen in your humidifier bottle.
 - ❖ You may place the tips of your cannula in a glass of water and check for bubbles if you are questioning the oxygen flow.
- Flow Rate Selector. The flow rate selector permits you to set the flow rate your doctor has prescribed. Do not set the flow rate knob between flow rates; no flow of oxygen will be delivered when set between flow rates.
- Condensation bottle. The condensation bottle is used to capture any moisture that develops from the warming of liquid oxygen. Condensation bottles are located on the side of the stationary liquid oxygen tank. This bottle should be emptied as needed and cleaned with soap and water. Do not discard the condensation bottle, it is re-usable.

Filling your portable unit:

Your service technician will demonstrate how to fill your portable unit.

The parts of your portable unit are similar to the main unit.

1. Inspect the transfer connections to be sure they are clean, dry, and lint free. If the connections are not dry, the units may freeze together.
2. Turn the flow rate control on the portable to “OFF.”
3. Align the portable unit fill connector to the top recessed area on the main unit.
4. Place one hand on top of the portable unit and press straight down to start the filling process.



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5. While holding the unit down, open the vent valve by flipping the lever straight out. It is advised to close and reopen the vent valve approximately 15-20 seconds into the filling procedure to break any ice crystals that may have formed.



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6. You should hear a hissing sound and may see a small vapor cloud. **This is normal.**
7. Continue to hold downward pressure on the unit. Do not leave the unit unattended.
8. When the hissing sound changes to a spitting noise, close the vent valve. The unit is now full. Filling your liquid portable will typically take one and a half to two minutes.
9. Disengage the portable unit by holding the carrying strap and pushing the release button. If the units do not disengage easily, they may have become frozen. Should the units freeze together DO NOT force them apart, let the units thaw for 10 to 30 minutes then separate. If the unit still does not separate, call NRS for further assistance.



10. Place the oxygen tube on the “oxygen tubing adaptor” and adjust the cannula or breathing device to receive oxygen comfortably.
11. Turn flow controller to prescribed rate.

Your Service Technician will show you how to determine the amount of liquid oxygen remaining in your portable unit. Most units have an integral scale built into the top of the unit or handle.

To determine length of time your oxygen will last, see usage chart on inside back cover.

Note: If you plan to use your portable equipment for a shorter duration, the portable unit can be partially filled. To partially fill the unit, simply close the vent valve sooner than normal. Your portable unit will be lighter and you will waste less oxygen.

If you do not use all the contents of your portable liquid oxygen unit the same day you fill the unit, the remaining liquid contents will evaporate by the next day

Infection Control

To reduce the risk of infections it is very important to keep your equipment clean.

Cleaning Your Oxygen Equipment:

Wipe your gauges, concentrator or liquid system with a clean damp cloth. Clean any filters with warm water and let dry before putting them back in the machine. Your service technician will show you where your filters are located.

Care of your Cannula/Mask, Tubing, and Humidifier bottle:

1. NRS recommends you replace your cannula or mask each week and oxygen extension tubing and humidifier bottle once every month.
2. Distilled or filtered water should be used when filling humidifier bottle.
3. The humidifier bottle must be cleaned between fills or once per week using the following process:
 - a. Soak all parts in warm soapy water for 15 minutes.
 - b. Rinse all parts in warm water and shake dry.
 - c. To disinfect, put all parts in a basin with 1 part white vinegar to 3 parts water. Be sure all hollow parts are filled with the solution. Soak for 20 minutes.
 - d. Rinse all parts and let air-dry.

Traveling with Oxygen

Your doctor, aware of your special medical needs, can answer your questions regarding your ability to travel with oxygen. Always consult with your doctor before traveling.

When traveling, always make sure that you have enough oxygen for your trip. Your NRS customer service representative can help you calculate the correct amount. You are allowed to use oxygen in most public places, if in doubt, call before you go.

If traveling by car, your portable unit must be secured in an upright position. “Crack” your window to provide adequate ventilation. Never leave your unit in your vehicle for a long time and never store it in the trunk. Follow all oxygen safety precautions when traveling. Keep your oxygen away from heat and in a well ventilated area. Always request non-smoking areas.

No matter how you are traveling, contact the specific bus, train or airline for regulations and requirements concerning oxygen.

Before leaving, ask your doctor for a copy of your oxygen prescription. You will need this to obtain oxygen away from home. Call customer service to arrange for an oxygen supplier at your destination before departure.

If you plan to travel outside NRS area of coverage, and plan to take our equipment, you must sign an agreement stating your destination, length of stay, equipment taken and how to contact you at your destination.

