

EP Medical Equipment Pharmacy has been operating since 1994 and is located at 6440 South West 117th Avenue in Miami, Florida.

We would like to thank you for selecting our Home Medical Equipment (HME) provider to cover your home medical equipment and Pharmacy needs. We pride ourselves in providing a family oriented service, assisting Miami-Dade, Broward and Palm Beach counties.

Our professionally trained staff is committed to providing quality service to achieve the goals of prompt delivery and satisfaction. We also provide service or maintenance when required. Our Customer Service personnel is ready to respond to emergencies, answer questions, troubleshoot, and fill urgent orders. Our business hours are:

**Monday through Friday: 9:00 A.M. - 6:00 P.M.**

**Saturdays: 9:00 A.M. - 2:00 P.M.**

**Emergency Service**

**24 Hours a Day, 7 Days a week**

**Toll Free: (800) 886-9432**

Your doctor, according to his medical plan of treatment, has ordered the HME and Medical Supplies.

- Home Medical equipment or also called Durable Medical Equipment (DME) includes:

- Enteral Nutrition
- Nebulizer Drugs
- Breast Prosthesis
- Diabetic Products
- Walkers & Rollators
- Wheelchair Cushions
- Electric Hospital Beds
- CPAP & BIPAP Devices
- Prefabricated Orthotics
- Diapers/Underpads, etc.
- Client/Patient Lifts
- Commodes
- Wheelchairs
- Prescriptions
- Nebulizer Units
- Portable Oxygen Concentrators
- Stationary Oxygen Concentrators
- Stationary Liquid Oxygen Reservoirs
- Portable Oxygen Gaseous/Liquid Tanks

HME is considered to be equipment to serve a medical purpose and is primarily and customarily used in the home.

- Supplies are medically necessary: medical or surgical items that are consumables, expendables, disposable or nondurable and appropriate for the use in the home prescribed by a healthcare professional.

## OUR MISSION

Our mission is to meet the home health care needs of our clients/patients in the metropolitan area of Miami Dade-Broward- Palm Beach, Fl. by providing the highest quality medical equipment, supplies, and services. We respect the rights of our clients/patients, and are dedicated to providing responsive, timely customer service. We ensure that members of our team receive ongoing continuing education so that they are knowledgeable about the latest home care technology and are able to serve our clients/ patients effectively.

## ON CALL POLICY

EP Medical Equipment Pharmacy's On-call policy states that when a client/patient calls the phone system and selects the option to speak to the on call staff, the call will be transferred directly to the staff member in response to client/patient calls after hours.

This staff member will be responsible for locating the on-call specialist to assist the client/patient. If the specialist does not respond in a time frame of twenty minutes, the call will then proceed to the second designated specialist.

All calls will be answered and documented. The on-call staff member will notify the company's managers, in the case of a delayed response or any technical difficulties. The company's managers, and at their discretion, will contact other employees as needed to resolve any issue.

### **After Hours Emergencies:**

We are on-call 24 hours. 7 days a week. Please call Toll Free (800) 886-9432.

### **Emergencies:**

For all life-threatening emergencies, call 911.

In the event of a major emergency such as a severe storm, long power outage, flood, fire, etc. EP Medical Equipment Pharmacy will attempt to contact you. It is critical that we have your correct contact information as well as an emergency contact phone number for someone who does not live with you such as a neighbor, friend or relative. It is important that you continue to use your concentrator, according to your doctor's prescription, for as long as you have power. This will help to conserve your available oxygen. In the event of a power outage, please use the backup oxygen cylinders on hand and request additional cylinders, when necessary. Do not wait until you are almost out of oxygen to request additional cylinders.

If you are instructed to evacuate, you will need to take all your equipment with you. During an emergency it is likely that EP Medical Equipment Pharmacy may be able to help you to transport equipment to your new location.

If you are unable to contact EP Medical Equipment Pharmacy, during an emergency and you require support services, call 911 to respond to your needs.

# REQUIREMENTS FOR SERVICE

Services will be provided in accordance with your physician or health care provider's orders and based upon the client/patient's identified needs, status and the type of services required that we can provide. In order to process orders in a timely basis, certain information is necessary from referring health care providers.

This includes:

## 1. Your Personal Information:

- Last and First Name
- Address, City, State, Zip
- Delivery Address (if different)
- Telephone Number
- SSN# and Insurance Company Information (Policy# and Group#)
- Date of Birth
- Sex

## 2. Clinical Information

- Diagnosis
- Allergies
- Your Height and Weight
- Special Needs

## 3. Specific Equipment & Supplies and the Length of Need

## 4. Ordering Physician Information

- Physician name and Signature
- Address, City, State and Zip
- Telephone and Fax #
- UPIN, NPI

For most Durable Medical Equipment your Doctor will have to complete a Certificate of Medical Necessity which is required by some insurance carriers.

To better assist you, please notify our company if:

- You are hospitalized
- You have a change in insurance coverage
- You have a safety concern with your equipment
- You are injured while using your oxygen equipment
- Your prescription changes
- You change the doctor who prescribed your equipment
- You change your home address or phone number
- You move with a relative
- You no longer require the equipment delivered
- You have a special delivery request (leaving delivery with another person, need additional equipment or supplies).
- If you encounter difficulty or have any questions.
- If you change or revoke your Advance Directive.

