Patient and Caregiver Guide to Infusion Services

Website: http://providence.org/infusion
Welcome to Providence

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

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

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

Larry W. Oliver,
Pharm.D., CPHIMS
Director
Providence Infusion and Pharmacy Services

The Providence Commitment

Mission

As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Core Values

- Compassion
- Dignity
- Justice
- Excellence
- Integrity

When to Call Us

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

Please call us at any hour if:

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

In any life-threatening medical emergency, immediately call 911

Please call us during business hours of 8:00 AM – 5:00 PM if:

- You need to arrange for a delivery or reorder supplies
- The patient is hospitalized
CARE, SERVICES, AND SAFETY

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HOW TO CONTACT US
1-800-832-0319

Pharmacist & Patient Care Representative (PSR) for drug & supplies:
- A-Team: Pharmacist @ 425-687-4468   PSR @ 425-687-4457
- B-Team: Pharmacist @ 425-687-4462   PSR @ 425-687-4465
- C-Team: Pharmacist @ 425-687-4454   PSR @ 425-687-4466

Nurse or Dietitian: 1-800-832-0319
Scheduler:  South @ 425-687-4464    North @ 425-687-4458

HOW TO VOICE A COMPLAINT, CONCERN OR COMPLIMENT

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

- Discuss concerns directly with the persons providing care. Most times they can adequately address your concern.
- If problem is not resolved, contact a supervisor at 1-800-832-0319. The supervisor will review concerns with the patient or caregiver and the staff involved.
  - Nursing Manager: Brooke Thompson, RN, BSN
  - Pharmacy Manager: Cindy Chan, Pharm-D
  - Billing Manager: Robert Biolchini
  - Quality Director: My Phan

If problems still exist you may contact the Providence Infusion and Pharmacy Services Director of Pharmacy Operations, Larry Oliver, Pharm-D, CPHIMS at 1-800-832-0319.

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

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

**The Joint Commission**
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(phone: 630-792-5800)
(email: complaint@jointcommission.org)
What to Expect During your Home Care When Receiving Medications / Supplies / Equipment / Deliveries

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

Medications

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

**INSPECT** each dose of medication:

<table>
<thead>
<tr>
<th>Check the Prescription Label for:</th>
<th>Check the Medication and Container (bag, syringe, etc.,) for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Leakage</td>
</tr>
<tr>
<td>Dose</td>
<td>Liquid Separation</td>
</tr>
<tr>
<td>Administration Directions</td>
<td>Discoloration</td>
</tr>
<tr>
<td>Expiration Date</td>
<td></td>
</tr>
</tbody>
</table>

**STORE** medications according to storage information on label.

<table>
<thead>
<tr>
<th>Refrigerated</th>
<th>Room Temp</th>
<th>Light Sensitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs must be stored in a refrigerator at <strong>36°- 46 ° F</strong>, only to be removed 1-2 hours prior to dosing.</td>
<td>Drugs to be stored at room temperature <strong>68°- 77° F</strong></td>
<td>Drugs labeled 'Protect from Light' must remain in their amber colored bag regardless if being stored at room temperature or refrigerated.</td>
</tr>
</tbody>
</table>

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

Supplies

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

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

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

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

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

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

Deliveries

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

<table>
<thead>
<tr>
<th>UPS/FedEx:</th>
<th>Courier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery by 7:00 PM</td>
<td>Driver will call with approximate time of arrival</td>
</tr>
<tr>
<td>Delivery may be left at doorstep</td>
<td>Every page of the ticket will require the following:</td>
</tr>
</tbody>
</table>

**WASHINGTON STATE RETURN OF MEDICATION AND SUPPLIES**

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

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

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

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

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

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

Stop the spread of germs that can make you and others sick!

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

If you don’t have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a face mask to protect others.

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDBRUB

Duration of the entire procedure: 40–60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
2. Rub hands palm to palm;
3. Right palm over left dorsum with interlaced fingers and vice versa;
4. Palm to palm with fingers interlaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.

World Health Organization  Patient Safety  SAVE LIVES
A World Alliance for Safer Health Care  Clean Your Hands

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May 2009

AVAILABLE 24-HOURS @ 1-800-832-0319
It is **very important** for you to keep your hands and work surfaces clean whenever you handle your medication, catheter, and IV tubing. Aseptic Technique refers to carefully disinfecting or cleaning each area involved, and not touching sterile surfaces with your hands. This should be first in your mind as you perform each step of your therapy.

