

Deaconess

# Home Medical Equipment

Patient Information



 **Deaconess**  
HOME MEDICAL  
EQUIPMENT

[www.deaconess.com/hme](http://www.deaconess.com/hme)



ACCREDITED



**THANK YOU FOR CHOOSING** Deaconess Home Medical Equipment for your home medical supplies and services. Our goal is to provide you and your family with very good service and high-quality products. A few days after your equipment or supplies have been delivered, you will receive a survey. Please take a few minutes to complete the survey and return it to us. We will use this information to recognize and reward our employees and improve services to our future patients. We wish you well and thank you in advance for your assistance.

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# WELCOME

Deaconess Home Medical welcomes you as a valued customer and appreciates the opportunity to serve you. We're dedicated to your complete satisfaction. Call us at any of the numbers on the back of this booklet if you have questions or concerns.

## Business Hours

**Garfield, Columbia Physician Center and East**

**Respiratory Services:** 8:00 AM-4:30 PM, Monday-Friday

**Gateway:** 8:00 AM-5:00 PM, Monday-Friday

**North Park:** 9:00 AM-5:00 PM, Monday-Friday

**North Green River Road:** 9:00 AM-5:00 PM, Monday-Friday

**Henderson:** 8:00 AM-4:30 PM, Monday-Friday

**Princeton:** 9:00 AM-5:00 PM, Monday-Friday

**Vincennes:** 8:00 AM-6:00 PM, Monday, Tuesday & Thursday

**Boonville:** 8:00 AM-4:30 PM, Monday-Friday

We're also available to all clients 24 hours a day, 7 days a week, including weekends and holidays, on an on-call basis. If a need arises after regular hours, just call us, and one of our staff will return your call to help you.

## In Case of Emergency

If you are a Home Medical client and are unable to reach our agency during an emergency, please contact your physician or local emergency services (for example, 911, fire department or ambulance service).

## Summary of Mission and Scope of Service

"Our mission is to provide patients, families and caregivers with compassionate, quality care and support." Our staff is committed to working with you and your physician to provide excellent care and services to you in the comfort of your home. If we're unable to meet your needs as directed by your doctor, we'll work with you and your doctor to refer you to another agency equipped to meet your needs.

## Advance Directives and DNR Orders

Home Medical recognizes and supports your right to formulate an advance directive and to have this directive honored. Please notify your nurse or technician of the presence of any such directive.

## Warranties of Purchased Equipment

All purchased equipment is subject to manufacturer's warranties. Should you have questions concerning the warranties, please call Home Medical at 812-450-4673.

## Insurance Information

Home Medical will be happy to bill Medicare or your insurance company for you. It is your responsibility to provide us with accurate information necessary for us to receive payment for services rendered. You will be responsible for any deductible, co-payment or out-of-pocket expenses above your insurance payment.

Verification of benefits by Home Medical does not guarantee payment by your insurance company. Payment responsibility is subject to change based on your insurance coverage. Should you have questions about your coverage, deductible amount, co-payment or out-of-pocket expenses, please contact your insurance company.

## Register a Concern

We are dedicated to your complete satisfaction and treat all concerns seriously. Please call one of our customer service representatives at the main office during regular hours to voice any concerns. Voicing your concerns will not result in coercion, discrimination, reprisal or unreasonable interruption of service or care provided by Deaconess Home Medical Equipment.

## Contacts for Discussing Concerns:

- Patient Relations at Deaconess Midtown  
812-450-3430 or 1-800-651-9542
- Patient Relations at Deaconess Gateway  
812-842-3967 or 1-800-313-4294
- 24-Hour Patient Assistance Line  
812-450-7827 or TTY 812-450-4900
- Indiana State Department of Health  
2 N. Meridian St., Indianapolis, IN 46204-7373  
317-233-1325 or TTY 317-233-5577
- Medicare Beneficiaries - Livanta, Medicare QIO for Indiana, 1-888-524-9900 and TTY 1-888-985-8775
- Accreditation Commission for Health Care  
919-785-1214

# RETURN POLICY

1. All returns are subject to management approval.
2. Returns may be subject to a 15% restocking fee.
3. No returns on special ordered items.
4. Due to sanitation regulations, no returns on personal care items (CPAP masks, compression stockings, bath aids, etc.)
5. Items that have the original package seal intact may be eligible for returned.
6. Original sales slip is required for prospective return.
7. All approved returns will be made within 30 days of original purchase.
8. All credit card purchases will be credited to the card used to make the purchase.
9. Items sold with a value over \$50.00 will require a return of monies by a DHME check. (Please allow 2-3 weeks for refund.)