## BILLING AND COLLECTION INFORMATION

### **Insurance Coverage**

EP Medical Equipment Pharmacy accepts Medicare, Medicaid, Private insurance and self pay.

### **Pricing Policy**

EP Medical Equipment Pharmacy seeks to offer the best home medical products to the consumer. EP Medical Equipment Pharmacy may not always have the lowest price, but provides free delivery, expert service and continuous support. All prices are subject to change without notice.

### **Payment**

Medicare pays durable medical equipment in different ways, depending on the item or service which includes calls for repair and routine maintenance, whether you purchase or rent the equipment.

Medicare pays the same amount whether the supplier "takes assignment" or not. If the supplier takes assignment and if you have already met your deductible for the year, Medicare pays 80 percent of the Medicare approved charge and you are responsible for the remaining 20 percent. You may pay more if the supplier does not take assignment. Assignment means that the supplier agrees to accept the Medicare- approved amount as payment in full. EP Medical Equipment Pharmacy accepts assignment. If you buy equipment from us, Medicare will still pay only 80 percent of the Medicare approved amount. You are responsible for the difference between what Medicare pays and the allowable amount. Private insurance companies also have allowable charges and EP Medical Equipment Pharmacy treats them similar to Medicare.

### **Deductible**

After you have met your deductible, you're still responsible for paying directly, or through supplemental insurance, at least 20 percent of the Medicare approved amount. This co-payment may not be dropped by EP Medical Equipment Pharmacy except in hardship situations and only case by case basis.

### **Disclosure of Financial Interest**

EP Medical Equipment Pharmacy has no financial relationship with your referring physician. You as the client/patient have the right to obtain items or services for which you were referred to EP Medical Equipment Pharmacy by your physician from any supplier of your choice. There are many providers of home medical equipment and supplies in our area listed in the yellow pages under Medical Equipment. EP Medical Equipment Pharmacy is a Medicare Part B contracted provider that accepts Medicare assignment on every claim.

# MEDICARE DMEPOS SUPPLIER STANDARDS

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

## CLIENT/PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

### **A client/patient has the right to:**

1. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of service
2. Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
3. Receive information about the scope of services that the organization will provide and specific limitations on those services
4. Participate in the development and periodic revision of the plan of service
5. Choose your health care provider. You also have the right to refuse care or treatment after the consequences of refusing care or treatment are fully presented
6. Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
7. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
8. Be able to identify visiting personnel members through proper identification
9. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
10. Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
11. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
12. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
13. Be advised on the agency's policies and procedures regarding the disclosure of client/patient clinical records.
14. Receive appropriate care/service, medical treatment or accommodations, without discrimination, regardless of race, national origin, religion, handicap, or source of payment in accordance with physician's orders, if applicable
15. Be informed of any financial benefits when referred to the company.
16. Be fully informed of one's responsibilities.
17. Be treated with courtesy and respect, with appreciation of individual dignity, and with protection of privacy.
18. Receive a prompt and reasonable response to questions and requests.
19. Know who is providing medical services and who is responsible for care.
20. Know what client/patient support services are available, including if an interpreter is available if the client/patient does not speak English.
21. Know what rules and regulations apply to their conduct.
22. Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.
23. Know whether the health care provider or facility accepts the Medicare assignment rate, if the client/patient is covered by Medicare.
24. Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.
25. Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
26. Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such research.

**A client/patient has the responsibilities to:**

1. Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health.
2. Reporting unexpected changes in their condition to the health care provider.
3. Reporting to the health care provider whether he or she understands a planned course of action and what is expected of them.
4. Following the treatment plan recommended by the health care provider.
5. Keeping appointments and, when unable to do so, notifying the health care provider or facility.
6. Their actions if treatment is refused or if the client/patient does not follow the health care provider's instructions.
7. Making sure financial responsibilities are carried out.
8. Following health care provider conduct rules and regulations affecting client/patient care and conduct.
9. Understand that rental equipment must be used with reasonable care, not altered or modified, and returned in good condition (normal wear and tear excepted).
10. Promptly report to EP Medical Equipment Pharmacy any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
11. Provide EP Medical Equipment Pharmacy access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment.
12. Use the equipment for the purposes so indicated and in compliance with the physician's prescription.
13. Keep the equipment in their possession and at the address, to which it was delivered unless otherwise authorized by EP Medical Equipment Pharmacy
14. Notify EP Medical Equipment Pharmacy of any hospitalization, change in health insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
15. Accept all financial responsibility for home medical equipment furnished by EP Medical Equipment Pharmacy
16. Client/Patient agrees that EP Medical Equipment Pharmacy shall not insure or be responsible to the client/patient for any personal injury or property damage related to any equipment; including that caused by use or improper functioning of the equipment; the act or omission of any other third party, or by any criminal act or activity.

