

Welcome to HealthQuest Infusion & Specialty Services!

Dear Patient,

We are excited that you have chosen to use HealthQuest as your infusion services clinic to fulfill your medication needs. Our licensed pharmacists work hard to ensure that your needs are met, and that we provide you with the highest quality of medication.

We truly believe that open communication between you, your physician, and your pharmacist is necessary in order for us to provide the most therapeutic care. We will be sending your medication and supplies via courier services to your doorstep, where you will sign a delivery ticket to let us know that you have received your medications and supplies. This will be used as a way for us to keep track of your deliveries. In the welcome packet on the left side there will be a delivery slip as well as a one-time form we will need you to sign giving us permission to bill this medication and fill it for you.

Please sign the enclosed Admission Agreement and HIPAA Authorization form, and mail it back to us. We have enclosed a pre-stamped envelope for you to send this form back to us.

If you have any questions or concerns regarding this notification or any of our services, please do not hesitate to give us a call at **832.612.3500**. Again, thank you for choosing HealthQuest Infusion & Specialty Services.

We look forward to working with you!

Sincerely,
The HealthQuest Team

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For all your questions regarding your therapy, call HealthQuest at any time, at 832.612.3500 or toll free at 844.883.4454

Other Emergency Phone Numbers

Keep this sheet of phone numbers by your phone or in an easily accessible location.

Police, ambulance, or fire.....	911	Houston TranStar (Transportation and Emergency Services).....	713.881.3244
Texas Help Line.....	211	To report downed power lines to CenterPoint Energy.....	713.207.2222
Houston Emergency line.....	311	Poison Control Center....	1.800.222.1222, or 911
Houston Non-emergency line.....	713.884.3131	United States Coast Guard numbers for people danger/in need of rescue:	
Harris County.....	713.755.5000	281.464.4851	281.464.4854
Red Cross.....	1.800.733.2767	281.464.4852	281.464.4855
or Español.....	1.800.257.7575	281.464.4853	
Texas Abuse Hotline.....	1.800.252.5400		
CPS Help Line.....	1.888.767.2445		
FEMA.....	1.800.621.3362		
Chemtrec (LOX Spills).....	1.800.424.9300		
Bioterrorism Hotline (CDC).....	1.888.767.2445		
Flood Control.....	713.684.4000		

Take a moment to fill out the bottom half for contact numbers:

Your home health nursing agency's name _____

Your home health nursing agency's number _____

Your doctor's name _____

Your doctor's number _____

Phone company _____

Water department _____

Gas company _____

Nearest Hospital _____

Nearest Emergency Room _____

Your health insurance provider _____

Your health insurance ID and group _____

Patient-focused and progressive care



Providing for all your infusion therapy and pharmaceutical needs

- Antibiotics
- Cardiology
- TPN/tube feeding
- Hemophilia
- Immunology
- All specialty infusions

 **HQ** Infusion Center

 **HQ** Home Infusion

 **HQ** Specialty Therapy

 **HQ** Home Health Nursing

We provide innovative, high-tech infusion and injectable therapies. Patients can receive infusions at our state-of-the-art Sugar Land ambulatory infusion center, or in the comfort of their own home.

- . 24/7 home delivery at no additional cost
- . Coordination of all aspects of patient care
- . Patient-focused
- . Auto-refill reminder program
- . Medication therapy management
- . Patient education and resources provided
- . Comprehensive disease management services
- . Seamless transition from hospital to home
- . Pharmacists involved in clinically managing patient care
- . Multilingual staff
- . ACHC certified, and compliant with stringent USP 800 guidelines

CHECK YOUR DELIVERY

Upon receiving your delivery, it is important to carefully inspect your supplies. Check your delivery for cracks, leaks or broken seals; cloudy or discolored medication; check that your name is on the medication label; medication's expiration date; medication is not above room temperature.

REFILLS

Pharmacy personnel will contact you weekly to check on your medication and supply count. If you have less than 5 days' worth medication/supplies with you, please call us promptly. Advance notice will help us ensure you are never without supplies.

PRESCRIPTION INFORMATION FOR THE PATIENT

Written information has been provided for you. Please read this information before you begin taking the medication. If you have any questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions.

Informacion por escrito acerca de esta receta se la presentado a usted. Favor de leer esta informacion antes de tomar el medicamento. Si usted tiene preguntas tocante esta receta, un farmaceutico estara presente durante horas de negocio para contestar sus preguntas.

IMPORTANT FORMS

Please make sure to review all the material in this intake packet. You will find information about our services, guidance materials to home infusion, and your rights and responsibilities.

