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PHONE NUMBERS

LOCAL667-9600
TOLL FREE.....1-866-667-9600
FAX MACHINE972-0219

OFFICE HOURS

**Our office hours are 8:30 to 5:30
MONDAY through FRIDAY**

After hours and on weekends our Live Answering Service will take your call and contact our ON CALL representative.
We will then call you back shortly.

MISSION STATEMENT

The mission of PRO₂ is to provide you with quality equipment and services in order to improve your Quality Of Life and to be available at all times to fill your service needs.

CLIENT SATISFACTION

If for any reason you are not happy with the service you are receiving, please call the office and ask to speak with an owner. We will make every effort to meet your needs.

EMERGENCY PROCEDURES

Report any equipment problems to PRO₂ immediately at our Phone Number.....667-9600
or toll free at 1-866-667-9600

If there is a major power failure and those lines do not get answered, you can call the Answering Service **DIRECT** at
.....827-1670

Tell them you are calling for PRO₂ and leave your SERVICE message with them.....they will contact us and we will call you back.

**If all of these procedures fail.....call 911 for
EMERGENCY SERVICE or get yourself to the HOSPITAL.**

BIPAP / CPAP

CLEANING

Daily - Wipe the mask or prongs with a warm wet washcloth. Wash your face each night before applying the mask. If you have a humidifier, wash in warm soapy water, rinse and refill with distilled water.

Weekly - Wash the tubing, mask and headgear in warm soapy water, rinse and hang to dry.

Filter - Devilbiss - Wash every 10 days.

Fisher & Paykel - Replace every three months.

Resmed - Replace every six months.

Respironics - Wash every other week. Replace in six months.

MASK APPLICATION

When applying your mask be sure to use the minimal amount of pressure required to obtain a good seal. If an irritation develops on your forehead or the bridge of your nose, it is most likely due to excessive pressure used to apply the mask. Cover the sore with a band-aid or wait a few days for it to heal. If the irritation persists, contact a therapist. Be sure to tighten the headgear only until you have eliminated any leaks. Each mask has an exhalation port incorporated into it for the expelling of exhaled gases. It is important that you do not cover these ports.

30 Day Mask Replacement

If a mask replacement is needed within the first 30 days, we will be happy to exchange an equivalent mask at no additional cost to you. If however, you are in need of an alternate style mask (nasal to full face or vice versa) and your insurance will allow payment, you may have a co-pay.

HUMIDIFICATION

If any of the following symptoms occur, increase your humidifier temperature. If the symptoms remain, please contact one of our Respiratory Therapists for assistance. Please be aware that increasing the heated humidity level may cause condensation in the tubing. We recommend placing the machine on a low stool or on the floor to allow the water to drain into the humidifier chamber.

- sinus pain
- excessive drainage
- waking during the night
- nasal congestion
- bloody nose

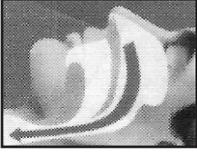
SUPPORT

Important!!!! - CPAP can take some time to adjust to. We will be happy to help you with this process. Please contact our office at 667-9600 if you are having any problems. The best time to reach our Respiratory Therapists is from 9:30 AM to 5:30 PM Monday through Friday. We are here to help!

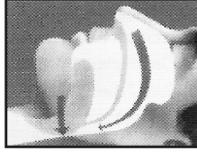
FACTS ABOUT SLEEP APNEA

What is Obstructive Sleep Apnea (OSA)?

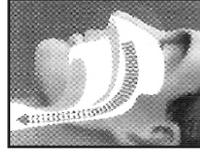
- Obstructive Sleep Apnea is when a person stops breathing repeatedly during sleep
- Breathing stops because the airway collapses and prevents air from getting into the lungs
- Sleep patterns are disrupted, resulting in excessive sleepiness or fatigue during the day



Normal Breathing



Obstructed Sleep Apnea



CPAP Therapy

What causes the airway to collapse during sleep?

- Extra tissue in the back of the airway such as large tonsils
- Decrease in the tone of the muscles holding the airway open
- The tongue falling back and closing off the airway

What happens if Obstructive Sleep Apnea is not treated?

Possible increase risk for:

- High blood pressure
- Heart disease and heart attack
- Stroke
- Fatigue-related motor vehicle and work accidents
- Decreased quality of life

Symptoms that may indicate Obstructive Sleep Apnea:

- | | |
|---|--|
| <input type="checkbox"/> Snoring, interrupted by pauses in breathing | <input type="checkbox"/> Morning headache |
| <input type="checkbox"/> Gasping or choking during sleep | <input type="checkbox"/> Sexual dysfunction |
| <input type="checkbox"/> Restless sleep | <input type="checkbox"/> Frequent urination at night |
| <input type="checkbox"/> Excessive sleepiness or fatigue during the day | <input type="checkbox"/> Poor judgement or concentration |
| <input type="checkbox"/> Large neck size (greater than 17" in men; greater than 16" in women) | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Crowded airway | <input type="checkbox"/> Memory loss |
| | <input type="checkbox"/> High blood pressure |
| | <input type="checkbox"/> Depression |
| | <input type="checkbox"/> Obesity |

What is the treatment for Obstructive Sleep Apnea?