## FINANCIAL RESPONSIBILITY

We will provide you with information verbally and in writing of any costs that you are required to pay for the equipment, products and services that you are receiving. Please remember that if you change your insurance, at any time, during your service, your costs may change. It is important for you to notify us promptly if you change insurance coverage at any time. Failure to notify us of such changes may result in your incurring unanticipated costs for products and services that are not covered. In general, the following information holds true:

If you have Medicare/Private insurance/PPO Coverage:

- You are financially responsible for any deductible and/or any co-payments not covered by your insurance;
- You are financially responsible for any rental equipment that is damaged while in your possession;
- You are financially responsible for any non-payment by your insurance company due to disenrollment from their plan.

If you are a member of a Health Manage Care (MC):

- Your MC will pay your monthly equipment rental charge;
- You are renting the equipment that was delivered to you;
- You are responsible for any rental equipment that is damaged while in your possession;
- Your MC determines the type of equipment and supplies that are provided to you;
- If you dis-enroll from the MC you are financially responsible for all medications, products, supplies, equipment and services provided by our company.

YOU ARE RESPONSIBLE FOR NOTIFYING EP MEDICAL EQUIPMENT, INC IF YOU DISENROLL FROM YOUR CURRENT HMO OR INSURANCE PLAN.

If you change your insurance coverage, we will advise you if we can continue to provide your equipment, products and services and if there is any change in the amount you are responsible for.

If EP Medical Equipment Pharmacy cannot provide services or should you have no coverage:

- EP Medical Equipment Pharmacy will arrange for pick-up of any rental item — or-
- Arrange a one time, minimum payment that will cover the purchase of the equipment that you are renting — or-
- You can assume full financial responsibility for the rental of the equipment. You will be billed monthly and payment is due within 15 days of receipt of invoice to avoid collection efforts.

## EQUIPMENT WARRANTY COVERAGE INFORMATION

EP Medical Equipment Pharmacy honors all warranties expressed and implied under applicable State Law EP Medical Equipment Pharmacy will notify all Medicare beneficiaries regarding warranty coverage of any supplies sold or rented. EP Medical Equipment Pharmacy will not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or services covered under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

If you have experienced a problem with defective or substandard home medical equipment, you should take the following steps:

1. Contact EP Medical Equipment Pharmacy or the manufacturer of the device and explain your problem.
2. EP Medical Equipment Pharmacy will make every effort to resolve the problem by either repairing or replacing the defective product free of charge for the equipment under warranty.
3. An owner's manual with warranty information will be provided to the client/patient if one is available.
4. E.P. Medical Equipment, Inc is a distributor of home medical equipment, not a manufacturer and is not liable for injuries resulting from defective products. Return Goods Policy. Pharmaceuticals, Disposable Supplies, Enteral, Supplements and Supplies may not be returned due to State and Federal Laws. Special orders items will require a deposit and are non-returnable.



# HEALTHCARE ADVANCE DIRECTIVES

## The Client/Patient's Right to Decide

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. Only your primary physician can determine if you are incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death. Additionally, the law states that you do not have to be incapacitated to elect a health care surrogate to make your decisions.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their clients/patients with written information, such as this pamphlet, concerning health care advance directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

## Questions About Health Care Advance Directives

What is an advance directive?

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning. Three types of advance directives are:

- A Living Will
- A Health Care Surrogate Designation
- An Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

### **What is a living will?**

It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

### **What is a health care surrogate designation?**

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

### **Which is best?**

Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

# HEALTHCARE ADVANCE DIRECTIVES

## **What is an anatomical donation?**

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

## **Am I required to have an advance directive under Florida law?**

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend. The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

## **Must an attorney prepare the advance directive?**

No, the procedures are simple and do not require an attorney, though you may choose to consult one. However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

## **Where can I find advance directive forms?**

Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

## **Can I change my mind after I write an advance directive?**

Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive. If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

## **What if I have filled out an advance directive in another state and need treatment in Florida?**

An advance directive completed in another state, as described in that state's law, can be honored in Florida.

## **What should I do with my advance directive if I choose to have one?**

If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.

Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.

Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.

Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located. If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy. If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

# NOTICE OF PRIVACY PRACTICES

09/03/2013

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

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the Practice has created this Notice of Privacy Practices (Notice). This Notice describes the Practice's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the Practice protect the privacy of your PHI that the Practice has received or created.

This Practice will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (Including Psychotherapy Notes, Marketing and Selling of PHI), the Practice will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. The Practice reserves the right to change the Practice's privacy practices and this Notice.

## HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that the Practice is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

Uses and disclosures of PHI for Payment: The Practice will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: The Practice may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate the Practice workforce.

The following is an accounting of additional ways in which the Practice is permitted or required to use or disclose PHI about you without your written authorization.

Uses and disclosures as required by law: The Practice is required to use or disclose PHI about you as required and as limited by law.

Uses and disclosure for Public Health Activities: The Practice may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

Uses and disclosure about victims of abuse, neglect or domestic violence: The Practice may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: The Practice may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures to Individuals Involved in your Care: The Practice may disclose PHI about you to individuals involved in your care.

Disclosures for judicial and administrative proceedings: The Practice may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the Practice.