# CLIENT RIGHTS AND RESPONSIBILITIES

As one of our valued customers, we feel that it is important to let you know that you have certain rights and responsibilities. As we work with you, we will do our utmost to honor and respect those rights and to assist you to do the same with your responsibilities. Those rights and responsibilities include:

## As Our Home Medical Equipment Client, You Have the Right to:

- Be informed of your rights and responsibilities as a user of home medical equipment supplied by Home Medical or as a recipient of care provided through agreements it might have with other agencies.
- Choose a home medical equipment provider. You will be given information about the medical equipment or services to be provided and the financial aspects of the equipment/service agreement so that you can make an informed decision about the acceptance of the equipment/services to be provided.
- Provide access to or a copy of your records upon written request.
- Accept or refuse all or part of medical equipment and/or services to be delivered
- Choose whether or not to participate in research, investigational, or experimental studies, or clinical trials.
- Be given information about our policies and procedures and charges for services, including interpretation of third party reimbursement.
- Expect and receive prompt and courteous service.
- Be provided professional quality services by competent staff without regard to race, religion, sex, gender identity, sexual orientation, ethnicity, age, handicap or sources of payment for care.
- Expect all instruction/communication to be in a language or form which can be reasonably understood.
- Participate in prompt and orderly transfer to another organization or level of care or service, if you desire.
- Be informed of any or all limitations in service/care that you may need.
- Be informed of any financial benefits when referred to an organization.
- Expect proper maintenance of equipment based upon manufacturer's recommendations.
- Expect all records and communication about care/service to be kept confidential and private.
- Privacy and security.
- Have your property respected.
- Be able to identify visiting staff members through proper identification.
- Be informed of any impending changes in service, e.g., termination of services or transfer of accounts to another agency, etc.
- Have complaints, ethical concerns, and/or suggested changes in agency processes, services and/or staff heard, reviewed, and if possible, resolved without coercion, fear of discrimination, reprisal, or unreasonable interruption of service.

- Be free from mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Be provided a prompt and courteous response to your complaints.
- Be involved in care, services or any dilemmas involving your care.
- Participate in decisions regarding the initial equipment/services provided and any changes thereafter (subject to physician's order).
- When applicable, be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.
- Formulate advance directives.
- Be involved in decisions to withhold resuscitation.
- Be involved in decisions to forgo or withdraw life sustaining care or service.

## As Our Home Medical Equipment Client, You Have the Responsibility to:

- Provide accurate and complete personal and health information needed to provide appropriate care.
- Provide complete and accurate information for insurance claims and work with billing representatives for paying your bills on time.
- Notify the Home Medical office whenever there is a change of residence, even for a short time.<sup>1</sup>
- Report any unexpected changes in your condition to the physician.
- Maintain the home environment in such a manner that the equipment can be safely installed and/or utilized in the home. Such maintenance includes the safety of Home Medical personnel while in the home.
- Understand all instructions provided regarding the operation of the medical equipment and supplies, including proper safety procedures, cleaning, and storage of the equipment and supplies.
- Notify Home Medical as soon as there is a suspicion of problems with the equipment's function and stop using the equipment until it has been checked and declared safe.
- Show respect to Home Medical personnel.
- Fulfill financial responsibility in the rental/purchase of equipment.
- Express any concerns about your understanding of the course of treatment or of your ability to comply with instructions.
- Follow the instructions you are given for using a piece of equipment.
- Notify Home Medical when a piece of rental equipment is no longer needed.
- Notify Home Medical if you will not be home for a previously scheduled visit.
- Assume financial responsibility for any piece of equipment that is lost or damaged, including but not limited to any form of smoke odors as a result of misuse during the rental period. If either occurs, you will be responsible to pay for the repair, including parts, labor and shipping, or replacement of that piece of equipment.

<sup>1</sup> Failure to comply may result in prosecution.

# MEDICARE SUPPLIER STANDARDS

**TELEPHONE: 812-450-4673**

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than fully quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a compliant resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain pharmaceuticals). Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited 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. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c) Implementation date - May 4, 2009
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

## COMMUNITY RESOURCE GUIDE

Below is a partial list of services available in our community. A Home Services Representative is available to assist you in arranging services to meet your needs.

[www.deaconess.com](http://www.deaconess.com)