- CPAP (Continuous Positive Airway Pressure), pronounced "see-PAP." Other less common treatments include surgery and oral appliances, which may be effective in certain individuals.
- Any treatments should include weight loss if needed, exercise, and avoidance of alcohol, sedatives, and hypnotics.

How does CPAP therapy work?

CPAP treats Obstructive Sleep Apnea by providing a gentle flow of positive-pressure air through a mask to splint the airway open during sleep.

- Breathing becomes regular
- Snoring stops
- Restful sleep is restored
- Quality of life is improved
- Risk for high blood pressure, heart disease, heart attack, stroke, and motor vehicle and work accidents is reduced

ATTENTION IHA AND MEDICARE PATIENTS

Your insurance company has agreed to provide coverage for your equipment. During the rental period they will require proof from our office that you are using the equipment on a regular basis.

IHA members- we must obtain usage hours from your machine at 30 and 60 days. If we are not able to reach you to obtain this information, your insurance company may stop payment. **You are then responsible for the remaining monthly rental fees.** Please help us avoid this situation by notifying us of your usage.

Medicare Beneficiaries- Medicare requires 70% compliance in a 30 day period (At least 4 hours each night, 26 out of 30 nights) 3 hours and 55 minutes will not count! and requests that once you become compliant, you make an appointment to see your Dr to discuss your compliance and improved symptoms. **Please notify us of your appt date.** We must then obtain proof of the visit in order for your coverage to continue. **If you do not see your Dr, you will be responsible for the noncovered rental fees.**

MEDICARE, NORTHWOODS, IHA, MEDISOURCE, AND NOVA

- 1 NASAL APPLICATION DEVICE EVERY 3 MONTHS
- 2 PR NASAL PILLOW REPLACEMENTS EVERY MONTH
- 1 HEADGEAR EVERY 6 MONTHS
- 1 TUBING EVERY 3 MONTHS
- 1 CHIN STRAP EVERY 6 MONTHS
- 2 DISP FILTER PER MONTH
- 1 NON-DISP FILTER EVERY 6 MONTHS
- 1 FFM CUSHION EVERY MONTH
- 2 NASAL CUSHIONS EVERY MONTH
- 1 HUMIDIFIER CHAMBER EVERY 6 MONTHS

UNIVERA (10 MONTH RENT TO OWN)

- 1 NASAL APPLICATION DEVICE EVERY 3 MONTHS
- 2 PR NASAL PILLOW REPLACEMENTS PER MONTH
- 1 HEADGEAR EVERY 6 MONTHS
- 1 TUBING EVERY MONTH
- 1 DISP FILTER PER MONTH
- 1 NON-DISP FILTER EVERY 6 MONTHS
- 2 DISPOSABLE FILTERS EVERY MONTH
- 1 CUSHION EVERY MONTH
- 1 HUMIDIFIER CHAMBER EVERY 6 MONTHS

BLUES (13 MONTH RENT TO OWN)

- 1 NASAL APPLICATION DEVICE EVERY 3 MONTHS
- 2 PR NASAL PILLOW REPLACEMENT EVERY MONTH
- 1 HEADGEAR EVERY 6 MONTHS
- 1 TUBING EVERY 3 MONTHS
- 1 CHIN STRAP EVERY 6 MONTHS
- 2 DISP FILTERS PER MONTH
- 1 NON-DISP FILTER PER MONTH
- 1 FFM CUSHION EVERY MONTH
- 2 NASAL CUSHIONS EVERY MONTH
- 1 HUMIDIFIER CHAMBER EVERY 6 MONTHS

MEDICAID

- 1 NASAL APPLICATION EVERY 5 YEARS
- 1 HEADGEAR EVERY 6 MONTHS
- 1 TUBING EVERY 6 MONTHS
- 1 NASAL CUSHION EVERY 6 MONTHS
- 1 FULL FACE CUSHION EVERY 6 months
- 2 DISP FILTERS EVERY MONTH- NO DVS REQ
- *DVS AUTH REQUIRED***

Financial Notice - if you are non-compliant and your insurance carrier denies your claim, **you** are responsible for the entire rental charges incurred while the equipment is in your possession.