## NOTICE OF PRIVACY PRACTICES

Disclosures for law enforcement purposes: The Practice may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

Uses and disclosures about the deceased: The Practice may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes: The Practice may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: The Practice may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the Practice will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: The Practice may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Uses and disclosures for specialized government functions: The Practice may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

Disclosure for workers' compensation: The Practice may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: The Practice may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

Disclosures to business associates: The Practice may disclose PHI about you to the Practice's business associates for services that they may provide to or for the Practice to assist the Practice to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

### OTHER USES AND DISCLOSURES

The Practice may contact you for the following purposes:

Information about treatment alternatives: The Practice may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: The Practice may use your PHI to notify you of benefits and services the Practice provides.

Fundraising: If the Practice participates in a fundraising activity, the Practice may use demographic PHI to send you a fundraising packet, or the Practice may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.

### FOR ALL OTHER USES AND DISCLOSURES

The Practice will obtain a written authorization from you for all other uses and disclosures of PHI, and the Practice will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact DEBORAH SALDANA to obtain a Request for Restriction of Uses and Disclosures.

## NOTICE OF PRIVACY PRACTICES

### YOUR HEALTH INFORMATION RIGHTS

The following are a list of your rights in respect to your PHI. Please contact DEBORAH SALDANA for more information about the below.

**Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of the Practice's uses and disclosures of your PHI. The Practice is not required to accommodate a request, except that the Practice is required to agree to a request to restrict disclosures to health insurance plans related to products and services you pay out-of-pocket for.

**The right to have your PHI communicated to you by alternate means or locations:** You have the right to request that the Practice communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the Practice to have an accurate address and home phone number in case of emergencies. The Practice will consider all reasonable requests.

**The right to inspect and/or obtain a copy your PHI:** You have the right to request access and/or obtain a copy (Paper or Electronic) of your PHI that is contained in the Practice for the duration the Practice maintains PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

**The right to amend your PHI:** You have the right to request an amendment of the PHI the Practice maintains about you, if you feel that the PHI the Practice has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial.

**The right to receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by the Practice.

**The right to receive additional copies of the Practice's Notice of Privacy Practices:** You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically

**Notification of Breaches:** You will be notified of any breaches that have compromised the privacy of your PHI.

### REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

The Practice reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The Practice will also post the revised version of the Notice in the Practice.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice and/or to the Secretary of HHS, or their designee. If you wish to file a complaint with the Practice, please contact DEBORAH SALDANA.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

The Practice will not take any adverse action against you as a result of your filing of a complaint.

### CONTACT INFORMATION

If you have any questions on the Company's privacy practices or for clarification on anything contained within the Notice, please contact:

EP Medical Equipment Pharmacy  
DEBORAH SALDANA  
6440 SW 117th Avenue  
Miami, FL 33183  
(305) 630-9307

## TERMS AND CONDITIONS OF SALES AND RENTAL EQUIPMENT

1. Rental equipment covered by this invoice will be maintained and serviced by EP Medical Equipment Pharmacy Customer must give EP Medical Equipment Pharmacy reasonable notice that such maintenance or service is required.
2. EP Medical Equipment Pharmacy will not be responsible for any injury or damage resulting from the use of this equipment.
3. Customers will be responsible for any loss or damage to rental equipment from fire, theft, carelessness or any cause other than reasonable wear.
4. Customers will not move rental equipment from the address specified in this invoice without the written permission of EP Medical Equipment Pharmacy
5. Customers may purchase rental equipment at EP Medical Equipment Pharmacy Published prices, applying the first rental period charge as invoice by EP Medical Equipment Pharmacy and paid by customer to the purchase price of equipment.
6. Customer may not uninstall or tamper with equipment. When we pick up the equipment EP Medical Equipment Pharmacy has trained personnel that will come uninstall equipment.
7. Equipment rented hereunder remains the property of EP Medical Equipment Pharmacy

## REPORTING FRAUD, ABUSE AND COMPLAINTS

The client/patient has the right to freely voice their grievances and recommend changes in care services without fear of reprisal, discrimination or unreasonable interruption of services. Equipment, services and billing complaints will be communicated to management and upper management. To place a complaint, please call (305) 630-9303 and speak to customer services, within 5 working days EP Medical Equipment Pharmacy will let you know they received the complaint. You can expect a written response of the result of your complaint within 14 calendar days. EP Medical Equipment Pharmacy will maintain documentation of all complaints that it receives, copies of the investigations, and responses to beneficiaries. You may also make inquiries or complaints about this company by calling Medicare 1-800-MEDICARE.

### **AHCA Complaint Hotline**

If your complaint was not resolved through contacting EP Medical Equipment, you have the right to file a complaint with the state. To report a complaint regarding the services you receive, please call toll-free (888) 419-3456.

### **Abuse, Neglect, Exploitation Hotline**

To report abuse, neglect or exploitation of disabled adult or an elderly person, please call toll free: 1-800-962-2873

### **Medicaid Fraud Hotline (Agency for Health Care Administration)**

To report suspected Medicaid fraud, please call toll-free 1-888-419-3456.