<b>SERVICES FOR THE ELDERLY</b>	<b>SOCIAL SERVICE REFERRAL ASSISTANCE</b>
<input type="checkbox"/> SWIRCA, 464-7817	<input type="checkbox"/> United Way First Call for Help, 421-2800
<input type="checkbox"/> Warrick County Senior Center, 897-4437	<b>LEGAL INFORMATION</b>
<input type="checkbox"/> Posey County Senior Center, 838-4656	<input type="checkbox"/> Indiana Legal Services, 1-800-822-4774
<input type="checkbox"/> Gibson County Senior Center, 812-385-8818	<input type="checkbox"/> Legal Aid Society, 435-5173
<b>MEALS/COOKING</b>	<b>HOUSING—LOW INCOME/INCOME-BASED</b>
<input type="checkbox"/> SWIRCA, 464-7800	<input type="checkbox"/> Housing Authority of Evansville, 428-8500
<input type="checkbox"/> Meals on Wheels, 476-6521	<input type="checkbox"/> Section 8 Program, 428-8548
<b>PERSONAL SAFETY MONITORING</b>	<input type="checkbox"/> Caldwell Homes, 428-8527
<input type="checkbox"/> Philips Lifeline System, 1-800-451-0525	<input type="checkbox"/> Erie Homes, 428-8539
<input type="checkbox"/> Deaconess Resource Service, 450-3990	<input type="checkbox"/> George W. Buckner Tower, 428-8521
<input type="checkbox"/> Deaconess Companion Service, 450-3990	<input type="checkbox"/> John F. Kennedy Tower, 428-8520
<b>TRANSPORTATION, WHEELCHAIR OR AMBULANCE SERVICE</b>	<input type="checkbox"/> White Oak Manor, 428-8532
<input type="checkbox"/> METS Mobility, 435-6166	<input type="checkbox"/> Schnute Apartments, 428-8531
<input type="checkbox"/> Deaconess Helping Hand, 450-6100	<input type="checkbox"/> Arbors at Red Bank, 424-0790
<input type="checkbox"/> See "Services for the Elderly," Senior Centers: Warrick, Posey and Gibson Counties (above)	<input type="checkbox"/> Arbors of Evansville, 477-1644
<input type="checkbox"/> American Medical Response (AMR), 428-2211	<input type="checkbox"/> Bradford Pointe Apartments, 477-1900
<input type="checkbox"/> Comaier Services, 422-8515	<input type="checkbox"/> Buena Vista Apartments, 422-3459
<input type="checkbox"/> Gibson County EMS, 385-8967	<input type="checkbox"/> Carriage House, 479-6829
<input type="checkbox"/> Posey County EMS, emergency: 911 Administrative office: 838-1319	<input type="checkbox"/> Crossing Apartments, 422-3485
<input type="checkbox"/> Warrick EMS, 897-7078	<input type="checkbox"/> Dalehaven Estates, 479-0411
<b>Medicare/Social Security</b>	<input type="checkbox"/> Fulton Square Homes, 428-8516
<input type="checkbox"/> Social Security Administration, 421-1303, 1-800-772-1213, internet: <a href="http://www.ssa.gov">www.ssa.gov</a>	<input type="checkbox"/> Greenbriar Cooperative, 479-3441
<b>Medicine/Medical</b>	<input type="checkbox"/> Lincoln Estates, 428-8552
<input type="checkbox"/> Division of Family & Children/Medicaid/Food Stamps	<input type="checkbox"/> Washington Ct Redevelopment, 422-2537
<input type="checkbox"/> State Office. 1-800-403-0864	<input type="checkbox"/> Woodland Park, 471-1700
<input type="checkbox"/> Local Help Center, 711 John Street, Suite C	<b>HOUSING-EMERGENCY/TRANSITIONAL</b>
<input type="checkbox"/> Veteran's Administration Clinic, 465-6202	<input type="checkbox"/> Albion Fellows Bacon Center, 422-9372
<input type="checkbox"/> V.A. Clinic Social Workers 465-6213	<input type="checkbox"/> YWCA, Women's Shelter, 422-1191
<input type="checkbox"/> County Veteran Office, 435-5240	<input type="checkbox"/> Mt Vernon/Posey County Domestic Violence & Sexual Assault Task Force, 812-838-3077
<input type="checkbox"/> Echo Community Health Care	<input type="checkbox"/> Evansville Rescue Mission, (Men) 421-3800
<input type="checkbox"/> John Street Clinic, 421-7489	<input type="checkbox"/> House of Bread & Peace, 425-6754
<input type="checkbox"/> Woodson Clinic, 436-0224	<input type="checkbox"/> Goodwill Family Center, 424-4663
<input type="checkbox"/> Diabetic Center, 436-4501	<input type="checkbox"/> Ozanam Family Shelter, 422-2214
<input type="checkbox"/> Impact Christian Health Center, 426-6152	<input type="checkbox"/> ECHO Homeless Outreach Team, 428-3246
<input type="checkbox"/> Bell Tower Health Center, 423-5195 (Mon. a.m.)	<b>REPAIRS ON HOME</b>
<input type="checkbox"/> Memorial Point Health Center, 425-4357	<input type="checkbox"/> Handyman Program, 464-7813
<input type="checkbox"/> Township Trustees: see phone book	<input type="checkbox"/> Metropolitan Development, 897-7825
<input type="checkbox"/> USI Dental Hygiene Clinic, 464-1706	<input type="checkbox"/> Rural Development, 897-1710
<b>ADULT PROTECTIVE SERVICE, 435-5190</b>	<input type="checkbox"/> CAPE, 425-4241
<b>CHILD PROTECTIVE SERVICE, 425-2124</b>	<b>RENT, UTILITIES, FOOD, CLOTHING, BOOST</b>
<b>POSEY COUNTY CHILD PROTECTIVE SERVICE, 812-838-6445</b>	<input type="checkbox"/> See Medical: Division of Family & Children (left)
<b>MOMENTIVE CONSUMER CREDIT COUNSELING</b> 422-1108, 1-800-451-6293	<input type="checkbox"/> Outreach Ministries, 464-1025
	<input type="checkbox"/> Christian Life Center, 423-9222
	<input type="checkbox"/> Catholic Charities, 423-5456
	<input type="checkbox"/> St. Vincent de Paul, 425-3485
	<input type="checkbox"/> Mission of Grace, 464-2919
	<b>ALCOHOLICS ANONYMOUS, 464-2219</b>
	<b>OTHER SUPPORT GROUPS- GO TO WEBSITE BELOW</b>