PATIENT/CLIENT BILL OF RIGHTS

YOU HAVE THE FOLLOWING RIGHTS:

- A. To select the provider of your home care services.
- B. To be provided with legitimate identification by any person(s) who enter your residence to provide home care services for you.
- C. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- D. To be dealt with and treated with friendliness, courtesy and respect by each and every individual who provides treatment or services for you and be free from neglect or abuse be it physical or mental.
- E. To assist in the development and planning of your health care program that is designed to satisfy to the extent possible, your current needs.
- F. To be provided with adequate information from which you can give your informed consent for the commencement of services, the continuation of service, the transfer of service to another health care provider or the termination of service.
- G. To express concerns or grievances or recommend modifications to your home care services without fear of discrimination or reprisal.
- H. To request and receive complete and up-to-date information on your condition, treatment, alternative treatments or risks of treatment.
- I. To receive treatment and services promptly and professionally, while being fully informed as to the company's policies, procedures and changes.
- J. To refuse treatment, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
- K. To request and receive data regarding treatment or services or costs thereof privately and with confidentiality.
- L. To request and receive the opportunity to examine or review your medical records.
- M. To be informed of your rights under state law to formulate advanced care directives.

PATIENT/CLIENT RESPONSIBILITIES

YOUR HAVE THE FOLLOWING RESPONSIBILITIES:

- A. To be present, or have a caretaker present for the equipment installation and instructions for care and use.
- B. To advise us of **ANY CHANGES** in your insurance coverage, phone number, address, primary physician and any changes in Your physicians orders, such as flowrate, hours of use, etc.
- C. To use the equipment in a safe manner as instructed.
- D. To call us if the equipment malfunctions and repairs are required.
- E. To provide a safe environment for our staff to aid in providing you the care you deserve.
- F. To pay all bills in a timely manner.
- G. To advise PRO₂ when you are admitted to the hospital.
- H. Notify PRO₂ if you have any cultural or religious beliefs that may impact your view of healthcare and how we may accommodate you.

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©.

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, with visible signage. 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 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.

MEDICARE STANDARDS (CONTINUED)

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 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 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 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 exempt 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.

Palmetto GBA

National Supplier Clearinghouse

P.O. Box 100142 • Columbia, South Carolina • 29202-3142 • (866) 238-9652

A CMS Contracted Intermediary and Carrier

BILLING INFORMATION

MONTHLY RENTAL. All rental charges are billed out on a minimum of a monthly basis. Rentals are processed on a **CYCLE DAY SYSTEM**. Your **CYCLE DAY** is the date your equipment was initially delivered to you. Example: If your equipment was delivered on the 5th day of the month, your **CYCLE PERIOD** will run from the 5th day of this month to the 4th day of the following month, and so on.

PRO₂ will make every attempt to bill direct to your insurance carrier and to accept assignment for your claims whenever possible. This means we will send your claim to your insurance carrier for you and receive payment directly from them. We will accept what they **ALLOW** as full payment for services. Most of the time what they pay is a portion of the **ALLOWABLE CHARGE**. Example: Medicare pays 80% of the allowable charge. The remaining 20% will be billed to you unless you have a secondary insurance policy. If you have a secondary policy we will bill the balance to them or it will be forwarded automatically by your primary insurance carrier. Many times the secondary insurance carrier will pay a portion of the remaining 20%. In this case you will receive an invoice for the balance not paid for by your primary and secondary insurance carriers.

It is very common now for the **HMO** type insurance carriers to only cover 50% of the allowable charges. This means you are responsible to pay the remaining 50%.

Your **DEDUCTIBLE** is assessed to you by your insurance carrier, usually at the first part of the calendar year. This is the part of your claim that is not covered or paid for by your insurance. You are responsible to pay this part and will be billed this amount when we receive a notification from your insurance carrier that your deductible has been applied to your claim.

Sometimes these costs can be a difficult burden. If you are having any problems with your share of the expense, please call our billing department early on and let them know your situation. All conversations regarding your personal finances will be kept **STRICTLY CONFIDENTIAL**. At no time will your level of service be compromised because of a financial hardship. The main objective is to provide you with the quality of care requested by your physician.

INSURANCE COVERAGE CHANGES. It is very important for you to advise us of any changes in your insurance carrier. Many times when you switch policies we need to get authorization for your benefit reimbursement **PRIOR** to the billing date. If we don't know about the change ahead of time, your insurance carrier might not honor your claim and you would be responsible to pay the entire bill for the months not covered.

PRO₂ PRIVACY POLICY OF PROTECTED HEALTH INFORMATION

1. Types and uses and disclosures that PRO₂ might use for treatment, payment and health care operations include:

Your name, address, telephone number, date of birth, social security number, diagnosis, health insurance number, type of equipment, date of treatment, medical records, physician name and address, authorization of release of medical information, assignment of medical benefits and e-mail address.

2. PRO₂ will contact you to make appointments as needed for equipment service, therapists visits and to review billing information.

