

## **Hello From NuCara!**

We are a home health care organization dedicated to providing comprehensive home care services to our customers with the utmost quality and professionalism.

We will accept only those customers whose home health needs, as identified by the referring source, can be met by the services we offer.

We not only provide the most up to date quality home care products available, we genuinely care for the customers we serve.

### **Our services include:**

- **24 hour, 7 day a week emergency services**
- **Customer instructions and training**
- **Clinical assessment and/ or equipment maintenance visits as ordered by your physician**
- **Free delivery and set up are available**
- **Assistance with your reimbursement and billing questions in relation to your insurance carrier requirements**
- **Assistance with discharge from hospital or transitions while moving out of our service area.**

Coupled with our people, and their personal concern for our customer's well-being, is our extensive inventory of home health products. This combination results in the most professional care, coupled with the finest products available.

Thank you for choosing our company to be your Home Medical Equipment Supplier. This booklet is designed to provide you information we believe is beneficial to your overall health care.

In specific, we are sharing with you information about:

1. Our objectives in providing quality services and products
2. Your rights and responsibilities as a customer
3. Your rights and responsibilities concerning your Advanced Directives
4. Emergency preparedness information
5. Infection Control in the home guidelines
6. Our billing and payment policies
7. Your patient communication form

Please keep this booklet available to you and feel free to call our office at any time you have questions and once again, thank you.

### **When to Seek Medical Attention**

Listed below are some of the warning signs that may signal a respiratory illness. Contact your physician if you notice any of the following:

- \_\_\_ Unusual increases or decreases in sputum production.
- \_\_\_ Unusual increases in thickness of sputum.
- \_\_\_ Change of the color of your sputum to brown, yellow, or green.
- \_\_\_ Presence of blood in sputum.
- \_\_\_ Unusual increase in severity of restlessness.
- \_\_\_ Swelling of feet, ankles or legs.
- \_\_\_ Need for more pillows to sleep comfortably.
- \_\_\_ Unaccountable increases or decreases in weight.
- \_\_\_ Increase in fatigue and lack of energy.
- \_\_\_ Occurrences of dizzy spells, difficulty sleeping, or frequent morning headaches.
- \_\_\_ Development of confusion, disorientation, or slurring of speech.

## Home Safety

Home accidents are a major cause of injury and death, especially for those over the age of 60. Most accidents in the home can be prevented. Here are some recommendations we hope you will follow.

- Keep emergency numbers near the phone.
- You should know when NuCara Staff is to visit you. If you are unsure that the person at your door is a staff member, DO NOT let them into your house. Lock the door and call the organization immediately.

### Fall Prevention

- Keep all “pathways” through your house clear and free from furniture, electrical cords or anything else that might cause you to trip or fall.
- Remove throw rugs or use double sided tape to hold them in place
- Do not use step stools. Have someone help you move items to a lower shelf or cabinet.
- Install grab bars next to your toilet or shower/tub. (Towel racks should not be used as grab bars.)
- Use non-slip mats in your tub or shower.

### Fire Preparedness

- Have smoke alarms installed on each floor of your residence. Check the alarm; change the batteries twice a year.
- Have a fire extinguisher on every floor of your home
- Do not smoke in bed or when you are sleepy
- Do not smoke around any oxygen source, natural gas or heating oil source.
- Establish a safe exit plan from your home. Your staff member can help you with this.
- All members of the household should know the plan.
- Have a plan for summoning emergency assistance if you are unable to exit your home.
- If you are caring for a bed bound person, place that person on a sturdy blanket and drag them to safety.

## Electrical Safety

- Electrical cords should be in good condition with an Underwriter Labs (UL) label.
- Do not overload any outlet.
- Ensure all outlets are grounded.

### Infection Control

- Always wash your hands prior to and after working with medical equipment or medication delivery devices.
- Practice good personal hygiene through regular bathing, brushing teeth, etc.
- Caregivers should wear gloves anytime there is contact with blood or other body fluids.
- Use care with contaminated waste. Ask a health care provider for specific instructions.

### Severe Weather

Iowa has severe weather every year. Here are some do's and don'ts to remember:

#### DO

- Listen to the radio and/or television when severe weather is forecast. Seek shelter as indicated.
- Be aware of flood hazards.
- Seek shelter in a basement or the lowest level of your house when the Tornado Warning sounds. Cover your head and stay away from windows.
- Move a bed bound person away from all windows and cover them with heavy blankets and pillows when a Tornado Warning sounds. Then, get yourself to safety.
- Stay indoors during all severe weather.
- Have an emergency supply kit made up and ready
- Shut all doors and pull curtains during high winds.

#### DO NOT

- Touch any electrical equipment while standing in water.
- Take weather watches and warnings lightly.
- Stay in your home if you feel unsafe. Prepare to seek shelter at a neighbor's or family member's home before the severe weather arrives.

