



MedResources

TOTAL HEALTHCARE SUPPLY

CLIENT HANDBOOK



ACCREDITED

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DME Home Services & Equipment

Ambulatory Aides

Canes
Crutches
Walkers
Walker Attachments

Bariatric Items

Heavy Duty Beds
Heavy Duty Wheelchairs
Full Line of Heavy Duty Products

Bathroom Safety

3 in 1 Commodes
Grab Bars
Shower Chairs
Transfer Benches
Raised Toilet Seats
Tub Safety Rails

Bedroom Equipment

Hospital Beds
Bed Trapeze
Patient Lifts
Over Bed Tables

Decubitus Care

Low Air Loss Mattresses
Mattress Overlays
Wheelchair Cushions
Alternating Pressure Mattresses

Incontinent Supplies

Briefs
Underpads

Respiratory Care

Oxygen Concentrators
Suction Devices
Portable Units
CPAP/BiPAP
Conserving Devices
Liquid Oxygen

Lift Chairs

2 Way Recliners
3 Way Recliners

Medical Supplies

Enteral Nutrition
Diabetic Supplies

Mobility

3 Wheel Scooters
4 Wheel Scooters
Electric Wheelchairs
Standard Wheelchairs
Lightweight Wheelchairs
Geri Chairs

Orthotics/Braces

Custom Splints
Prefab Splints
AFOS
Hand Braces
Elbow Braces
Knee Braces
Fracture Braces

MANY OTHER ITEMS AVAILABLE
We accept most HMO's, Medicare and Medicaid

IMPORTANT NUMBERS

MED RESOURCES OFFERS 24 HOUR/DAY SERVICE

Missouri

Med Resources Home Office
(636) 733-7200
Med Resources Retail
(636) 530-4500
Med Resources
(after hours EMERGENCY)
(314) 691-5199

Kansas

Med Resources Lenexa
(913) 234-4641
Med Resources Lenexa
(after hours EMERGENCY)
(913) 238-6003

Illinois

Med Resources Alton
(618) 466-5632
Med Resources Alton
(after hours EMERGENCY)
(618) 225-3888

Georgia

Med Resources Covington
(678) 658-4663
Med Resources Covington
(after hours EMERGENCY)
(770) 364-7398

*Please leave your name and phone number when calling the emergency number.
You will receive a call back within 15 minutes.*

MED RESOURCES TERMS OF SERVICE

Med Resources Rental Agreement

- A. I agree that title to the Equipment shall at all times be and remain in the name of Med Resources. This transaction is a rental only.
- B. I agree to protect the Equipment from all loss and damage. I agree to pay for any damage to or loss of the Equipment regardless of cause, except for reasonable wear and tear while the Equipment is in my possession. I agree to be responsible for daily care and condition of the Equipment. I agree to pay for the reasonable cost of cleaning any Equipment, which is returned to Med Resources in need of cleaning or repair. Equipment which is damaged beyond repair, lost or stolen, will be paid for by me at its fair market value when rented. Med Resources agrees to provide routine maintenance for the Equipment. I agree to notify Med Resources when the Equipment needs maintenance.
- C. I agree not to move the Equipment from the address at which it is delivered without the written consent of Med Resources. The term of this rental shall expire when I no longer have a medical need for the Equipment. Upon expiration, I agree to notify Med Resources and permit Med Resources to pick up the Equipment at the address where the Equipment was delivered to me. I agree not to assign or sublet use of the Equipment to any party.
- D. Upon failure to pay for Equipment, Med Resources may terminate this agreement and take possession of and remove the Equipment from wherever it is located. I agree that Med Resources shall not be liable for any damage or trespass arising out of the removal of the Equipment.

Med Resources Purchase Agreement

- A. I agree to pay the full purchase price of the Equipment shown on the front of the work order. I agree that title to the Equipment shall not pass to me until Med Resources shall receive payment in full of the purchase price of the Equipment.
- B. Med Resources has assigned to me any warranties offered by the manufacturers for new Equipment. Such manufacturer's warranties are in place of any warranty expressed or implied, by Med Resources.
- C. I understand that drugs, enteral products, purchased equipment and supplies provided to me may not be returned. I will notify the Company in writing of any change in my domicile or mailing address.
- D. I agree that I am solely responsible for all damage and liability arising out of the use of the Equipment except that resulting from Company's negligence or defect in the Equipment. The Company's liability including for the negligence of Company or defect in the Equipment will in no event exceed the purchase price or rental allowable to the individual piece of Equipment. I agree that my remedy is limited to refund of amounts paid or repair or replacement of the Equipment. The Company will not be liable for any other direct, incidental, consequential or exemplary damages for any reason whatsoever.
- E. Miscellaneous: In the event the Company prevails in any action or proceeding to enforce its rights hereunder, I agree to pay all the Company's reasonable expenses including attorney's fees and court costs. This Agreement represents the entire agreement between the parties and supersedes all prior oral and/or written agreements and representations. No provision of this Agreement may be waived or modified, unless in writing and signed by the Company. If a court of competent jurisdiction holds any provision invalid or unenforceable the other provisions will remain in full force and effect.

Med Resources Return Policy

Med Resources sells only the highest quality products and has set the standard for excellence in the home medical equipment industry. We value our relationship with you and sincerely want you to be happy.

In cases where an item is damaged, or you're dissatisfied for any reason, we request that you notify us within 10 days of receipt of the item. Within the first ten days we will gladly refund or exchange any defective items you have purchased from us, no questions asked.

Any returns to Med Resources must include the original packaging. In cases where this does not occur, a small restocking fee* may apply. Some items (such as bathroom safety and special order items) may be non-returnable due to hygienic or other reasons.