Oxygen System Troubleshooting

<i>Problem</i>	<i>Solution</i>
Concentrator does not turn on.	<ol style="list-style-type: none"> 1. Make sure unit is plugged in. 2. Check outlet for power with a working light. If the outlet does not have power, switch plug to new outlet. 3. If outlet has power and unit is plugged in but still does not turn on switch oxygen tubing to back-up tanks and call NRS.
Concentrator turns on but oxygen does not flow.	<ol style="list-style-type: none"> 1. Check oxygen flow meter on the front of the unit. Be sure flow rate is set. 2. Check humidifier bottle for bubbling. If humidifier bottle is not bubbling, disconnect humidifier bottle and reconnect. 3. Place cannula tips in a glass of water and check for bubbles. If water does not bubble, check tubing for kinks or disconnect. 4. Replace Oxygen Tubing. 5. Switch oxygen tubing to back-up tanks and call NRS if oxygen still does not flow.
Concentrator alarms low oxygen.	<ol style="list-style-type: none"> 1. Make sure nothing is within 12 inches of the concentrator. 2. Remove and clean filter (do not put a wet filter back on the concentrator). 3. Re-start concentrator. 4. If concentrator alarm continues, call NRS.

Liquid oxygen system does not provide oxygen.	<ol style="list-style-type: none"> 1. Check for tubing disconnect or kinks. 2. Disconnect humidifier bottle or oxygen adapter and reconnect. 3. Check for bubbling in humidifier bottle. 4. If the humidifier bottle is not bubbling unscrew cup and reconnect. 5. If humidifier bottle is bubbling and oxygen still does not flow, place cannula in a cup of water and check for bubbles. 6. Check liquid oxygen content level. 7. If empty or oxygen still does not flow, switch to back-up oxygen tanks and call NRS.
Liquid portable oxygen and stationary system are frozen together.	<ol style="list-style-type: none"> 1. Do not force apart. 2. Wait 10-30 minutes and then separate the two pieces. 3. If units still do not separate, call NRS.
Oxygen leaking from cylinder regulator.	<ol style="list-style-type: none"> 1. Close oxygen cylinder valve. 2. Remove oxygen regulator and make sure yoke seal (washer) is on the regulator. 3. Align regulator pins on oxygen cylinder and tighten "T-handle". 4. Turn cylinder valve on with wrench. 5. If problem persist call NRS.
Oxygen does not flow from oxygen cylinder.	<ol style="list-style-type: none"> 1. Turn valve "on" by turn valve counterclockwise. 2. Check gauge for oxygen content. If empty replace cylinder. 3. Check oxygen-tubing connections for disconnect or kinks. Un-kink and reconnect any tubing issues. 4. Place oxygen tubing in a glass of water to see if oxygen is flowing. The water will bubble if oxygen is flowing. 5. Call NRS if problem continues.

Nebulizer

A nebulizer is a device driven by a compressed air machine called a compressor. A nebulizer allows you to take inhaled respiratory medication in the form of a “mist” or “aerosol”. A nebulizer consists of a medication cup, T-piece, mouthpiece or mask, and thin extension tubing.



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How to Use a Nebulizer:

Your Service Technician will instruct you on how to use your nebulizer.

1. Wash your hands.
2. Measure the correct amount of medication and normal saline as directed by your physician. Your medication may also come in a premixed solution.
3. Place the medication in the nebulizer medication cup.
4. Connect T-piece to the top of the medication cup.
5. Connect mouthpiece and tubing to the T-piece.
6. Connect the oxygen tubing to the bottom port of the nebulizer and the other end of the oxygen tubing to the compressor air outlet.
7. Turn on the air compressor to start treatment. A mist will flow from the nebulizer mouthpiece or mask.
8. When treatment has ended turn off air compressor.
9. Clean your nebulizer equipment as directed.

Cleaning your Nebulizer:

When	How
After you use it each time	<ol style="list-style-type: none"> 1. Disconnect the oxygen tubing and set aside. 2. Disassemble nebulizer. 3. Rinse each piece with warm water. 4. Let air-dry on a clean paper or cloth towel. 5. When pieces are dry, re-assemble nebulizer for next use. *Note-you may use multiple nebulizers' and rotate between treatments.
Once a day while in use (Cleaning)	<ol style="list-style-type: none"> 1. Disconnect the oxygen tubing and set aside. 2. Disassemble nebulizer. 3. Soak the nebulizer pieces in warm soapy water for 20-30 minutes. 4. Rinse each piece with warm water. 5. Let air-dry on a clean paper or cloth towel. 6. When piece are dry, re-assemble nebulizer for next use. *Note-you may use multiple nebulizers' and rotate between treatments. 7. Store nebulizer in a clean/dry plastic bag.
Twice a week (Disinfect)	<ol style="list-style-type: none"> 1. Disconnect the oxygen tubing and set aside. 2. Disassemble nebulizer. 3. Mix ½ cup white vinegar with 1 ½ and cup water. 4. Soak the nebulizer pieces in the mixture for 30 minutes. 5. Rinse each piece with warm water. 6. Let air-dry on a clean paper or cloth towel. 7. When pieces are dry, re-assemble nebulizer for next use. *Note-you may use multiple nebulizers and rotate between treatments. 8. Store nebulizer in a clean/dry plastic bag.
Nebulizer Replacement	Replace your nebulizers every two weeks.
Compressor Filter	Replace as needed.