For complete information on the Internet go to: [www.vanderburghgov.org/health](http://www.vanderburghgov.org/health)

(keystroke) ← (Resources and Publications) (keystroke) ← (Resource Guide)

## SUMMARY OF ADVANCE DIRECTIVE AND OUT-OF-HOSPITAL DNR POLICIES

Advance directives are documents written in advance of incapacitating illness that generally state the patient's desires about treatment or names someone to make such decisions if the patient is unable to make decisions for him or herself. The advance directive includes:

- Living Wills
- Life-Prolonging Procedure Declarations
- Health Care Representatives
- Power of Attorney
- Out-of-Hospital, Do-Not-Resuscitate Declarations and Orders
- Physician Orders for Scope Of Treatment (POST)

You have the right to choose the medical care and treatment you receive. Advance directives help make sure you have a say in your future health care and treatment if you become unable to communicate.

Even if you do not have written advance directives, it is important to make sure your physician and family are aware of your health care wishes.

No one can discriminate against you for signing or not signing an advance directive. An advance directive is, however, your way to control your future medical treatment.

Our staff is not exclusively clinical care professionals. Home Medical recognizes that, on occasion, a staff member may be in a position to make decisions concerning the appropriateness of a patient's request. Should that situation take place:

1. Non-clinical staff members will call immediately for emergency assistance (911).
2. Credentialed staff members will follow the "Good Samaritan Law" IC 34-30-12, Chapter 12. Health Care: Immunity of Persons Rendering Emergency First Aid.

**THIS INFORMATION IS NOT, NOR IS IT INTENDED TO BE, LEGAL ADVICE. YOU SHOULD CONSULT AN ATTORNEY IF YOU DESIRE LEGAL ADVICE CONCERNING YOUR INDIVIDUAL SITUATION.**

## FALL PREVENTION

Falls are a leading cause of injury, especially in seniors. Home Medical is committed to your well-being and safety at home. A fall risk assessment will be completed when you are admitted to our agency. Please discuss concerns with your health care provider.

### How to Help Prevent Falls

- Get up slowly from your bed or chair to help prevent dizziness.
- Use assistive devices, such as a walker or cane, if recommended
- Use walls or railings to help provide support.
- Get regular eye exams—poor vision can increase your risk for falls.
- Wear no-skid footwear and avoid any open-backed, slip-on shoes or heels.
- Use adequate lighting.

- Avoid cluttered stairs and living areas.
- Be careful of tripping on small pets.
- Get enough rest and sleep.
- Question your medications if you note increased dizziness or balance problems.
- Avoid loose rugs and cords, frayed carpet edges or torn flooring.
- Avoid wet or icy outside surfaces.
- Ask a home therapist to evaluate safety in your home.

### What to Do If You Fall

- Be careful about getting up unassisted—you may be injured and could do more damage.
- Contact your health care provider or local emergency responders for help.
- Evaluate the reason for the fall and make changes, if applicable.

# INFECTION PREVENTION IN THE HOME

Infection control precautions are practices that prevent infections from occurring and stop existing infections from spreading.

## Hand washing is the single most important means of preventing the spread of infections!

When to clean your hands:

- When hands are visibly dirty
- Before you eat and before and after preparing food
- Before touching your mouth, nose or eyes
- After contact with blood or body fluids, handling pets or using the restroom
- Before providing care or a treatment on yourself or another person

## Preventing Respiratory Infections

- Cover your cough.
- Turn away from other people when you cough or sneeze.
- Cough into a tissue or use your upper sleeve instead of your hands.
- Clean your hands after coughing or sneezing.
- Dispose of used tissues immediately.

## Preventing Wound Infections

- Clean hands before and after changing wound dressings; same applies if wearing gloves.
- Any tubes or IV lines should be kept clean and handled with clean hands.
- Keep your wound care supplies in a clean, dry environment.
- Discard soiled dressings into a plastic bag prior to discarding in a trash bag.

## Preventing the Spread of Germs at Home

- Disinfect commonly touched hard surfaces such as countertops, sinks, phones and TV remotes.
- Use clean, dry paper towels or cloth towels.
- Do not share personal items such as toothbrushes, combs, drinking glasses, razors, bath towels or eating utensils.

## Other

- Avoid crowded public places where there is increased likelihood of close contact with people who are sick
- Get vaccinated—ask your health care provider about flu and pneumonia vaccines.

# ARE YOU READY FOR AN EMERGENCY?

Here's what you can do to prepare for a disaster, be it fire, tornado, earthquake, flash flood, winter storm or hazardous materials spill.