## **Billing and Payment Policy**

Customers are responsible for payment in accordance with our company terms. Assignment of benefits to a third party does not relieve the customer of the obligation to ensure full payment, Billing third party payers is not an obligation, but rather a service we offer providing all necessary billing information and signatures are provided.

### **Medicare**

We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and billing the beneficiary the 20% payment and any deductible. We offer Electronic Claims Transmission for courteous billing on unassigned orders. Presentation of your Health Insurance Card is necessary.

### **Medicaid**

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification. Presentation of your State Beneficiaries Identification Card (BIG) and personal ID are required.

### **Private Insurance**

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. Presentation of your insurance card and personal ID are required.

### **Managed Care**

We will provide equipment upon approval and authorization from the managed care representative. Presentation of your insurance card may be necessary. Again, billing a third party insurance DOES NOT guarantee payment. Financial responsibility remains with the patient.

## **Delivery and Service**

### **Business Hours**

As listed on our brochure.

### **Delivery**

Deliveries are provided free of charge. It is preferable that routine and repeat orders be called in 24 hours in advance for next day delivery. When possible, please make routine equipment delivery requests during normal business hours.

### **Rental Equipment**

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up. Service, parts, and labor are provided free of charge on rental equipment (except in the case of misuse or abuse). If the rented equipment has been damaged through misuse or abuse, the maintenance and repair costs become the customer's responsibility.

### **Purchased Equipment**

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided with the purchased item. Used equipment purchased from our company has a 90 day warranty on parts and labor.

### **Service and Repair**

Service or repair on equipment purchased from our company that is no longer covered by the manufacturer's warranty will be subject to current labor charges. The customer will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions and how to obtain any service required. All service and repair must be scheduled by calling the office during business hours.

### **Returns**

Merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by sales receipt. To receive a refund the item must be new and in the original packaging. Refunds are subject to management discretion. Undergarments, stockings, items worn next to the skin, disposable respiratory supplies, diagnostic instruments, any opened sterile or packaged goods, or special order items WILL NOT be accepted for return, refund, or credit. Returns are also subject to manager's discretion.

## **About Your Advanced Directives**

As part of our mission, we recognize your, right to participate in the formulation of decisions which may impact your care. This includes respecting and conforming to your wishes with regard to decisions made by you regarding the level of care you desire when confronted with a health or life-threatening situation.

These decisions made by you in a legally appropriate manner defined by the state in which you reside are usually referred to as ADVANCE DIRECTIVES.

Advance Directives (such as a Living Will, Durable Power of Attorney, or Do Not Resuscitate order) give direction to your family and care providers regarding your wish to withhold extraordinary measures to revive you in the event of a cardiac or respiratory emergency.

In the event that you have already formulated an Advance Directive, please inform your provider of your wishes and provide for us a written copy of your directions. It is our policy that, unless directed otherwise by an Advance Directive, any staff member who encounters a patient who is unresponsive will call "911" to activate the emergency medical system.

Should you wish to execute an Advance Directive, please inform your physician, attorney and caregiver support system of your wishes. If, in the future, you make a change in your Advance Directive, please inform us of the changes so we can update our records.

Whether or not you choose to execute an Advance Directive will never be a condition of providing care or a basis for discrimination for or against you as a patient.

## **Hours of Operation**

NuCara Home Medical operates 24 hours a day, 7 days a week.

Office Hours: Based on location (information can be found in our brochure or online at [www.nucara.com](http://www.nucara.com))

After Hours: Contact your local NuCara location. Phone numbers are located on this booklet or in our brochure

Emergencies: Dial 911 or go to an emergency room. NuCara does not operate an emergency medical service however for questions how to handle equipment failure, missed treatment or doses please call your local NuCara branch for assistance.

## **Patient/Client Bill of Rights and Responsibilities**

As an individual receiving home care services, let it be known and understood that you have the following rights:

1. To select those who provide your home care services.
2. To receive information about the scope of service that Nucara will provide service and limitations on those said services.
3. To be provided with legitimate identification by any person or persons who enter your residence to provide home care services for you.
4. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
5. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides treatment or services for you and be free from neglect or abuse, be it physical or mental.
6. To assist in the development and planning of your home care program so that it is designed to satisfy, as best as possible to your current needs.
7. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another home care provider, or the termination of service.
8. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal. That concern or grievance will be addressed and investigated. To contact NuCara please call 641-366-3440 ext 111 or the Medicare hotline number is 1-866-238-9650. Grievances may also be sent to ACHC at 919-785-1214.

9. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments and risks of treatment.
10. Confidentiality and privacy of all information contained in the client/patient record and of protected health information.
11. To be advised on NuCara's policies and procedures regarding the disclosure of clinical records.
12. To receive treatment and services within the scope of your home care plan, promptly and professionally, while being fully informed as to company policies, procedures and charges.
13. To refuse treatment and services within the boundaries set by law, and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
14. To request and receive the opportunity to examine or review your medical records.
15. To be informed of any financial benefits when referred to an organization.

**If you have any problems or concerns.....**

We want you to feel comfortable letting us know how we can meet your needs. Should you have any concerns, please contact us at your local location, or by filling out the attached patient communication form.

## PATIENT COMMUNICATION FORM

We genuinely strive to provide the highest quality health care services to all our clients. That is why your concerns are our concerns. To ensure that our services meet your total satisfaction, we ask you to describe any complaint, problem, or concern you may have.

Please send completed form to the address on the front cover of your booklet to the attention of the Branch Manager, or feel free to call the office any time. The manager will promptly review your concerns and make verbal or written communications with you to assure you that the problem has or is being corrected.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our valued customers.

Date form completed: \_\_\_\_\_

Individual completing form: \_\_\_\_\_

Name of individual of concern: \_\_\_\_\_

Date of concern: \_\_\_\_\_

Please describe concern: \_\_\_\_\_

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### **Office use only**

Corrective Measures: \_\_\_\_\_

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\_\_\_\_\_  
Branch Manager's signature

\_\_\_\_\_  
Date





## H.I.P.A.A

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

#### NuCara Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOUR RIGHTS WILL BE PROTECTED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

#### Our Responsibilities

Federal law imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Health Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our facility's policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your Protected Health Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Health Information unless under the law we are authorized to release your Protected Health Information without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your Protected Health Information during our regular business hours;
- Act on your request to amend Protected Health Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Health Information by alternative means or methods; and
- Abide by the terms of this notice.

#### Protected Health Information

While receiving care from NuCara, information regarding your medical history, treatment and payment for your health care may be originated and/or received by us. Protected Health Information (PHI) is any information which can be used to identify you and which relates to your past, present or future medical condition, the health care you receive or payment for your health care.

#### How Your Protected Health Information May be Used and Disclosed

Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule:

##### Treatment

We may use and disclose your medical information to healthcare professionals to provide, coordinate and manage the delivery of medical items or services. For example, our pharmacist may disclose medical information about you to your physician in order to coordinate the prescribing and delivery of your medications.

##### Payment

We may use and disclose medical information about you to manage your account and process your claims for medications, products, or services that you have received. For example, we may send claims to your insurance company for products or services provided.

##### Healthcare Operations

We may use and disclose your medical information to carry on our own business planning and

healthcare operations. We need to do this so we can provide you with health care benefits and ensure you receive the highest-quality services. For example, we may use and disclose medical information about you to assess the use or effectiveness of certain medications, develop and monitor medical protocols, or give you helpful medication reminders and health-management services. At your request or the request of your health plan, we may send you information about health conditions, medications, promotions, or programs designed to improve your health.

##### Care Coordination and Treatment Reminders

We may use or disclose your medical information to contact you about treatment options or alternatives that may be of interest to you. For example, we may call you to remind you of expired prescriptions, the availability of alternative medications or to inform you of other medications that may benefit your health.

##### Individuals Involved in Your Care or Payment for Your Care

We may disclose medical information about you to someone who assists in or pays for your care. Unless you write to us and specifically tell us not to, we may disclose your medical information to someone who has your permission to act on your behalf. We will require this person to provide adequate proof that he or she has your permission.

##### Business Associates

We may arrange to provide some services through contracts with business associates. On occasion, we may disclose your medical information to business associates acting on our behalf. If any medical information is disclosed, we will protect your information from further use and disclosure using confidentiality agreements.

##### Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. Before we use or disclose medical information about you, we will either remove information that personally identifies you or gain approval through a special approval process designed to protect the privacy of your medical information. In some circumstances, we may use your medical information to generate aggregate data (summarized data that does not identify you) to study outcomes, costs and provider profiles and to suggest benefit designs for your employer or health plan. These studies generate aggregate data that we may sell or disclose to other companies or organizations. Aggregate data does not personally identify you.

##### Abuse, Neglect or Domestic Violence

We may disclose your medical information to a social service, protective agency or other government authority if we believe you are a victim of abuse, neglect or domestic violence. We will inform you of our disclosure unless informing you will place you at risk of serious harm.

##### Public Health

We may disclose your medical information to a public health department, including the U.S. Food and Drug Administration, when required by law for the reporting or tracking of illnesses, injuries or dangerous preparations.

##### Health Oversight

We may disclose medical information to a health oversight agency performing activities authorized by law, such as investigations and audits. These agencies include governmental agencies (state and federal) that oversee the healthcare system, government benefit



programs and organizations subject to government regulation and civil rights laws.