3. Other purposes for which disclosure is permitted under the privacy regulations include: Uses and disclosures required by law, for public health activities, for law enforcement purposes, for judicial proceedings and for specialized governmental function. (e.g. military, national security and intelligence).

4. Uses and disclosures will only be made with a written authorization and you have the right to revoke the authorization.

5. You have the right to request restrictions on certain uses and disclosures and PRO₂ is not required to agree to your requested restriction. You also have the right to receive confidential communication of Protected Health Information (PHI), inspect and copy PHI, amend PHI, and receive an accounting of disclosure of PHI.

6. PRO₂ is required by law to maintain the privacy of PHI and will abide by the terms of the privacy notice currently in effect. PRO₂ reserves the right to change the terms of its practice and to make the new provisions effective for all PHI that it maintains.

7. You have the right to complain to the Secretary of Health and Human Services if you believe your rights have been violated. This complaint must be filed within 180 days of when the complainant knew or should have known that the act had occurred. You can file your complaint by documenting your issue, assembling related copies of your recorded PHI and forwarding it to the Secretary of Health and Human Services. You may contact the Secretary of Health and Human Services at 1-877-696-6775. If you file a complaint, you will not be retaliated against or treated any differently.

8. For further information, you may call PRO₂ at 716-667-9600 and ask for the Privacy Officer.

9. Any request for PHI will be provided within 60 days of the request. The first accounting during any 12 month period will be provided with no charge to you. Additional requests will be billed at a reasonable cost based fee. PRO₂ will maintain a record of all its accountings.

HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

At PRO2, LLC, we want to make sure that your home medical treatment is done conveniently and safely. Many of our client/patients are limited in strength, or unsteady on their feet. Some are wheelchair- or bed-bound. These pages are written to give our client/patients some easy and helpful tips on how to make the home safe for home care.

Fire Safety and Prevention

- ▶ Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- ▶ If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- ▶ Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- ▶ Have a plan for escape in the event of a fire. Discuss this plan with your family.
- ▶ If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- ▶ If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- ▶ Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- ▶ If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- ▶ Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- ▶ Use non-slip rugs on the floor to prevent slipping.
- ▶ Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- ▶ Ask a medical equipment provider about a shower bench you can sit on in the shower.
- ▶ If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- ▶ If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

Safety in the Bedroom

It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- ▶ Ask a home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- ▶ Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- ▶ If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- ▶ Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- ▶ Install night-lights to help you find your way in the dark at night.
- ▶ If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- ▶ Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- ▶ Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- ▶ Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- ▶ Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
 - Basic electric can openers
 - Bottle and jar openers
 - Large-handled utensils
- ▶ When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

ADVANCE DIRECTIVES

Making Decisions About Your Health Care

Advance Directives are forms that say, in advance, what kind of treatment you want or don't want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared.

This pamphlet has been designed to give you information and may help you with important decisions. Laws regarding Advance Directives vary from state to state. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

What Kinds of Advance Directives are There?

There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Durable Power of Attorney.

A Living Will gives information of the kind of medical care you want (or do not want) if you become terminally ill and are unable to make your own decision.

- ▶ It is called a "Living" Will because it takes effect while you are living.
- ▶ Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- ▶ In some states, you are allowed to simply write a letter describing what treatments you want or don't want.
- ▶ In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an *agent* or *proxy*. This person would then be making medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney can also include instructions regarding specific treatments that you want or do not want in the event of serious illness.

What Type of Advance Directive is Best for Me?

This is not a simple question to answer. Each individual's situation and preferences are unique.

- ▶ For many persons, the answer depends on their specific situation, or personal desires for their health care.
- ▶ Sometimes the answer depends on the state in which you live. In some states, it is better to have one versus the other.
- ▶ Many times you can have both, either as separate forms or as a single combined form.

What Do I Do if I Want an Advance Directive?

- ▶ First, consult with your physician's office or home care agency about where to get information specific for your state.
- ▶ Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your "agent" in the Durable Power of Attorney.
- ▶ Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
- ▶ You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.
- ▶ Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

How Does My Health Care Team Know I Have an Advance Directive?

You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.

Many client/patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney "agent," and how to contact them.

What if I change my Mind?

You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.

If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s), your family and friends have a revised copy.

What if I don't Want An Advance Directive?

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

For More Information...

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons can best answer more detailed questions and help guide you toward the best Advance Directive for you.

GETTING AROUND SAFELY

If you are now using assistive devices for ambulating (walking), here are some key points:

- ▶ Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- ▶ If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- ▶ If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

What To Do If You Get Hurt ... In case of emergency, contact: Fire, Police, Ambulance: **911**

Hospital: _____ Phone: _____

Home Care Agency: _____ Phone: _____

Doctor: _____ Phone: _____

PRO2, LLC.....Phone: _____

If you have an questions about safety that aren't in this booklet, please call us and we will be happy to give you recommendations for your individual needs.