CPAP/BiPAP LEVEL EQUIPMENT

Sleep Disorder Breathing

Sleep disorder breathing is a medical term used for a sleeping disorder with apneas and hypopneas. Apnea means a cessation of breathing lasting longer than ten seconds. Hypopnea is a decrease in airflow (breathing) by 50% or more for ten seconds or longer. Most apneas and hypopneas result from a full or partial obstruction in the upper airway, but may also be a result of the bodies' automatic drive to breath.

Over the recent years, doctors have shown a relationship between sleep disorder breathing, obstructive sleep apnea, cardiovascular disease, and multiple other health concerns. Please discuss your concern with your physician.

Obstructive Sleep Apnea

Obstructive Sleep Apnea (OSA) is a common sleeping disorder that is a result of upper airway obstructions that cause snoring (partial obstruction) and apneas (full obstruction). These obstructions occur during sleep because the upper airway lacks muscle tone and the force of gravity. As your muscles relax and due to gravity, your tongue and soft palate fall to the back of the mouth and blocks your upper airway, causing an obstruction. Excess tissue and abnormalities of the upper airway intensify these problems. Usually, your body will continue to attempt to breath. However, during these apnea episodes the inability to breath causes your brain to awaken you so that you can breathe. Many people are unaware of these interruptions during sleep, but they prevent you from getting effective sleep and result in sleep deprivation.

Treatment with CPAP/Bi-Level

The most common non-invasive treatment for obstructive sleep apnea is CPAP (Continues Positive Airway Pressure). CPAP is a system that blows air through a tube and a mask. This air passes through your nose and into your upper airway. The air generates a slight pressure in the upper airway to keep your airway open. This pressure does not interfere with your breathing, but it does take some time to get used to the extra airflow.

Bi-Level is another form of treatment used to treat obstructive sleep apnea and many other disease processes that obstruct or restrict the lungs and airways. Bi-level combines continues positive airway pressure (called EPAP) during exhalation and at rest. Additionally, Bi-Level gives a stronger positive pressure during inspiration (called IPAP) to help expand your lungs.

CPAP and Bi-Level are devices your physician must order. If you have question about your prescription please call your doctor or Northwest Respiratory Services.

Normal Airway



Photo from www.resmed.com

Partial Blocked Airway

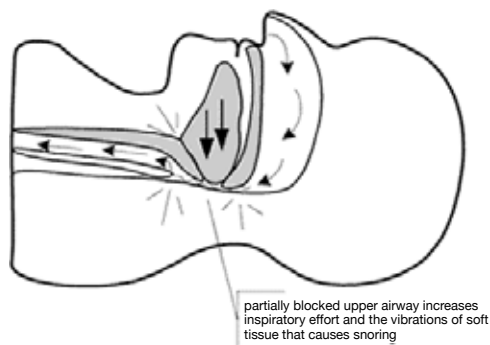


Photo from www.resmed.com

Obstructed Upper Airway

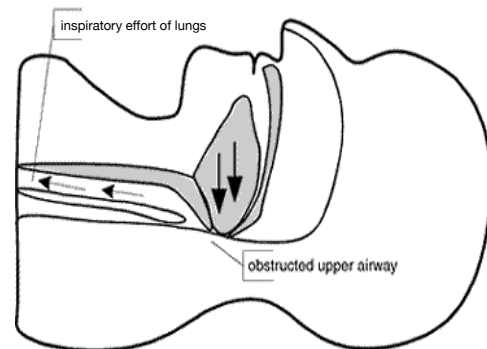


photo from www.resmed.com

Treated With CPAP or Bi-Level

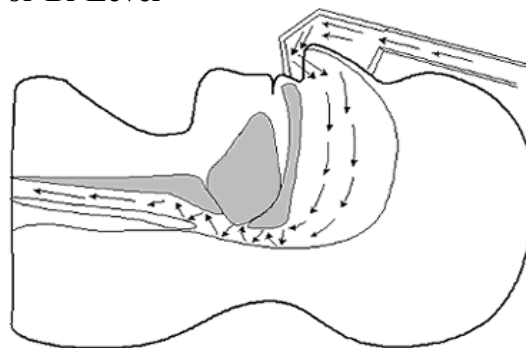


Photo from www.resmed.com

Your CPAP/Bi-Level Unit

There are many different styles of CPAP and Bi-Level units. However, all units function on the same basic principle and have the same basic parts:

1. On/Off Switch.
2. Air inlet with a filter.
3. Air outlet that connects to the patient circuit.
4. Patient circuit that includes tubing, headgear, and mask (Interface).