## Begin with a Home Hazard Hunt:

In a disaster, ordinary items in the home can cause injury and damage. Anything that can move, fall, break or cause a fire is a potential hazard.

- Repair defective electrical wiring and leaky gas connections.
- Fasten shelves securely.
- Place large, heavy objects on lower shelves.
- Hang pictures and mirrors away from beds.
- Secure water heater. Strap to wall studs.
- Repair cracks in ceilings or foundations
- Store weed killers, pesticides and flammable products away from heat sources.
- Place oily polishing rags or waste in covered metal cans.
- Clean and repair chimneys, flue pipes, vent connectors and gas vents.

## Emergency Checklist

- Learn first aid procedures.
- Learn how to shut off water, gas and electricity at the main switches.

- Keep emergency items on hand, including first aid kit, supply of important medicines, flashlight, battery-powered radio, batteries, three-day supply of water and nonperishable food, tools to shut off utilities and a fire extinguisher.
- Discuss what to do about power outages and personal injuries.
- Draw a floor plan of your house.
- Post emergency telephone numbers near telephones.
- Teach children how and when to call 911, police and fire.
- Instruct household members to turn on the radio for emergency information.
- Select a location outside your home where everyone would meet after escaping.
- Pick one out-of-state and one local friend or relative for family members to call if separated by disaster.
- Keep family records in a water- and fire-proof container.
- Once you are out, stay out!

## Tornado Warning or Watch

- A tornado watch means conditions are favorable for tornadoes. Tornadoes are most likely to happen in the late afternoon on hot spring days. However, tornadoes have occurred in every month at all times of the day or night.



## When a Tornado WATCH Is in Effect

- Move lawn furniture and yard equipment inside, if time permits. Otherwise, they could become damaged or act as dangerous projectiles, causing serious injury or damage.
- If you're at home, keep your radio or TV tuned to weather reports and account for family members.
- Above all, be alert for changing weather—that's what a WATCH is all about. Tornadoes often—but not always—occur in conjunction with a severe thunderstorm producing hail. If you have any indication that a tornado may be approaching, take cover immediately. **DO NOT WAIT FOR A WARNING TO BE ISSUED.**

A TORNADO WARNING means a tornado has actually been sighted. Tornadoes can be deadly and devastating storms, with winds up to 250 miles per hour. If a tornado WARNING is issued for your area: Seek shelter immediately!

## The Plan

- If you can't get into a basement or designated shelter, move to the center of the lowest level of the building, away from windows, and lie flat.
- The safest place to be during a tornado is underground, preferably under something sturdy like a workbench. If there's no basement or cellar in your home, a small room in the middle of the house—such as a bathroom or a closet—is best. The more walls between you and the outside, the better.
- Residents in mobile homes, even those with tie-downs, should seek shelter elsewhere at the first sign of severe weather. While mobile homes can be attractive alternatives to traditional homes, they also may be more vulnerable to damage from high winds. Go to a prearranged shelter or talk to a friend or relative ahead of time to see if you can go to their house when the weather turns bad. If you live in a mobile home park, talk to management about the availability of nearby shelter. As a last resort, go outside and lie flat on the ground with your hands over your head and neck. Be alert for flash floods that often accompany such storms.

## Cut your Losses—During and After an EARTHQUAKE:

- Avoid windows and objects on walls that could fall. If possible, get under a sturdy table, desk or bed, or stand in a doorway.
- If in a public building, avoid stairways and elevators, and don't run for exits. Get under a desk or table and avoid outside walls, especially glass walls.
- If outside, move to an area where you will be safe from falling trees, utility poles or debris from buildings.

## AFTER an Earthquake:

- Check for injuries to others and provide assistance as needed.
- Check for and extinguish fires, and check for and correct conditions such as spilled gas that could lead to a fire.
- Check appliances and gas, electric and water lines for damage, and shut off utilities that are damaged.
- If outside, watch out for downed power lines.
- Use the telephone only for emergencies.
- Be prepared for aftershocks.

## Children and Trauma

- First address their safety and security concerns. Reassure them if they are safe. If injured, explain their injuries and the recovery process.
- Be honest with them if there have been losses of loved ones, pets or property. The truth may be painful and difficult, but anything other than the truth will cause them additional trust problems if they later find you were not truthful with them.
- Trust in the resilient healing power in children. They often recover more quickly than adults.
- Don't worry about what they don't understand and don't overwhelm them with information.
- Encourage them to talk, especially about their feelings. Don't tell them how to feel, just listen. Encourage their expression of feelings and affirm them. Make them feel okay even if they have angry feelings about what happened.
- They may or may not experience trauma symptoms such as sleep disturbance, nightmares, intrusive memories, fear, avoidance, depression and moodiness. If you see these symptoms, understand these are normal and let them know they should feel better with time. Let them know how this affects them for the future as well as you can. Encourage their questions and involve them in recovery activities. Give them specific chores that are their responsibility. This makes them feel they are a part of the recovery process and that life will go on even if it is different than it was before the trauma. Make sure they are part of whatever spiritual practices your family observes. Be honest with your own emotions and don't hide them to protect the children.