**Aseptic Technique**

**Prepare** Your Work Surface

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

**Wash** Your Hands

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

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

**Infusion Preparation**

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

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

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

PATIENT AND CAREGIVER RESPONSIBILITIES

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

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

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

In any life-threatening emergency, immediately call 911

In Home Preparedness for Natural Disasters/Emergencies

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

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

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

If you need emergency medical care or medical supplies: Go to the nearest hospital outside of the disaster area.
If you have no electricity: IV pumps generally have a battery backup which will last for a limited time. Then, if approved by your doctor, your pharmacist may send out an emergency gravity method for infusing your medication/treatment.

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

Safety in the Home

Fire

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

Oxygen

- If the patient smokes, he or she must remove and turn off oxygen. There is a high risk of fire and the potential for serious bodily injury caused by smoking in the presence of oxygen.
- If a visitor smokes, the smoker should be at least 10 feet away from the oxygen source and any tubing.
- There should be no open flames (e.g., candle, wood stove, fireplace) within 10 feet of the person using oxygen, all tubing, and the source of the oxygen.
- The prongs of the nasal cannula should be in the patient’s nose.
- If using a facemask, it must fit snugly on the patient’s face.
- Understand how to use the equipment and any backup system.
- Small pieces of cotton or pads between tubing and skin can lessen irritation if it occurs.
- Oxygen is a drug and must be used only as prescribed by your physician. Treat it like any other medication you take.
• Do not change the amount of oxygen given unless instructed to do so. Oxygen needs vary with activity.

• Never use petroleum products (e.g., oil or grease) if oxygen equipment is being used because of the risk of combustion. Vaseline is a petroleum-based product and should never be used for nasal irritation. Instead, use a water-based moisturizer such as K-Y Jelly.

• Make certain that the delivery device (cannula, facemask, etc.) is clean to reduce potential infection and to assure adequate oxygen delivery.

• Oxygen tubing should be no longer than 50 feet because this may decrease the amount of oxygen received.

Fall Prevention  

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

Washington Death With Dignity Act

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

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

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

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

Kinds of Advance Directives

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

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

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

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

**Notice of Privacy Practices**

This Joint Notice of Privacy Practices (Notice) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The Notice is being provided to you on behalf of Providence Health & Services (Providence), its medical staff and other providers (collectively referred to herein as “we” or “our”).

Providence is committed to protecting the confidentiality of your health information. We are required by law to maintain the privacy of your protected health information (commonly called PHI or health information), including PHI in electronic format. We are also required to notify you of our legal duties and privacy practices regarding your health information and abide by the practices of this Notice, unless more stringent laws or regulations apply. This Notice applies to all Providence facilities, services and programs that provide health care to you.
Application of this Notice

The information privacy practices described in this Notice will be followed by:

- Any health care professional who treats you at any of our locations
- All facilities, departments and units, including hospitals, surgical centers, home care, clinics and other affiliates
- All workforce members such as employees, medical staff, trainees, students, volunteers and other persons under our direct control whether or not they are paid by us
- Other health care providers that have agreed to abide by this Notice of Privacy Practices

This Notice provides detailed information about how we may use and disclose your health information with or without authorization as well as more information about your specific rights with respect to your health information.

Uses and Disclosures of Your Health Information

We May Make Without Your Authorization

To contact you: Your information may be used to contact you to remind you about appointments, provide test results, inform you about treatment options or advise you about other health-related benefits and services.

Treatment: Your information may be shared with any health care provider who is providing you with health care services. This includes coordinating your care with other health care providers and providing referrals to other health care providers. Examples of health care providers who may need your information to treat you include your doctor, pharmacist, nurse and other providers such as physical therapists, home health providers, and X-ray technicians. We may share your information electronically with your health care providers in order to make sure they have your information as quickly as possible to treat you.

We may share your health information with any family member or friend who is involved in assisting with your health care. We will only do this if you agree or do not object, and will only share with them the information they need in order to help you. If you are unable to either agree or object to such a disclosure, we may disclose your health care information as necessary if we determine that it is in your best interest based on our professional judgment.

We may disclose health information to a family member, relative or another person who was involved in your health care or payment for health care when you are deceased if not inconsistent with your prior expressed preferences.

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

Health care operations: Your health information may be used in order to support our business activities and to assure that quality health care services are being provided. Some of these activities include quality assessments, peer or employee review, training of medical personnel, licensure and accreditation, data aggregation and audits by regulatory agencies.