Medicaid fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. The office of the Inspector General at the Agency for Health Care Administration accepts complaints regarding suspected fraud and abuse in the Florida Medicaid system by phone 1(866) 966-7226 or on the Agency web site at [https://ahca.myflorida.com/Executive/Inspector\\_General/](https://ahca.myflorida.com/Executive/Inspector_General/)

### **Accreditation Commission for Health Care, Inc.**

EP Medical Equipment is accredited by ACHC. You may call the ACHC Hotline Monday through Friday, from 8am to 5pm, to ask questions about the company or to voice complaints. The ACHC telephone number is: 1-919-785-1214.

## PROTOCOL FOR RESOLVING COMPLAINTS FROM MEDICARE BENEFICIARIES

The complaints, all written and oral beneficiary complaints will be documented in the Medicare Beneficiaries Complaint Log, and completed forms will include the client/patient's name, address, telephone number, health insurance claim number, summary of the complaint; the date it was received; the name of the person receiving the complaint and a summary of action. If an investigation was not conducted, the name of the person making the decision and the reason for the decision. All Complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management, the president or owner of the company will be notified progressively. The client/patient will be informed of this complaint resolution protocol at the time of set-up of service.

## HOME SAFETY GUIDELINES

Most falls occur at home and most fractures result from a fall at home. Falls can lead to a tragic loss of people's independence and mobility. Simple modifications to the interior of your house can cut your risk of falling. According to the American Academy of Orthopedic Surgeons, each year, many are treated in hospital emergency rooms for injuries associated with stairs, bathtubs, furniture, carpeting and other products people live with and use every day. Many of these accidents could be prevented. Changes in furniture arrangement, housekeeping and lighting will help reduce your risk of falling at home. Use this checklist as a guide.

### Stairs and steps

1. Make sure light switches are at both the top and bottom of the stairs.
2. Provide enough light to see each step and the top and bottom landings.
3. Keep flashlights nearby in case of a power outage.
4. Install handrails on both sides of the stairway and be sure to use them.
5. Do not leave objects on the stairs.
6. Consider installing motion detector lights which turn on automatically and light your stairway.
7. Put non-slip treads on each bare-wood step.
8. Do not place loose area rugs at the bottom or top of stairs.
9. Repair loose stairway carpeting or boards immediately.

### Bathroom

1. Install grab bars on the bathroom walls near the toilet and along the bathtub or shower.
2. Place a slip-resistant rug adjacent to the bathtub for safe exit and entry.
3. Mount a liquid soap dispenser on the bathtub/shower wall.
4. Place non skid adhesive textured strips on the bathtub/shower floor.
5. Stabilize yourself on the toilet by using either a raised seat or a special toilet seat with armrests
6. 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.

### Bedroom

1. Place a lamp and flashlight near your bed.
2. Install night-lights along the route between the bedroom and the bathroom.
3. Sleep on a bed that is easy to get into and out of.
4. Keep a telephone near your bed.

### Living areas

1. Arrange furniture to create clear pathways between rooms.
2. Remove low coffee tables, magazine racks, footrests and plants from pathways in rooms.
3. Secure loose area rugs with double-faced tape or slip-resistant backing. Recheck these rugs periodically.
4. Keep electric, appliance and telephone cords out of your pathways, but don't put cords under a rug.
5. Eliminate wobbly chairs, ladders and tables.
6. Place carpeting over concrete, ceramic and marble floors to lessen the severity of injury if you fall.
7. Repair loose wooden floorboards immediately.

### Kitchen

1. Remove throw rugs.
2. Immediately clean up any liquid, grease or food spilled on the floor.
3. Store food, dishes and cooking equipment at easy-to-reach waist-high level.
4. Use non skid floor wax.

### Personal Habits

1. Find out if medication might make you feel dizzy, unsteady or drowsy
2. Consider using a cane or walker
3. Don't walk with only socks on your feet
4. Wear shoes that are supportive with non-slippery soles
5. Don't have more than two alcoholic drinks per day
6. Take time to make sure your balance is steady before sitting up or standing
7. Avoid rushing to answer the phone or door
8. If you are using a walker, make sure that furniture and walkways are arranged to give you enough room
9. 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.

## SAFETY INFORMATION

It is essential that you operate your equipment and supplies safely and correctly to benefit from their use. The following suggestions will help you safely use these devices.

- Always follow the directions provided by your EP Medical Equipment, Inc representative.
- Always use the safety devices provided.
- Never bypass, or cover alarms.
- Always use safety locks and make sure they are in the locked position at all times.
- Never move into or out of a wheelchair unless the brakes are applied.
- Electrical devices should be plugged into a properly grounded outlet that meets the amperage requirements of the equipment. Never expose electrical devices to water or liquid.
- Avoid using extension cords and multi-plugs. Place equipment as close to the outlet as possible.
- Keep important phone numbers near the phone so that they are handy in case of an emergency
- Make sure no parts of the body come in contact with moving parts of equipment (wheelchairs, raising and lowering beds, etc.)
- Only responsible individuals familiar with the operation should operate devices. Children and incompetent adults should not operate devices.
- Store medications and supplies as directed and out of the reach of children and pets.
- If your equipment has a battery back-up, keep the equipment plugged into the outlet to keep the battery charged.
- Never touch any electrical fixture or appliance with wet hands, while standing on a damp floor or while in the bathroom.
- Do not warm medications or solutions in the microwave or hot water unless directed.