The Federal Emergency Management Agency (FEMA) and the American Red Cross are pleased to provide you with this information. For more information, please contact your local American Red Cross.

# MEDICATION STORAGE AND HANDLING GUIDELINES

## Home Instructions

- Keep all medications in original containers.
- Read directions on medication bottles and follow as directed.
- Medications in dark containers should be kept cool and dry; avoid direct sunlight.
- Place IV cassettes and solutions not being used in the refrigerator as directed.
- Refrigerate rectal suppositories as directed.
- All medication used for shots that are in multi-dose vials should be thrown away within 28 days after removing the protective seal or when the medicine has reached its expiration date.  
Solutions used for injections that do not contain preservatives should be thrown away within 24 hours after the protective seal is removed.  
Use alcohol to clean top of vial before drawing up solutions or medicine.
- Avoid contaminating the tip of the bottle or tube when applying eye drops or nose drops by not touching the tip.

- Medicine sprayed into the mouth must have the mouthpiece rinsed according to directions after each use.
- Do not crush or break controlled-release tablets.
- Do not remove transdermal patch medications such as Duragesic, Scopolamine or Nitroglycerin from package until ready to use.
- Wash your hands thoroughly before and after applying medications to skin areas.

## SPECIAL INSTRUCTIONS

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# JOINT NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.***

This Notice applies to all the health records that we maintain for you. We are required by law to maintain the confidentiality of your health information and to give you this Notice describing our practices and legal duties and your rights regarding your health information. We must follow the terms of the Notice that is in effect. The practices described in this Notice apply to all our employees, volunteers, students-in-training, contract staff, members of our medical staff and their employees who may perform tasks at any of our locations, and any other persons authorized to make entries into or obtain information from your medical record. The terms of this Notice apply to all inpatient and outpatient services of these Deaconess Health System (DHS) facilities: Deaconess Hospital, (including the Mary Street, Gateway and Cross Pointe campuses), The Heart Hospital, The Women's Hospital, Deaconess Clinic, Evansville Surgery Centers, the Breast Center and Progressive Health of Indiana. These services will be collectively referred to in this Notice as "DHS."

## **We Will Use and Disclose Information for Treatment, Payment and Operational Purposes**

When you seek medical treatment in DHS, your information may be used within DHS and disclosed outside of DHS for the purposes described below.

**Treatment:** Information gathered by the persons treating you is entered into your record and used to determine your course of treatment and response. This information may be shared with other parties involved in your care including consulting health care providers, your primary care physician, other facilities to which you may be transferred, and other health care providers treating you.

**Payment:** We may use your information to verify your insurance coverage. A bill will be sent to you and your insurer or some other third party identified as a payer for your claim. We may disclose billing information to other health care providers involved in your care so that they have correct billing information. If you are overdue in paying your bill, information about you may be shared with collections agencies.

**Health Care Operations:** We will use your health information for operational purposes including but not limited to staff assessment and training, education programs, and quality reviews of our treatment and business processes. Limited information about inpatients may be shared with Deaconess Administrators or the Deaconess Foundation so they

are aware of the presence of persons in our hospitals. Your health information may be disclosed to students or visiting observers who observe treatment and other processes during supervised programs within our facilities such as the Health Science Institute. Your health information may be disclosed to other providers involved in your care for their own health care operations.

**Contacting you:** We may contact you via telephone or mail regarding your appointments or other matters. We may leave voice messages at the number you have provided us.

**Health Care Coordination, Related Services and Products:** We may use or disclose your information to coordinate your care, and to advise you of alternative therapies, settings of care, or providers. We may use or disclose your information so that someone may contact you about services available at or through Deaconess Health System. We may tell you about another company's products or services in face-to-face communications. We may use and disclose your health information to send you a promotional gift from us that is of minimal value.

**Business Associates:** We may disclose your health information to certain third parties known as Business Associates who contract with us to perform certain services on our behalf. These third parties are obligated by law and by their contract to take certain steps to protect your health information.

**Limited Data Sets and De-Identified Information:** We may disclose some of your information as a "limited data set" for use in research, certain public health purposes or for our operational needs. Information that does not identify you in any way is considered to be "de-identified" and can be used or disclosed for any purpose.

**Marketing and Fundraising:** Information about you may be shared among DHS entities for marketing of services of DHS entities. We may use limited non-medical information to contact you in order to raise money for the Deaconess Foundation.

### **Sharing Information With Family, Relatives, Friends and Others Involved in Your Care or Payment for Your Care**

If you agree verbally or do not voice an objection we will use your information in the following circumstances.

**Hospital Directory:** Unless you object, we may include your name, location in the hospital, and religious affiliation in a hospital Directory. If anyone asks for you by name, we will give them your room and telephone number and may briefly state your general condition. We may also contact your church to advise your minister that you are here. If you do not wish others

to know that you are here or if you specifically do not wish your church to be notified, please let the registration desk know as soon as possible on your admission. ***We do not list mental health patients in Unit 4200 (Mary Street campus) or at Cross Pointe in our Directory.***

**Emergency Notification:** If you are treated in an emergency situation and do not object, we may notify members of your family or other persons you identify that you are here. If you are admitted during a disaster, we may notify the Red Cross or other agency responsible for family notification that you are here.