We may share your PHI with third parties who perform services such as transcription or billing. In those cases, we have written agreements with the third parties that they will not use or disclose your health information except if permitted by law.

We may also use your information (name, address, date of birth, department of service, treating physician, dates of treatment, outcome) for our fundraising activities.

You Have the Right to Opt Out of Receiving Such Communications

If you do not want to receive these materials, please contact our foundation office and request that these materials not be sent to you.

Unless you object, your name and location may be included in our patient directory. If it is included, we will only share very limited information about you, such as your location in a hospital and general status, with anyone who asks about you by name. If you choose to provide your religious affiliation and do not object, we may provide your name and room number to clergy from your faith or religious community.

This Notice also describes the privacy practices of an Organized Health Care Arrangement (“OHCA”) between us and certain eligible health care providers and organizations. An OHCA allows legally separate covered entities to use and disclose PHI for the joint operation of the arrangement.

We participate in such an arrangement of health care organizations who have agreed to work with each other to facilitate access to health information relevant to your care. For example, if you present to a hospital for emergency care and cannot provide important information about your health, the OHCA will allow us to use your PHI from our OHCA participants to treat you. When it is needed, ready access to your PHI means better care for you. We store health information about our patients in a joint electronic health record with other health care providers who participate in this OHCA. Providence and members of the OHCA must be able to share your health information freely for treatment, payment and health care operations purposes. For this reason, we have created the OHCA and this Joint Notice. OHCA members may choose to have their own Notice(s). For information about organizations participating in our OHCA, please contact the Privacy Office listed in this Notice.
Other Uses and Disclosures We May Make Without Your Authorization

There are a number of ways that your health information may be used or disclosed without your authorization. Generally, these uses and disclosures are either required by law or for public health and safety purposes.

When required by law: We may use or disclose your health information when required by law. If this happens, we will comply with the law and will only disclose the information necessary.

Public health: We may disclose your health information to a public health authority for public health activities. Public health activities include preventing or controlling disease, injury, disability, and responding to reports of abuse, neglect or domestic violence. We may disclose your health information to a person or agency required to report adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements. Any disclosures of this nature will be made consistent with state and federal law.

Health oversight: We may disclose your health information to health oversight agencies for oversight activities authorized by law, such as audits, investigations, and inspections. Health oversight agencies include government agencies that oversee the Health care system, government benefit programs, government regulatory programs and civil rights.

Legal proceedings: We may use or disclose your health information in response to a court or administrative order in an administrative or judicial proceeding, or in response to a subpoena, discovery request or other legal process.

Law enforcement: We may use or disclose your health information for law enforcement purposes. Examples include (1) responding to legal processes; (2) providing limited information to identify or locate a suspect; (3) providing information about crime victims; (4) reporting suspicion that death has occurred as a result of criminal conduct; (5) reporting a crime which occurred on our premises; and (6) for medical emergencies, reporting where it appears likely a crime occurred.

Preventing a serious threat: We may use or disclose your health information if we believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or of the public. Disclosure may only be made to a person reasonably able to prevent or lessen the threat.

Coroners, funeral directors, and organ donation: We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death or other legally required duties. We may disclose your health information to a funeral director in order to permit him/her to perform his/her duties. We may disclose your information to facilitate an organ, eye or tissue donation.

Research: We may disclose your health information to researchers, provided that the research has been approved by an Institutional Review Board and/or a Privacy Board, and the research protocols have been approved to ensure your privacy. We may disclose health care information about you to people preparing to conduct a research project.
Military activity and national security: We may disclose the health information of Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your health information to authorized federal officials to conduct national security and intelligence activities, including the provision of protective services to the President or others legally authorized to receive information.

Inmates/arrestees: We may use or disclose your health information to a correctional institution or law enforcement official if you are an inmate of a correctional facility or are in custody and the information is necessary to treat you or protect the health and safety of you, other inmates, employees at the correctional facility or others.

Workers’ compensation: We may use or disclose your health information as necessary to comply with workers’ compensation laws and other similar legally established programs.

Disaster relief: We may disclose health care information about you to an entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status, and location.

Uses and Disclosures of Your Health Information
We May Make With Your Authorization

Certain uses and disclosures of your health information, including marketing, sale of health information or release of psychotherapy notes, will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

Uses and disclosures not otherwise described in this Notice will be made only with your written authorization. Federal and state laws may place additional limitations on the disclosure of your health information for drug or alcohol abuse treatment programs, sexually transmitted diseases, or mental health treatment programs. When required by law, we will obtain your authorization before releasing this type of information.