Thank you for choosing Med Resources.

**Restocking fees may be up to 25% depending on the manufacturers.*

Med Resources Warranty Information

For Sale Items

All products we sell come with a manufacturer's warranty. You will receive a copy of the manufacturer's warranty information and owners' manual at the time of purchase. Please read this information carefully.

For Rental Items

Depending on your insurance plan your rental may convert to purchase. At the time you assume ownership, any remaining warranty from the manufacturer will be transferred to you.

The manufacturers of the products reserve the right to examine the products and at their sole discretion decide if the warranty applies. If you modify the product or misuse the product the warranty may be voided.

In the event you do not receive these items please call us immediately or reference the manufacturer website for detailed information.

CLIENT/PATIENT HANDOUTS

CLIENT/PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all client/patients receiving services from Med Resources should be informed of their rights. Therefore, you are entitled to:

1. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services.
2. Receive a timely response from Med Resources when homecare services/care is needed or requested.
3. Be fully informed in advance about service/care to be provided and any modifications to the Plan of Service/Care.
4. Participate in the development and periodic revision of the Plan of Service/Care.
5. Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
6. Be informed in advance of the charges, including payment for service/care expected from third parties and any charges for which the client/patient will be responsible.
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 staff members through proper identification.
9. Voice grievances/complaints or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination or reprisal.
10. Choose a health care provider.
11. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
12. Receive appropriate service/care without discrimination in accordance with physician orders.
13. Be informed of any financial benefits when referred to an organization.
14. Be fully informed of one's responsibilities.
15. Be informed of provider service/care limitations.
16. Be informed of client/patient rights under state law to formulate advance care directives.
17. Be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.
18. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.

If you have any concerns, complaints or suggestions, please contact Med Resources at 636-733-7205 or ACHC at 855-937-2242 or State Board of Pharmacy Hotline at 573-751-0091.

CLIENT RESPONSIBILITIES

1. Client agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear and tear excepted).
2. Client agrees to promptly report to Med Resources any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
3. Client agrees to provide Med Resources access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment.
4. Client agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
5. Client agrees to keep the equipment in their possession and at the address to which it was delivered unless otherwise authorized by Med Resources.
6. Client agrees to notify Med Resources of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
7. Client agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to Med Resources for any services furnished by Med Resources.
8. Client agrees to accept all financial responsibility for home medical equipment furnished by Med Resources.
9. Client agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
10. Client agrees not to modify the rental equipment without the prior consent of Med Resources.
11. Client agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
12. Client agrees that title to the rental equipment and all parts shall remain with Med Resources at all times unless equipment is purchased and paid for in full.
13. Client agrees that Med Resources shall not insure or be responsible to the client 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, war, riot, insurrection, fire or act of God.
14. Client understands that Med Resources retains the right to refuse delivery of service to any client at any time.
15. Client agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

When the client/patient is unable to make medical or other decisions, the family should be consulted for direction.

All staff members will understand and be able to discuss the Client Bill of Rights and Responsibilities with the client/patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Client Bill of Rights and Responsibilities.

The client/patient and caregiver(s) will also receive a copy of the DMEPOS Supplier Standards, which is included in the Client/Patient Handout forms.

SUPPLIER STANDARDS

Med Resources adheres to the following standards as required by the Centers for Medicare and Medicaid Service:

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.

HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

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

Fire Safety and Prevention

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

Electrical Safety

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

Safety in the Bathroom

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

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

Safety in the Bedroom

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

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

Safety in the Kitchen

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

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

Getting Around Safely

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

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

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

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

HIPAA NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

We may use or disclose your protected health information in the following situations without your authorization: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to object, unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

You may have the right to have our organization amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have any questions concerning or objections to this form, please ask to speak with Jeff Braun, Privacy Officer, in person or by phone at 636-733-7205.

Associated companies with whom we may do business, such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided.

We welcome your comments: Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

This notice was published and became effective on April 14, 2003.

EMERGENCY PLANNING FOR THE HOME CARE CLIENT/PATIENT

This pamphlet has been provided by Med Resources to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like tornadoes, floods, and earthquakes.

Every client/patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn't.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evacuation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies. In addition, let them know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

Reaching Us if There Are No Phones

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of the emergency, such as a tornado watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)

If the emergency was unforeseen, we will try to locate you by visiting your home or by contacting your home care agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Med Resources or from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with Med Resources and your home care agency.
- When you return to your home, contact your home care agency and Med Resources so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster.

To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

An Important Reminder!!

*During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***

ADVANCE DIRECTIVES

MAKING DECISIONS ABOUT YOUR HEALTH CARE

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

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

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

What Kinds Of Advance Directives Are There?

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

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

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

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

What Type of Advance Directive is Best for Me?

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

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

What Do I Do If I Want An Advance Directive?

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

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

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

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

What If I Change My Mind?

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

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

What If I Don't Want An Advance Directive?

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

For More Information...

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



HOME OFFICE

15464 OLIVE BOULEVARD, SUITE 100, CHESTERFIELD, MO 63017-1719
636/733-7200 FAX 636/733-7202

MISSOURI

15464 OLIVE BOULEVARD, SUITE 200, CHESTERFIELD, MO 63017-1719
636/530-4500 FAX 636/530-4577

KANSAS

8061 FLINT STREET, LENEXA, KS 66214-3335
913/234-4641 FAX 913/234-4643

ILLINOIS

2350 STATE STREET, ALTON, IL 62002-4319
618/466-5632 FAX 618/466-4642

GEORGIA

1174 MONTICELLO STREET SW, COVINGTON, GA 30014-2329
678/658-4663 FAX 678/658-4664

www.medresources.com