ANY SAFETY CONCERNS RELATED TO CARE OR SERVICES BEING PROVIDED BY EP MEDICAL EQUIPMENT  
MAY BE REPORTED TO THE SAFETY OFFICER DEBORAH SALDANA AT 305-630-9307

## OXYGEN SAFETY

- DO NOT Smoke- Oxygen and Smoking is Dangerous
- No one should smoke in the home
- Do not use candles, matches or gas powered lanterns
- Keep oxygen system and oxygen tubing 10 feet away from any heat source
- Keep flammable material away from any oxygen source
- Have a "NO SMOKING" sign in view at all times
- Have at least one working "smoke detector: and test it monthly
- Have a fully charged "fire extinguisher" and check it monthly
- Oxygen should be used and stored in a well ventilated area
- DO NOT store oxygen cylinders under a bed, in a closet or behind curtains
- Greasy/ Oily hands should be washed before handling oxygen
- DO NOT use Petroleum Jelly; Oil based Lotions; Hair Spray; Nail Polish; Nail Polish Remover and Aerosol Sprays
- Never place oxygen tubing under clothing, bedding, carpets or rug
- Oxygen cylinders should be in stands or carts. Small cylinders may be placed on their side in a well ventilated area
- Do not store or transport oxygen cylinders in the trunk of a vehicle
- If you go out to a restaurant, family or friends home be aware of smokers around you, candles burning or any other flammable source
- Using oxygen increases the risk of fires and fires will burn hotter and faster
- Have at least two ways out of your home and everyone should be familiar with the routes
- Practice your emergency escape plan with your family at least twice a year



## FIRE PREVENTION GUIDELINES

- Make sure you know your emergency 911 procedures.
- Install smoke detectors on every level of your home, in hallways and outside of sleeping areas.
- Test every detector at least once a month. See your instruction book for the location of the test button.
- Keep smoke detectors dust free.
- Replace batteries with new ones at least once every 6 months, or sooner if the detector makes a chirping sound.
- Learn how to use your fire extinguisher before there is an emergency.
- Develop an emergency exit plan from each room in your home.
- Never leave home with the clothes dryer running.
- Dryers must be vented to the outside, not into a wall or attic.
- Clean the lint screen frequently to keep the airway clear.
- Never put in synthetic fabrics, plastic, rubber, or foam because they retain heat.
- Be sure all electrical equipment bears the Underwriters Laboratories (UL) label.
- Never pour water on a grease fire; turn off the stove and cover the pan with a lid, or close the oven door.
- Wear tight-fitting clothing when you cook. Your bathrobe, apron, or loose sleeve may catch fire.
- Be sure your stove is not located under a window in which curtains are hanging.
- Operate your microwave only when there is food in it.
- Keep lighters and matches out of the reach of children.
- Never smoke in bed or when oxygen equipment is being used.
- If you are using electrical medical equipment, make sure to review the instruction sheets. Read the section electrical safety.

## FLOOD SAFETY GUIDELINES

- Be aware of flood hazards, especially if you live in a low-lying area or near water. Know your area's flood risk, if unsure; call your local Red Cross chapter or Emergency Management Office.
- If it has been raining hard steadily be alert to the possibility of a flood.
- Listen to local radio or TV stations for flood information.
- Try to prepare a family disaster plan and make sure you check your insurance to determine if it covers flooding.
- Try to assemble a disaster kit; this may include medications, water, battery-powered radio, flashlight, and extra batteries.
- Identify where you could go if told to evacuate. Choose several place, a friend's home in another town, motel, or shelter.
- Be alert to signs of flash flooding and be ready to evacuate on a moment's notice.

CALL YOUR LOCAL RED CROSS CHAPTER FOR ADDITIONAL MATERIALS IN BOTH ENGLISH AND SPANISH (REFER TO IMPORTANT TELEPHONE NUMBERS SECTION OF THIS GUIDE), OR LOG ON TO THEIR WEBSITE AT <http://www.redcross.org>.)

## EMERGENCY PREPAREDNESS

In the event of an emergency or disaster, we have a Business Continuation Plan that will be put into effect in order to continue necessary client/patient services. The purpose of this Business Continuation Plan is to help prevent, when possible, events that could disrupt our business and its ability to provide services. It also minimizes the impact of any disruption by containing it within a predictable and predetermined period of time. We have established preventive controls, contingency resources, and procedures administered by a formal internal management team to ensure the continuance of business operations.

Disasters typically give little warning and can leave confusion and devastation in its wake. By evaluating your needs and the resources available prior to a disaster you will be better prepared. In all cases advance preparation and planning are the keys to survival. The State of Florida has created the Family Preparedness Guide that can be down loaded at [http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/prepare-yourself/current-hazards/\\_documents/familyprepareguide-eng.pdf](http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/prepare-yourself/current-hazards/_documents/familyprepareguide-eng.pdf). This guide can assist you and your family in preparing for emergencies.