Your Rights

Right to request restrictions: You have the right to ask us to place restrictions on the way we use or disclose your health information for treatment, payment or health care operations. We will consider your request but are not required to agree to the restriction (except as described below). If we agree to a restriction, we will not use or disclose your health information in violation of that restriction unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you.

Right to restrict disclosure to health plans: You may request in writing, at the time of service, that we not disclose information to health plans where you have paid for items or services out of pocket in full. We must agree not to disclose this information to your health plan if certain conditions are met.
Confidential communications: We will accommodate reasonable requests to communicate with you about your health information by different methods or alternative locations. For example, if you are covered on a health plan but are not the subscriber, and would like your health information sent to a different address than the subscriber, we can usually do that for you.

Breach notification: You have the right to receive notification of breaches of your health information as required by law.

Access to your health information: You have the right to receive a copy of your health information that we maintain, with some limited exceptions. You may request access to your information in writing, and you may request a copy of your information in electronic format. We reserve the right to charge a reasonable fee for the cost of producing and providing your health information. You have the right to request that your health information be sent to any person or entity, such as another doctor, caregiver or online personal health record.

Amendment of your health information: You have the right to ask us to amend any of your health information. You need to request this amendment in writing and submit it to the facility’s medical records department. We may deny your request in certain situations, such as when the health information in your records was created by another provider or if we determine your information is accurate and complete. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement.

Accounting of certain disclosures: You have a right to a listing of the disclosures we make of your health information, except for those disclosures made for treatment, payment, or health care operations, or those disclosures made pursuant to your authorization. The type of disclosures typically contained in a listing would be disclosures made for mandatory public health purposes, law enforcement, legal proceedings, or for other required reporting such as birth and death certificates.

Exercising your rights: To exercise any of the above rights or if you need to share your health information with someone for purposes other than those listed here, contact the appropriate medical records department.
Questions and Complaints

If you have questions or are concerned that any of your privacy rights have been violated, please contact our Privacy Officer:

- Alaska, 1-800-510-3375
- California, 1-800-628-7768
- Oregon, 1-888-231-4697
- **Washington and Montana, 1-855-768-7145**

You also have the right to complain to the Secretary of Health and Human Services at:

- **Office for Civil Rights – AK, WA, OR, MT**
  U.S. Department of Health and Human Services
  2201 Sixth Avenue - M/S: RX-11
  Seattle, WA 98121-1831

- **Office for Civil Rights – CA**
  U.S. Department of Health and Human Services
  90 7th Street, Suite 4-100
  San Francisco, CA 94103

  *You will not be retaliated against for filing a complaint.*

Changes to Joint Notice of Privacy Practices

We reserve the right to change the terms of our Notice at any time. New Notice provisions will be effective for all protected health information that we maintain. You may view a copy of our most current Notice on our website at www.providence.org, or request a current copy from the medical records department, privacy officer, or registration staff at any time.
### Notice of Nondiscrimination and Accessibility Rights

Providence Health & Services and its Affiliates (collectively “Providence”) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Providence:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as: (a) Qualified sign language interpreters; and (b) Written information in other formats (large print, audio, accessible electronic formats, other formats).

2. Provides free language services to people whose primary language is not English, such as: (a) Qualified interpreters; and (b) Information written in other languages.

If you need any of the above services, please contact the appropriate Civil Rights Coordinator below. If you need Telecommunications Relay Services, please call 1-800-833-6384 or 7-1-1.

If you believe that Providence 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 Providence by contacting the Civil Rights Coordinator for your state as listed below:

<table>
<thead>
<tr>
<th>State/Service</th>
<th>Civil Rights Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td><strong>Civil Rights Coordinator</strong>, 101 W. 8th Ave., Spokane, WA 99204; Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: <a href="mailto:Nondiscrimination.WA@providence.org">Nondiscrimination.WA@providence.org</a></td>
</tr>
<tr>
<td>Senior Services (all states)</td>
<td><strong>Civil Rights Coordinator</strong>, 2811 S. 102nd Street, Suite 220, Tukwila, WA 98168, Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: <a href="mailto:Nondiscrimination.pscs@providence.org">Nondiscrimination.pscs@providence.org</a></td>
</tr>
</tbody>
</table>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, one of the above-noted Civil Rights Coordinators is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:


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1 For purposes of this notice, “Affiliates” is defined as any entity that is wholly owned or controlled by Providence Health & Services or Western HealthConnect, including but not limited to all Providence Health & Services-Washington, Providence Health & Services Alaska, Providence Medical Group, and all subsidiaries, facilities, and locations operated by those entities.
NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY RIGHTS

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您讲中文，我们可提供免费中文翻译服务，致电888-311-9127 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711)번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, σας παρέχονται δωρεάν υπηρεσίες υποστήριξης για την ανάγκη σας. Μπορείτε να καλέσετε την αναλογική αριθμό τηλεφώνησης 888-311-9127 (τηλεταινίας TTY) 711.