### To Avert Serious Threat to Health or Safety

We may disclose your medical information to prevent or lessen an imminent threat to the health or safety of another person or the public. Such disclosure will only be made to someone in a position to prevent or lessen the threat.

### Judicial Proceedings

We may disclose your medical information in the course of any judicial proceeding in response to a court order, subpoena or other lawful process, but only after we have been assured that efforts have been made to notify you of the request.

### Law Enforcement

We may disclose your medical information, as required by law, in response to a subpoena, warrant, summons or, in some circumstances, to report crime.

### Coroners and Medical Examiners

We may disclose your medical information to a coroner or a medical examiner for the purpose of determining cause of death or other duties authorized by law.

### Organ, Eye and Tissue Donation

We may disclose your medical information to organizations involved in organ transplantation to facilitate donation and transplantation.

### Workers Compensation

We may disclose your medical information in order to comply with workers compensation laws and other similar programs.

### Specialized Government Functions, Military and Veterans

We may disclose your medical information to authorized federal officials to perform intelligence, counter-intelligence, medical suitability determinations, Presidential protection activities and other national security activities authorized by law. If you are a member of the U.S. armed forces or of a foreign military force, we may disclose your medical information as required by military command authorities or law. If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to those parties if disclosure is necessary for 1) the provision of your healthcare; 2) maintaining the health or safety of yourself or other inmates; or 3) ensuring the safety and security of the correctional institution or its agents.

### As Otherwise Required By Law

We will disclose medical information about you when required to do so by law. If federal, state or local law within your jurisdiction offers you additional protections against improper use or disclosure of medical information, we will follow such laws to the extent they apply.

### Other Uses and Disclosures

Other uses and disclosures of your medical information not listed in this notice will be made only with your written authorization. You may revoke this authorization at any time unless we have taken action in reliance upon it.

## Your Rights With Respect to Your Medical Information

You have the following rights regarding medical information we maintain about you:

### Right to Inspect and Copy

Subject to some restrictions, you may inspect and copy medical information that may be used to make decisions about you. To do so, submit a written request to your NuCara.

### Right to Amend

If you believe medical information about you is incorrect or incomplete, you may ask us to amend the information. Such request must be made in writing and submitted to your NuCara. In addition, you must provide a reason supporting your request to amend.

### Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures of your medical information. This accounting identifies the disclosures we have made of your medical information other than for treatment, payment or healthcare operations. You must submit your request in writing to NuCara at the address listed below. The provision of an accounting of disclosures is subject to certain restrictions.

### Right to be Notified

You have the right to be notified following a breach of unsecured PHI if your PHI is affected. This notification will be made by mail unless we do not have a correct mailing address for you, then we may use our web site, media stories or ads to inform you.

### Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment or healthcare operations. You also may request that your medical information not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must 1) be in writing; 2) state the restrictions you are requesting; and 3) state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

### Right to Request Disclosures to your Insurance Plan.

You have the right to request that we do not disclose information to your insurance plan about services provided however you must pay for the services in full. If you do not pay for the services within 30 days of first statement date, the restriction is void and we may bill your insurance.

### Confidential Communications

You may ask that we communicate with you in a particular way and in a particular place to protect the confidentiality of your medical information. Your request must be submitted in writing to your NuCara and you must state an alternate method or location you would like us to use to communicate your medical information to you.

### Right to a Paper Copy of This Notice

You have the right to request a paper copy of this notice at any time. Even if we have agreed to provide this notice electronically, you are still entitled to a paper copy.

## Important Contact Information

This notice has been provided to you as a summary of how we will use your Protected Health Information and your rights with respect to your Protected Health Information. If you have any questions or for more information regarding your Protected Health Information, please contact the Privacy Officer at (641) 366-3440. Written communications may be sent to NuCara Management Group, Attn: Privacy Officer, 126 N Main St., Conrad, IA 50261.

### Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting the Privacy Officer. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

### Effective

This notice became effective September 23, 2013 and amended on July 1, 2018. Please note, we reserve the right to revise this notice and our practices with respect to Protected Health Information at any time. Should our information practices change, we will post the revised notice at your NuCara and at [www.nucara.com](http://www.nucara.com). A current notice of our privacy practices may be obtained from your NuCara, the Privacy Officer at (641) 366-3440 or at [www.nucara.com](http://www.nucara.com).

For the purposes of this notice, NuCara includes the affiliated covered entities of NuCara Management Group, Inc., NuDak Ventures, LLC., NuDak Ventures of North Dakota, LLC., Hammer Medical, Inc., PM Acquisition, LLC., Cokato Drug, LLC., The Bowman Drug Company, PC., and Greenfield Pharmacy, LLC.