Your unit may also have optional features:

1. Humidifier to heat and moisten the air.
2. Ramp or Delay that starts your CPAP pressure at a lower setting and automatically increases pressure over time.

Never adjust your CPAP or Bi-Level unit. Please contact Northwest Respiratory Services if your doctor has changed your prescription.

Patient Circuit

The patient circuit consists of tubing, which connects to the air outlet of your CPAP/Bi-Level unit, a mask, and headgear to secure the mask. Northwest Respiratory Services offers a large variety of masks. The most common style of masks are nasal mask, full-face mask, and nasal pillow. Please follow the manufacturers directions for your specific mask or follow these directions for your mask style:

Nasal and Full-Face Mask Assembly

1. Arrange the headgear so the longer straps are at the top of the mask.
2. Loosely attach the straps to your nasal mask.
3. Place the mask over your nose (mouth and nose for full-face masks) and slide the headgear over your head.
 - *Before wearing the CPAP mask, Wash your face to remove excess facial oil and reduce skin irritation. This also helps achieve a leak-free fit, and prolong mask life.*
4. Adjust the forehead support or use spacers to reduce the pressure on the bridge of your nose.
5. Gradually tighten the Velcro straps until the mask fits comfortable against your face.
 - *A tighter fit is not necessarily better. Your mask can be loose as long as the seal is maintained*
 - *Use permanent ink to mark the location of the straps. This will make it easier to make adjustments in the future*
6. **Do not block the exhalation port on your mask.** This port allows you to exhale and flushes carbon dioxide from the circuit.

Nasal Pillow Circuit Assembly

There are many nasal pillow systems available and each unit is assembled differently. Please refer to the mask user guide for instructions on your specific pillow system and keep a copy of these instructions for future use. If you need further assistance with assembling your nasal mask, please call Northwest Respiratory Services.

Using Your CPAP/Bi-Level Unit

1. Place your unit on a sturdy surface near the bedside.
2. Make sure your unit is “turned off”.
3. Plug your unit into a grounded A/C (wall) power outlet and plug the power cord into the back of the unit (if cord is not permanently attached).
4. Connect your patient tubing to the air outlet on the CPAP/Bi-Level unit.
5. Connect your mask to the tubing and place the mask over your head as instructed.
6. Turn your CPAP/Bi-Level unit “ON”.
7. Position tubing to reduce tension on your mask and in a comfortable position for you.
8. Adjust your mask to eliminate large air leaks, being careful not to over tighten and have the fit become uncomfortable.
9. Relax and breathe normally through your nose.

Your Respiratory Therapist will help you set-up your CPAP/Bi-Level System.

Using Heat and Humidity with Your CPAP/Bi-Level Unit

The humidifier adds moisture to the air you breathe in while using your CPAP/Bi-Level unit. If your doctor has prescribed a humidifier for use with your nasal CPAP/Bi-Level unit, follow these steps:

1. Fill the humidifier with distilled water to the fill line.
2. Connect the short tubing from your CPAP/Bi-Level unit to the humidifier. ***Note-some units have an integrated (attached) humidifier and the short tubing is not required.***
3. Connect the patient tubing to the air outlet port on the humidifier.
4. Turn humidifier and CPAP/Bi-Level units “on” as instructed by your technician.

NEVER MOVE YOUR CPAP OR BI-LEVEL UNIT WITH WATER IN THE HUMIDITY CHAMBER. ALWAYS REMOVE THE HUMIDITY CHAMBER WHEN FILLING CHAMBER OR MOVING THE UNIT.

Using Oxygen with Your CPAP/Bi-Level Unit

If your doctor has prescribed oxygen for you to breathe with your CPAP/Bi-Level equipment, you will be instructed on how to use the oxygen equipment.

Oxygen will be connected to your CPAP/Bi-Level circuit using an oxygen adaptor, oxygen tubing, and oxygen gas source.

It is important that you never turn your CPAP/Bi-Level unit on or off with oxygen flowing into the unit.

Cleaning your CPAP/Bi-Level Equipment

Daily Cleaning

1. Wash hands
2. Wipe the portion of the mask that comes in contact with your skin with a damp cloth. This removes most skin oil from the mask.
3. Empty any remaining water from the humidifier chamber.
4. Fill the chamber with soapy warm water and shake vigorously.
5. Rinse the chamber with clean water.
6. Air dry.