يرجى الانتباه: إذا كنت تتكلمون اللغة العربية، فاعلموا أن خدمات المساعدة اللغوية متوفرة مجاناً لكم. اتصلوا برقم الهاتف 888-311-9127 (أو بخط المبركة الكتابية TTY) لنصرة السمع والنطق على الرقم 711).

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌گردد. با شماره 888-311-9127 (TTY: 711) تماس بگیرید.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。888-311-9127（TTY: 711）まで、お電話にてご連絡ください。

प्रतिवेदन: यदि हिंदी में बालकिया, तो हिंदी वाले हेल्प लाइन में एक सुस्त नंबर उपलब्ध है, जो 888-311-9127 (TTY: 711) पर उसे लुक करें।

Для людей: Если вы говорите на русском языке, вам предлагается бесплатная помощь в переводе. Вы можете позвонить по номеру 888-311-9127 (TTY: 711) для помощи в слуховом и речевом переводчике.


โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือทางภาษาได้โดยไม่มีค่าใช้จ่าย โดยทั่วไป 888-311-9127 (TTY: 711)
**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.

The products and/or services provided to you by Providence Infusion and Pharmacy Services 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](http://www.ecfr.gov) (Title 42 → Chapter IV → Subchapter B → Part 424 → Subpart D → §424.57). Upon request we will furnish you a written copy of the standards.

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**Palmetto GBA – National Supplier Clearinghouse**

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

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A CMS Contracted Intermediary and Carrier
1-800-832-0319
(for all locations)

**Providence Everett Medical Center (Pacific Campus)**
916 Pacific Ave., First Floor
Everett, WA 98201

**Olympia**
Providence Infusion
3525 Ensign Rd. N.E., Unit R
Olympia, WA 98506

**Seattle**
Nordstrom Tower
(Swedish First Hill Campus)
1229 Madison Street, Suite 1220
Seattle, WA 98104

**Renton**
Providence St. Joseph Health
2201 Lind Ave SW, Suite 150
Renton, WA 98057
Zoom Smartphone, Tablet, and Computer Instructions*

Smartphone and Tablet:

1. Download the Zoom Cloud Meetings application from your device’s application store (Apple App Store, Google Play Store, etc)

If your Providence Home Infusion clinician requests to assist you at home via a Zoom Tele-video visit and you agree, they will ask you to:

1) Select the Zoom icon on your smart phone screen to open the Zoom visit
2) Select/Push ‘Join a Meeting’
3) Enter the nine digit number code given to you by your Providence Infusion clinician.
4) You will immediately be connected to the private, secure meeting.

*Providence Zoom visits are private, secure and HIPPA compliant.

We suggest connecting to wireless in order to minimize any data charges.

Getting Started with Zoom
Visit our website @ http://providence.org/infusion for:

1. Instructional infusion videos
   (under the tab titled “Educational Resources”)  
2. AIS locations and directions 
3. FAQs

**Medication Questions?**
Providence Infusion Pharmacists are available to answer any questions or concerns you may have about your current medications. Please take a moment to review the drug information which has been provided with your prescription. Our pharmacists can assist you with questions regarding what your prescription is being used for, common side effects, contraindications for use, proper storage of medication, directions for administration, and refill instructions. Our primary goals are ensuring patient safety and optimizing your medication therapy.

If you have any questions, please contact Providence Infusion & Pharmacy Services at 425-687-4400 or 800-832-0319 to speak with a pharmacist.

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

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

If your question is related to your…

| **Catheter** (blood back up, broken, leaking, won’t flush) | NURSE |
| **Pump** (programming and alarms) | |
| **Dressing** (loose or saturated) | |
| **Medication** Issues | PHARMACIST |
| **Supply** Issues | |
| **Tube Feed** related Issues | DIETITIAN |

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