## HURRICANE SAFETY GUIDELINES

Florida has quite a history with hurricanes. Florida is very vulnerable to Hurricanes because it is near the tropics and westerly winds blow off the African coasts along the equator. If you have special medical needs and require medical treatment, special care, or are on electricity dependent medical equipment, you should contact your local emergency management office for guidance. A registry is maintained by each county's office of Emergency Management to provide transportation assistance to public shelters. This service is intended for persons who would have no other means of evacuation due to physical or psychological limitations.

In addition, if you are on electricity dependant medical equipment we encourage you to contact Florida Power and Light and enroll in the medical essential services program. Although this program does not assign electricity priority status or guarantee electricity during a power outage, it does alert the field staff of your special needs and this program may provide other values as far as your electric bill. These telephone numbers can be found in the Important Telephone Numbers section of this handbook. Know in advance if you are in an evacuation zone. If you are in a high-rise building or a home without protection, you should plan to evacuate to a safer location. Know where you will go, how you will get there, and what you will need to take with you. Alternatives may include staying with relatives or friends outside the evacuation zone.

Another alternative is relocating outside the storm area if you have transportation available. Remember that interstate routes will be crowded and flights will be filled quickly. Another alternative are Red Cross shelters. These are public shelters, usually in public schools, which are open to anyone seeking refuge. They do not provide coats, privacy, or quiet. Simple meals or snacks may be available. However, RED CROSS SHELTERS DO NOT PROVIDE MEDICAL CARE. If you have special medical needs and require medical treatment, special care, or are on electricity dependent medical equipment, you should contact your local emergency management office for guidance.

**IMPORTANT NOTE:** EP Medical Equipment Pharmacy will coordinate delivery of additional oxygen tanks to those clients/patients that choose not to evacuate as long as they do not reside in an evacuation zone. We will not make deliveries to evacuation zones during a Hurricane Watch.

## INFECTION CONTROL

Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not accessible, as is common in many parts of the world, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.

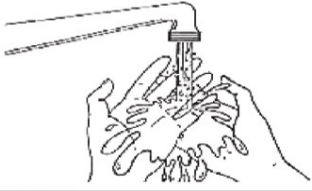






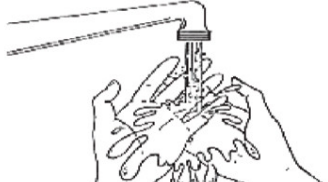

When should you wash your hands?

Help stop the spread of germs by washing your hands often, especially during key times listed below.


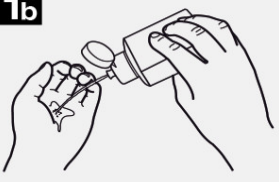
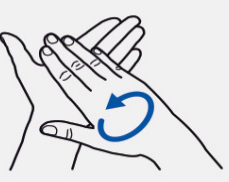
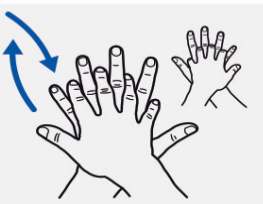
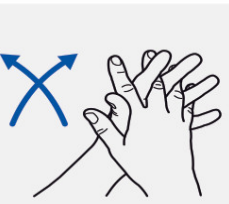
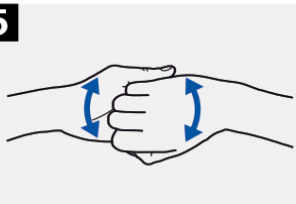
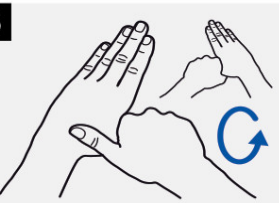
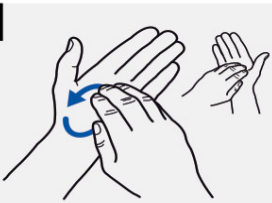
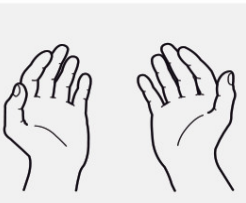
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After touching garbage

Follow the steps below to wash and rub your hands the right way every time.

### What is the right way to wash your hands?

		
<b>1</b> Remove all jewelry and wet hands with warm water	<b>2</b> Apply soap to hands	<b>3</b> For 10 - 20 seconds rub your hands together
		
<b>4</b> Be sure to cover all surfaces of your hands and fingers	<b>5</b> Clean your knuckles, the back of your hands and your fingers	<b>6</b> Don't forget about the space between your thumb and your index finger
		
<b>7</b> Clear your fingernails by working the fingertips into your palms	<b>8</b> Rinse well under warm running water	<b>9</b> Dry with a disposable paper towel, then use the towel to turn off the faucet

### What is the right way to hand-rub?

		
<b>1a</b>	<b>1b</b>	<b>2</b>
Apply a palmful of the product in a cupped hand, covering all surfaces;		Rub hands palm to palm;
		
<b>3</b>	<b>4</b>	<b>5</b>
Right palm over left dorsum with interlaced fingers and vice versa;	Palm to palm with fingers interlaced;	Backs of fingers to opposing palms with fingers interlocked;
		
<b>6</b>	<b>7</b>	<b>8</b>
Rotational rubbing of left thumb clasped in right palm and vice versa;	Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;	Once dry, your hands are safe.