**Communication with Family, Friends and Others:** Unless you object, we may discuss your health care with members of your family, close friends or other individuals you identify who may be involved in your care or the payment for your care. If you are admitted to our mental health facilities, no information about you will be shared with your family, friends or others identified by you unless you give us written permission to do so. If we determine it is appropriate to do so, we may permit your family or friends to act on your behalf to pick up your prescriptions, supplies, x-rays or other items. We will share information about a minor child with a non-custodial parent unless we have received a court order or decree prohibiting such sharing.

**When It Is Reasonable to Assume That You Do Not Object:** If you request that a family member or friend be present during an examination or discussion or you do not request them to leave, we will assume that you do not object to information about you being discussed in the presence of that person.

If you are unable to tell us whether you agree or object to a disclosure for any of the reasons listed in this section, we may discuss your treatment or your bill with your family, relative, close friend or other persons involved in your care or payment for your care. In these cases, we would share only what is important for them to know if, based on our professional judgment, we decide that it is in your best interest for information to be shared.

### **Uses or Disclosures for Research or When Authorized by Law**

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable laws.

For research activities under certain limited circumstances and subject to a special approval process.

When required to do so by federal, state or local law.

To prevent a serious threat to the health and safety of you, another person or the general public.

To organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

If required by the appropriate military command authority (military patients only)

To report findings and treatment of your workers' comp injury to your employer, case manager, other health care providers and insurer as permitted or required by state law.

To local, state or federal public health authorities for various public health activities including: recording births and deaths; reporting certain illnesses, injuries or communicable diseases; reporting unanticipated medication reactions, problems with medical devices or other unanticipated problems with your care; tracking, recall and post market surveillance of FDA regulated products; notifying you that you may have been exposed to a disease or may be at risk for contracting or spreading a disease. Information relating to your emergency room visit is communicated to the Indiana State Department of Health for communicable disease and counterterrorism monitoring.

To report known or suspected child or adult abuse, neglect or endangerment to the appropriate state agencies or law enforcement authorities.

To health oversight agencies who monitor our compliance with the law. In addition, individual employees, volunteers, students-in-training or Business Associates may use or disclose information about you in a 'whistleblower' action.

In response to a court or administrative order or other court action that compels release of the information.

To local, state or federal law enforcement officials when required by law, to identify or locate persons in our facilities, to report known or suspected criminal activity or when necessary to provide for national or state security.

To a coroner or medical examiner or funeral director as authorized by law.

## Other Uses and Disclosures of Health Information

**Records of Mental Health and Alcohol or Substance Abuse Patients:** If you are receiving mental health, alcohol or substance abuse treatment, your records may be subject to additional protections under federal or state law. Please contact the facility Privacy Officer or Medical Records Manager with any questions you may have using the address or telephone number provided below.

**Incidental Uses and Disclosures:** Although we take safeguards to avoid this, it is possible that in the course of a lawful use or disclosure of your health information, information is overheard or seen by someone other than the intended recipient of the information.

### Uses and Disclosures Not Covered By This Notice:

Uses and disclosures not covered by this Notice or the laws that apply to us will be made only with your written permission. You may, in most cases, revoke that permission, in writing, at any time. Note that we are unable to recover information that was previously disclosed with your permission. We are required to retain our records of the care that we provide to you for a mandated length of time. We cannot accept a revocation of your written permission when it was given as a condition of obtaining insurance coverage since other laws give the insurer the right to contest a claim under the insurance policy.

If you refuse to give your written permission for release of information, we may not refuse to treat you unless 1) your written permission is required as a condition of participation in research related treatment, or 2) the only reason for the health care encounter is to create health information for release to a third party (ex. A pre-employment physical or OSHA mandated testing for your employer.)

## Your Rights Regarding Your Health Information

You may exercise the following rights by contacting the facility where you received your services.

**Right to Inspect and Copy:** With some exceptions you have the right to inspect and obtain a copy (for a fee) of the information we maintain on you in your medical records, billing records and other records used to make decisions about your care. Your request must be in writing. You may request an electronic copy of your electronically maintained medical records. We may deny your request to inspect and copy your information in certain limited circumstances. You may request review of a denial.

**Right to Correct or Update Your Information:** If you believe that your health records are incorrect or incomplete, you may request that we amend the records. You have the right to request an amendment for as long as we keep your information. Your request must be in writing. We will deny your request 1) if you do not provide a reason for the requested changes, or 2) if the information was not created or maintained by us, or 3) if the information is not within the records you are permitted to inspect and copy, or 4) if the information in your records is accurate and complete.

**Right to a List of Certain Disclosures:** We are required to keep a list of certain (*but not all*) disclosures we make of your health information and you are entitled

to a copy of that list. Your request must be in writing. You must state the time period for which you want the list of disclosures, but the time period can not be longer than the preceding six years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. However, if you request additional lists during this period, we will charge you for the costs of providing the list.