Weekly Mask and Tubing Cleaning is Recommended

1. Remove headgear and chin strap (if used) from mask. Hand wash the headgear in standard laundry detergent (Do not wash in washing machine or bleach).
2. Air-dry headgear. Do not iron your headgear or chinstrap.
3. Wash mask or nasal pillows and tubing in a mixture of warm water and small amount of liquid dishwashing detergent or baby shampoo. Do not use detergents containing conditioners, moisturizers, or antibacterial additives. Do not use alcohol or peroxide on the mask.
4. Rinse thoroughly.
5. Air dry.

Cautions

1. Do not use solutions containing vinegar, bleach, chlorine, alcohol, aromatics, moisturizers, antibacterial agents, or scented oils to clean any part of the system or air tubing. These solutions may cause damage and reduce the life of the product.
2. Do not expose any part of the system or tubing to direct sunlight as it may deteriorate the product.
3. If any visible deterioration of a component is apparent (cracking, tears, etc.) the component should be discarded and replaced.

CPAP/Bi-Level flow generator

1. Clean as needed: Unplug the unit before cleaning it. **Never immerse unit in water.**
2. Wipe the outside with a damp cloth and mild detergent solution.

1. Using a damp cloth with water only, wipe the outside of the unit again.
2. Wipe the unit with a dry cloth.
3. Unit must be fully dry before plugging unit into power.

Filter Maintenance

Filter maintenance will depend on the model of CPAP/Bi-Level unit you use. Please review the manufacturers manual for your unit's specific maintenance recommendations. If you have any questions, please call Northwest Respiratory Services.

Cleaning Schedule

	Daily	Weekly	As Needed
Mask, nasal pillows, and tubing	Wipe with damp cloth	Wash	
Headgear		Wash	
Flow Generator			Wipe off
Humidifier	Wash Air Dry		
Filter			As Manual

Safety Precautions

- Never immerse your CPAP/Bi-Level unit in water.
- Never plug in your CPAP/Bi-Level unit if wet.
- Never plug your CPAP/Bi-Level unit into an electrical outlet that is supplying power to another appliance.
- Never use an extension cord with your equipment
- Never attempt to repair your CPAP/Bi-Level unit yourself. Call NRS if your unit stops working.
- Follow all oxygen safety precautions if using supplemental oxygen with your CPAP/Bi-Level unit.

CPAP/Bi-Level Equipment and Accessories Replacement

Your CPAP/Bi-Level unit is designed to last many years and most insurance companies will only pay for a new unit every five years. However, your disposable components such as mask, tubing, humidity chambers, and filters may be replaced periodically when they are no longer functional (worn out, torn, cracked, etc.). If you feel they need to be replaced, please contact our Customer Service staff at 651-603-8720 or 1-800-232-0706. Each insurance provider varies on coverage criteria CPAP/Bi-Level disposable replacements. If you have questions about replacement coverage, please contact our billing office during regular business hours.

Common CPAP/Bi-Level Troubleshooting

Problem	Possible Causes	Solution
CPAP/Bi-Level unit does not turn on.	<ul style="list-style-type: none"> ➤ Power cord not connected properly. ➤ AC power is out. ➤ Fuse has blown out. ➤ DC battery low. 	<ul style="list-style-type: none"> ➤ Check for proper electrical connection. ➤ Check for AC power at wall outlet. ➤ Replace fuses. Check that AC voltage selector switch is set to low. Contact NRS if you need more fuses. ➤ Recharge or replace battery.
No air comes out of unit when turned on.	<ul style="list-style-type: none"> ➤ Voltage switch is set incorrectly. ➤ Possible internal generator problem. ➤ Blocked air inlet. ➤ Dirty filter. 	<ul style="list-style-type: none"> ➤ Verify voltage switch is set to 115V. ➤ Contact NRS. ➤ Move unit away from drapes, bedding, and clothing. ➤ Change filter.
Unit starts and stops.	<ul style="list-style-type: none"> ➤ Power cord not completely connected to the unit or the outlet. 	<ul style="list-style-type: none"> ➤ Verify the power cord is completely connected at the rear of the unit and into the outlet.
Discomfort from too much pressure.	<ul style="list-style-type: none"> ➤ Pressure from the CPAP/Bi-Level unit 	<ul style="list-style-type: none"> ➤ It will take time to adjust to CPAP/Bi-Level. Relax and breathe slowly through your nose.
Pressure delivered seems significantly lower or higher than usual.	<ul style="list-style-type: none"> ➤ Possible unit malfunction 	<ul style="list-style-type: none"> ➤ Contact NRS.
Nasal, sinus, or ear pain.	<ul style="list-style-type: none"> ➤ Sinus infection or ear infection. 	<ul style="list-style-type: none"> ➤ Stop using the unit and contact your physician.
Air feels too warm.	<ul style="list-style-type: none"> ➤ Dirty filter ➤ Air inlet blocked ➤ Room temperature is too warm. 	<ul style="list-style-type: none"> ➤ Replace or clean filter. ➤ Move unit away from bedding and curtains. ➤ Turn down the thermostat. ➤ Keep unit away from heat source.