# SPECIAL NEEDS REGISTRY PROGRAM

## Special Needs Evacuation

People requiring assistance with daily activities, people with disabilities or with medical equipment that depends on electricity should pre-register for services at a Special Needs Evacuation Center as soon as possible. Persons on the registry will be assigned to one of the Special Needs Evacuation Centers. Not every center will open for every evacuation. Persons assigned to Special Needs Evacuation Centers need to listen to the media and determine if they must evacuate and what time the centers will open.

## Hurricane Special Needs Registration

If you need assistance with daily activities due to a disability, or if you use medical equipment that requires electricity, you must pre-register for a special needs evacuation center placement as soon as possible. There are several Special Needs Shelter in Southeast Florida, but they require pre-registration. The program can provide shelter and transportation for the homebound, but may not be able to assist those who fail to register in advance. For application--available in English, Spanish or Creole--contact the Miami-Dade Answer Center at 305-468-5900 [TDD 305-468-5402].

### Miami-Dade, Broward, Palm Beach and Monroe County Shelter Information

When tracking a storm, pay attention to more than familiar "warning" and "watch" advisories. Know your county's evacuation plan and listen for which areas are ordered to evacuate for a particular storm.

In Broward, residents will evacuate depending on the storm's category and their area of residence. In Miami-Dade, residents will evacuate depending only on their area of residence. Miami-Dade and Broward counties have designated dozens of evacuation centers according to location, population capacity, ability to withstand a hurricane. Which centers will be used depends on the storm. If you require transportation to reach safety, check with your county about bus routes and pick up points. And if you live in a mobile home, don't even think about staying during a hurricane. Prepare to evacuate immediately.

Red Cross evacuation centers should be used as last resort for safety. If possible, evacuate to the home of a relative or friend who lives outside of evacuation zones. Shelters are designed for safety, not comfort. They provide primarily a safe place under a roof, so be prepared to bring your own drinking water, blankets, medications and anything else you might need. Drugs, alcohol and firearms are strictly prohibited, and only service animals such as seeing-eye dogs are permitted. Remember that not every shelter will open for every storm. If a hurricane threatens, the local authorities will make announcements about which evacuation shelters are actually open.

Please monitor local radio or TV stations, or call the Miami-Dade Answer Center at 305-468-5900 to find out which centers are available when an evacuation is ordered. A \* means the facility is wheelchair-accessible and at least one wheelchair-accessible restroom on the ground.

# EMERGENCY CONTACTS

## CLIENT/PATIENT INFORMATION

PHYSICIAN \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

HOSPITAL \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

EP Medical Equipment Pharmacy ..... (305) 630-9307 or (800) 886-9432  
Fax..... (305) 630-9303

## GENERAL EMERGENCY

POLICE, FIRE, AMBULANCE..... 911  
POISON CONTROL HOTLINE..... (800) 222-1222

## EMERGENCY MANAGEMENT OFFICES

Miami-Dade County ..... (305) 468-5400  
Broward County ..... (954) 831-3900  
Palm Beach County..... (561) 712-6400  
Monroe County ..... (305) 289-6018

## EMERGENCY ASSISTANCE

Clients/Patients requiring assistance with daily activities, disabilities or with medical equipment that are electrically dependant should register as soon as possible.

Miami-Dade County (evacuation program) .....(305) 513-7700 / (888) 311-DADE  
or TDD/ TTY (for the hearing impaired) to register:..... (305) 468-5402  
Broward County Hotline ..... (954) 831-4000  
Palm Beach County..... (561) 712-6400

## FLORIDA POWER AND LIGHT

CUSTOMER SERVICE CENTER..... (305) 442-8770  
FLORIDA ABUSE HOTLINE..... (800) 96-ABUSE / (800) 962-2873  
GENERAL INFORMATION CENTER..... 311

## NUI-FLORIDA CITY GAS EMERGENCIES

Emergencies ..... (888) 352-5325  
Customer service Dade (305) 691-8710, other counties ..... (800) 993-7546

## EMERGENCY CONTACTS

### STATE OF FLORIDA EMERGENCY

Information Line ..... (800) 342-3557  
or TDD/ TTY (for the hearing impaired) ..... (800) 226-4329  
City of North Miami Beach ..... (305) 949-5500

### AMERICAN RED CROSS

Miami-Dade and Monroe Counties ..... (305) 644-1200  
Broward County ..... (954) 797-3800  
Palm Beach County ..... (561) 833-7711  
Homestead ..... (305) 248-9660

### UTILITY PROBLEMS FPL

Dade /Broward/ Palm Beach Counties ..... (800) 468-8243

### AT&T REPAIR

Dade /Broward/ Palm Beach Counties ..... 611  
CSR prior to storm ..... (888) 757-6500

### TECO

Peoples Gas ..... (305) 940-0139  
Dade /Broward/ Palm Beach Counties ..... (877) 832-6747

### ALLIANCE FOR AGING

Elder Helpline ..... (305) 670-4357