**Right to Request Restrictions:** You have the right to request that we limit the use or disclosure of your health information for treatment, payment or health care operations. You also have the right to request that we limit the information we disclose to your family, friends or others involved in your care or payment for care. Your request for restriction must be in writing. Provided you have paid out-of-pocket in full for the service received, we will honor any request you make to restrict information about those services from your health plan provided that such release is not necessary for your treatment.

In all other circumstances, we are not required to agree to your request for restriction nor provide a reason for our denial. We will not accept restriction on information when release is required or permitted by law or when we do not have the technical means to enforce a restriction. We cannot restrict information disclosed prior to your request for restriction. If we accept your request for restriction, we will comply with the request except if the information is needed to provide you emergency treatment. If we later decide to reverse our decision to accept a restriction, you will be notified in writing.

**Right to Request Alternative Delivery of Information:** You have the right to request that we communicate with you about health matters via alternative means or at alternative locations. *For example*, you may request that we only telephone you at work or that we mail your records to you at a location other than your home. Any request for alternative delivery of

information must be made in writing and must specify how or where you wish to be contacted.

We will accommodate requests that we can reasonably meet. Provided that you give clear and conspicuous instruction to do so, we will send an electronic copy of your electronically maintained records to you or to other parties you have designated.

**Right to a Paper Copy of this Notice:** You may obtain a paper copy of this Notice from any registration desk in a DHS facility or from our website at [www.deaconess.com](http://www.deaconess.com).

## Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in each DHS facility. The Notice will contain on the first page, in the top right-hand corner, the effective date of the Notice. You may obtain a revised notice at any registration desk.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services.

TO FILE A COMPLAINT, PLEASE CALL THE APPROPRIATE CONTACT IN THE TABLE BELOW.

**Questions regarding this Notice may be directed to:**

**Privacy Officer  
Deaconess Health System  
600 Mary Street, Evansville, IN 47747  
812 450-7223**

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

Facilities	Contact
<b>Deaconess Hospital – all inpatient campuses and all outpatient services including COMP Center, Chancellor Center, Deaconess Urgent Care</b>	<b>Privacy Officer 812 450-7223</b>
<b>The Women’s Hospital</b>	<b>Compliance/Regulatory Officer 812 842-4332</b>
<b>The Heart Hospital</b>	<b>Quality and Regulatory Specialist 812 842-3228</b>
<b>Deaconess Clinic</b>	<b>Practice Administrator 812 426-9404</b>
<b>Evansville Surgery Centers</b>	<b>HIPAA/Compliance Coordinator 812 250-0124</b>
<b>The Breast Center</b>	<b>Privacy Officer 812 450-7223</b>
<b>Progressive Health of Indiana</b>	<b>Compliance Officer 417 353-1495</b>
<b>Not sure who?</b>	<b>Deaconess Health System Privacy Officer 812 450-7223</b>

# PRODUCTS AND SERVICES

Deaconess Home Medical offers a comprehensive array of products and services designed for use in the comfort of our patients' own homes.

## Medical Equipment

- Beds and side rails
- Wheelchairs
- Bath aids
- Patient assist devices
- Patient lifts
- Walking aids
- Ostomy supplies
- Enteral feedings

## Orthopedics

- CPM machines
- Prefabricated braces
- Compression stockings
- Rehab supplies

## Respiratory Care

- Oxygen equipment and supplies
- Web-based qualifying for oxygen
- Nebulizer equipment and supplies
- CPAP/BIPAP equipment and supplies
- Pulse oximetry service  
(overnight/continuous/spot-check)
- Tracheostomy supplies

## Women and Infant Care

- Breast pumps
- Infant monitoring
- Phototherapy





**Administrative Offices and Warehouse**  
701 Garfield Street., Evansville, Indiana 47710  
812-450-4673 (HOPE) • 800-440-9816

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**Respiratory Services**

Columbia Physician Center • 350 W. Columbia St., Suite 110 • Evansville, IN 47710 • 812-450-3461  
Deaconess Home Medical East • 7307 E. Columbia St., Suite 102 • Evansville, IN 47715 • 812-491-7467  
Deaconess Sleep Services • 514 S. 9th St., Vincennes, IN 47591 • 812-494-2134

**Retail Stores**

Medical Office Building 3 • 4015 Gateway Blvd. • Newburgh, IN 47630 • 812-842-3789  
North Park Shopping Center • 4482 N. First Avenue • Evansville, IN 47710 • 812-421-2884  
2017 N. Green River Rd. • Evansville, IN 47715 • 812-471-0351  
Henderson • 426 N. Elm Street • Henderson, KY 42420 • 270-826-4673  
Princeton • 1416 W. Broadway • Princeton, IN 47670 • 812-385-0016  
3150 Warrick Dr. • Boonville, IN 47601 • 812-897-5660

[deaconess.com/hme](http://deaconess.com/hme)