Cold nose.	➤ Room too cool.	➤ Increase room temperature. ➤ Run tubing under covers to reduce heat loss.
Runny nose.	➤ Nasal reaction to air flows.	➤ You may need to increase the room humidity or need a humidifier for your unit. ➤ Contact your Physician or NRS.
Dryness or irritation of nose or throat.	➤ Air is too dry.	➤ Make sure you keep your mouth closed and take slow deep breaths through your nose. ➤ Use a chinstrap. ➤ Increase room humidity or consult your physician/NRS about adding a humidifier to your unit.
Dry or irritated eyes	➤ Mask not positioned properly. ➤ Wrong mask size.	➤ Readjust the mask and headgear. ➤ Contact NRS for proper mask size
Redness on face where mask contacts your skin.	➤ Mask too tight. ➤ Wrong mask size. ➤ Reaction to mask material. ➤ Reaction to disinfectant or cleaner.	➤ Readjust the headgear and mask. ➤ Contact NRS for proper mask size. ➤ Contact your physician or NRS. ➤ Change brand of disinfectant or soap.
All other concerns or problems about your equipment.		➤ Contact Northwest Respiratory Services.

CPAP/Bi-Level, Masks and Accessories are available at: *Northwest Respiratory Services*

Northwest Respiratory Services is committed to providing our CPAP and Bi-Level clients superior customer service and a full line of equipment and accessories by the Nation's leading manufacturers, (Resmed®, Respirationics®, Puritan Bennett®, Fisher & Paykel®). Furthermore, we strive to ensure all CPAP/Bi-Level users are satisfied, comfortable, and knowledgeable of their equipment and accessories. Manufacturers recommend replacing worn and broken supplies so you will be comfortable and satisfied with your therapy. Even with proper care and cleaning most masks & mask parts, tubing, humidity chambers and filters need to be replaced when they are no longer functional and are usually covered by insurance. Our Therapists will need to conduct a supplies assessment if you feel your supplies are no longer functional. Please contact our Customer Service staff Monday-Friday between 8am and 6pm to assist you with ordering the proper supplies at 651-603-8720 or 1-800-232-0706 or to connect you with a Respiratory Therapist. Our Respiratory Therapists are also available to answer your questions regarding therapy, equipment maintenance and cleaning of your CPAP and Bi-Level equipment. We also recommend a pressure check every 6 months to insure that your CPAP/Bi-Level unit is working properly.

CPAP/Bi-Level Equipment Replacement and Insurance Schedule

Medicare

<i>Description</i>	<i>Covered Frequency</i>
Nasal Mask	1 per 3 months
Full Face Mask	1 per 3 months
Headgear*	1 per 6 months
Pillows	2 per month
Comfort Flap	2 per month
Cushions	2 per month (nasal) 1 per month (full face)
Chin Strap	1 per 6 months
Tubing	1 per 3 months
Filter Disposable	2 per month
Filter Non-disposable	1 per 6 months

***Mask and Headgear are not covered in same time span.**

Minnesota Medical Assistance

<i>Description</i>	<i>Covered Frequency</i>
Nasal Mask	1 per dispensing (3 per 365 days)
Full Face Mask	1 per dispensing (3 per 365 days)
Headgear	1 per dispensing (3 per 365 days)
Pillows	1 per month
Comfort Flap	1 per month
Cushions	1 per month
Chin Strap	1 per 6 months
Tubing	1 per month
Filter Disposable	3 per month
Filter Non-disposable	1 per dispensing (3 per 365 days)

All other types of insurance:

In regards to all other insurance plans that we accept, it is best to follow up with their own specific schedule for replacement of disposable CPAP/BIPAP equipment. It is important to note that many of these providers do follow Medicare guidelines.





NOTICE OF PRIVACY PRACTICES

This Notice is effective March 26, 2013

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

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at **651-603-8720** to obtain a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at **651-603-8720**.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at **651-603-8720**.

1. Treatment

We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

2. Payment

We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that, within the health department, we may *use* medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call “healthcare operations.” These “healthcare operations” activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization’s future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors’ information, contact our Privacy Officer at **651-603-8720**.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

5. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at **651-603-8720**

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose medical information about you in order to comply with workers’ compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- ☐ Uses and disclosures for marketing purposes.
- ☐ Uses and disclosures that constitute the sales of medical information about you.
- ☐ Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- ☐ Any other uses and disclosures not described in this Notice.

<p style="text-align: center;">YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU</p>

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at **651-603-8720**.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at **651-603-8720**.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**. Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

7. Right to Notification if a Breach of Your Medical Information Occurs

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- ☐ A brief description of what happened;
- ☐ A description of the health information that was involved;
- ☐ Recommended steps you can take to protect yourself from harm;
- ☐ What steps we are taking in response to the breach; and,
- ☐ Contact procedures so you can obtain further information.

**YOU MAY FILE A COMPLAINT
ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

Northwest Respiratory Services, LLC
716 Prior Avenue N
St. Paul, MN 55104

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: OCRComplaint@hhs.gov

MEDICARE DMEPOS SUPPLIER STANDARDS

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
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.
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 except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

7/27/12

Home Care Bill of Rights

Statement of Rights

A person who receives home care services has these rights:

1. The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
2. The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services.
3. The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
4. The right to be told in advance, of any changes in the plan of care and to take an active part in any changes; and
5. The right to refuse services or treatment.
6. The right to know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services.
7. The right to know, in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, and the charges that the individual may have to pay.
8. The right to know what the charges are for services, no matter who will be paying the bill.
9. The right to choose freely among available providers and to change providers after services have begun, within limits of health insurance, medical assistance, or other health programs.
10. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. The right to be allowed access to records and written information from records.
12. The right to be served by people who are properly trained and competent to perform their duties.
13. The right to be treated with courtesy and respect, and to have the patient's property treated with respect.
14. The right to be free from physical and verbal abuse.
15. The right to reasonable, advance notice of changes in services or charges.
16. The right to a coordinated transfer when there will be a change in the provider of services.
17. The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property.
18. The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT:

Mailing Address:

Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
P.O. Box 64970
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care

(651) 431-2555
1-800-657-3591
Fax: (651) 431-7452

Mailing Address:

Home Care Ombudsman
Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971



If you have a complaint about the quality of care from Northwest Respiratory Services, you may send this complaint via fax, email or mail to The Joint Commission. The Joint Commission policy forbids NRS from taking retaliatory actions against employees or clients who report quality of care concerns.

E-Mail:	complaint@jointcommission.org
Fax:	(630) 792-5636
Mail:	Office of Quality Monitoring The Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181
Website:	www.jointcommission.org



2013 Medical Oxygen - Patient Notification

Important information for Minnesota Health Care Oxygen Patients

Minnesota Health Care Programs (MHCP) has contracted with Northwest Respiratory Services in your area. Northwest Respiratory Services is responsible for providing all your oxygen, oxygen equipment, and oxygen supplies to you.

***If you have a problem with your oxygen equipment or supplies, call NRS and discuss the problem with them. If you have problems that are not solved by NRS, you may file a complaint with MA by calling your representative at:

DHS Recipient Help Desk - Local- 651-431-2660
Toll Free - 800-657-3729

The oxygen company you must use is: Northwest Respiratory Services

The oxygen contract covers:

Oxygen Concentrators, oxygen tanks (cylinders) and contents, liquid oxygen equipment and contents, oxygen conserving devices, oxygen humidifiers, oxygen supplies (tubing, cannula, masks, etc.) and shipping/handling.

24 hour per day emergency service is also available for emergency situations, which happen outside normal business hours.

You will not be billed for the oxygen supplies, contents, or equipment. If you receive a bill, do not pay it, unless you have a spend down requirement. If you have a spend down requirement, you are expected to pay the bill.

You are expected to take good care of the equipment that is left in your home and not abuse or misuse it. All oxygen equipment belongs to NRS.

You are also expected to check your oxygen supplies and call NRS during normal business hours if your oxygen supply is running low.

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VA Midwest Health Care Network

PATIENT RIGHTS AND RESPONSIBILITIES*Durable Medical Equipment, Home Oxygen Services,**and other equipment and services provided through Prosthetics and Sensory Aids Service (PSAS)*

The Veterans Health Administration (VHA) is pleased you have selected us to provide your healthcare. We want to improve your health and well-being. We will make your visit or stay as pleasant for you as possible. As part of our service to you, to other veterans and to the Nation, we are committed to improving healthcare quality. We also train future healthcare professionals, conduct research, and support our country in times of national emergency. In all of these activities, our employees will respect and support your rights as a patient. Your basic rights and responsibilities are outlined in this document. Please talk with VA treatment team members or a patient advocate if you have any questions or would like more information about your rights.

The Prosthetics and Sensory Aids Integrated Service Line respects the rights of patients receiving durable medical equipment, home oxygen equipment and services, and other equipment and services provided by PSAS. Along with these rights come responsibilities designed to help assure that you receive the highest quality healthcare to which you are entitled (See also the “Patient Rights and Responsibilities” for veterans at your VA Medical Center.)

I. Respect and Nondiscrimination

- You will be treated with dignity, compassion, and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.
- You or someone you choose has the right to keep and spend your money. You have the right to receive an accounting of any VA held funds.
- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.
- In order to provide a safe treatment environment for all patients or residents and staff, you are expected to respect other patients, residents and staff and to follow the facility’s rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

II. Information Disclosure and Confidentiality

- You will be given information about the health benefits you can receive. The information will be provided in a way you can understand.
- You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying your portion of any costs associated with your care.
- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (an example of this is State public health reporting). You have the right to information in your medical record and may request a copy of your medical records. This will be provided except in rare situations when your VA physician feels the information will be harmful to you. In that case, you have the right to have this discussed with you by your VA provider.
- You will be informed of all outcomes of care, including any potential injuries. You will be informed about how to request compensation for any injuries.
- You will be informed of what may happen to you if you refuse or discontinue any equipment item prescribed/provided that is medically necessary in the treatment process.
- You will be instructed in the care and safe use of the provided equipment, including who to contact for an emergency, service or repair. (Clinical staff provides medical use information).

III. Participation in Treatment Decisions

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. You will be told what is likely to happen to you if you refuse treatment. Refusing treatment will not affect your rights to future care but you take responsibility for the possible results to your health.
- Tell your provider about your current condition, medicines (including over-the-counter and herbals), and medical history. Also, share any other information that affects your health. You should ask questions when you do not understand something about your care. Being involved is very important for you to get the best possible results.

- You will be given, in writing, the name and title of the provider in charge of your care. As our partner in healthcare, you have the right to be involved in choosing your provider. You also have the right to know the names and titles of those who provide you care. This includes students, residents and trainees. Providers will properly introduce themselves when they take part in your care.
- You will be educated about your role and responsibilities as a patient or resident. This includes your participation in decision-making and care at the end of life.
- If you believe you cannot follow the treatment plan, you have a responsibility to notify your provider or treatment team.
- You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
- You have the right to choose whether you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate.
- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Consultation Service and/or other staff knowledgeable about healthcare ethics.
- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.
- You have the right to be involved with any decisions related to your medical equipment and home oxygen services. This includes accepting or refusing services. If you accept the service you may decide to discontinue service at any time.
- Ask questions about provided equipment when you do not understand including purpose, how to use, care, and/or how to obtain service or repair.
- Follow the provided instructions regarding the use, care, and maintenance of the equipment. Equipment is to be used for the purpose it was intended. No modifications, alterations or permanent markings may be done.
- Follow the safety guidelines for the equipment used, including observing any warnings and complying with any restrictions related to use of the equipment.
- Ensure that the home meets the required electrical requirements for the provided equipment, including but not limited to grounded outlets, appropriate voltage, etc.
- Comply with the prescribed plan of treatment and to communicate any concerns and/or health needs to your health care provider.
- Report service or repair needs to the equipment provider and/or Prosthetics. Do not attempt to repair the equipment yourself.
- Ensure that no negligence or willful misuse or abuse or unauthorized modification of the equipment occurs as this may jeopardize the warranty. Repairs & replacement, when such occurs, will be at the discretion of the facility.
- Keep the provided equipment in your possession for your personal use only.
- Notify the VA if you no longer need or want the provided equipment.
- Notify the VA of any change in address or telephone number.

IV. Complaints

- You are encouraged and expected to seek help from your treatment team or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process. You may complain verbally or in writing, without fear of retaliation.

Questions? Complaints? Concerns? Repairs? Please feel free to contact your nearest VA Prosthetic Office for assistance:

VA Iowa City, IA

319-338-0581, ext 6309
800-637-0128 ext 6309

VA Omaha, NE

402-449-0627
800-451-5796 ext 0627

VA Sioux Falls, SD

605-336-3230
800-316-8387 ext 3230

VA Fargo, ND

701-239-3700
800-410-9723 ext 3700

VA Des Moines, IA

515-699-5858
800-294-8387 ext 5858

VA Lincoln, NE

402-489-3802, ext 6232
866-851-6052 ext 6232

VA Ft Meade, SD

605-720-7333
800-743-1070 ext 7333

VA St Cloud, MN

320-255-6385
800-247-1739 ext 6385

VA Knoxville, IA

641-842-3101, ext 6110
800-816-8878 ext 6110

VA Grand Island, NE

308-382-3660, ext 2152
866-580-1810 ext 2152

VA Hot Springs, SD

605-720-7333
800-743-1070 ext 7333

VA Minneapolis, MN

612-467-2001
866-414-5058 ext 2001

Reference: CAMHC, most recent edition, Patient Rights Standards; VA 10-88, September 2006

Concerns may be reported to The Joint Commission. Their website for more information is www.jointcommission.org. Concerns may be sent via email to complaint@jointcommission.org. Mailing Address: Office of Quality Monitoring, The Joint Commission, One Renaissance Blvd, Oakbrook Terrace, IL 60181; Fax Number (630) 792-5636.