Please sign the enclosed Admission Agreement and HIPAA Authorization form, and mail it back to us. We have enclosed a pre-stamped envelope for you to send this form back to us.

STAFF IMPAIRMENT POLICY

Upon reasonable suspicion testing, or for cause



drug testing, should supervisors have evidence to suspect a HealthQuest staff member of drug use, HealthQuest will take necessary action.

INSURANCE SUPPORT

It can be overwhelming calculating how your insurance applies toward your treatment, but we are here to assist you fully with questions regarding premiums and benefits. We can review how your benefits apply to your needs and help facilitate authorization from your provider.

KEEP US INFORMED

We always want to get your medications/nutrients to you without delay. Please let us know of any changes in name, address, contact information, insurance provider, travel plans, etc that may affect our delivery to you.

The only number you'll ever have to call

Contact HealthQuest at any time with questions regarding your infusion medications, insurance, or other therapy-related concerns.

Call us at 832.612.3500

Office hours: 8:30a–5:30p, Monday–Friday
On-call: 24/7

PATIENT GUIDE TO INFUSION THERAPY

HEALTHQUEST INFUSION & SPECIALTY: OUR SERVICES

THERAPIES AND SERVICES

The following is a description of common home infusion therapies:

Antibiotics: These medications, used to fight infections, include antibiotics, [anti-fungals, antiprotozoans and antivirals]. Intravenous antibiotics are the most frequently ordered home IV therapies and can also be some of the most complex.

TPN: Total parenteral nutrition ("TPN") therapy is the process of feeding a person intravenously using a medical infusion pump. This therapy is used when patients cannot be fed through the mouth, through the stomach, or when the digestive system does not work. TPN therapy is typically administered over a period of several weeks, months, or in some instances, over a life time.

Enteral Nutrition: Enteral nutrition is a therapy whereby a patient receives liquid nutrition via a tube inserted into the stomach or into the small intestine. It is also referred to as tube feeding. This therapy is used for patients who are not able to ingest any or sufficient nutrients in their diet. Patients requiring enteral nutrition may be on service for months or years.

IVIG: IVIG involves the administration of a class of blood-based products known as intravenous or subcutaneous immunoglobulins for the treatment of autoimmune and immunodeficiency diseases. As a class, IVIG consists of nine different products (in liquid or powder form) prescribed to patients for as many as over 100 different complex, chronic diseases. These medical conditions are managed by such specialists as immunologists, neurologists, rheumatologists, dermatologists, and hematologists. Examples of treated diseases include chronic inflammatory

demyelinating polyneuropathy ("CIDP"), multiple sclerosis, myasthenia gravis, and primary and common variable immune deficiencies. In treating patients with autoimmune disease, IVIG's benefits last between two weeks and three months. IVIG can also be used to boost the immune system's response to serious illness. Typically, patients are on therapy for months or years.

Growth Hormone: Growth Hormone therapy is a treatment for patients with growth hormone/HGH deficiencies. Patients on growth hormones typically receive treatment over a defined, time period that can last from several weeks to years.

Other Therapies: There are multiple other infusion therapies available for a broad range of other acute disorders including inotropic, hydration, catheter care, chemotherapy, pain management, chelation, corticosteroid, and other infusible/injectable specialty medications such as Remicade.

Other Services: Clinical pharmacists and nurses spend significant time explaining the prescribed therapy and administration to each patient. Nurses also take the time to train patients on recurring IV therapy as future administration of certain therapies does not require a nurse to be present. Certain maintenance therapies can be accomplished with the assistance of ambulatory IV pumps that are provided and on which it also provides training to the patient.

INFUSION SERVICES

Professional Pharmacy Services

I. Dispensing

- . Medication profile set-up and drug utilization review
- . Monitoring for potential drug interactions

I. Dispensing (continued)

- . Sterile procedures including intravenous admixtures, clean room upkeep, vertical and horizontal laminar flow hood certification, and all other biomedical procedures necessary for a safe environment
- . Compounding of medications
- . Patient counseling as required under OBRA 1990

II. Clinical Monitoring

- . Pharmacokinetic dosing
- . Development and implementation of pharmaceutical care plans
- . Review and interpretation of patient test results
- . Recommending dosage or medication changes based on clinical findings
- . Initial and ongoing pharmacy patient assessment and clinical monitoring
- . Measurement of field nursing competency with subsequent education and training
- . Other professional and cognitive services as needed to clinically manage the patient pharmacy care

III. Care Coordination

- . Patient admittance services, including communication with other medical professionals, patient assessment, and opening of the medical record
- . Patient/caregiver educational activities, including providing training and patient education materials
- . Clinical coordination of infusion services care with physicians, nurses, patients, patient's family, other providers, caregivers and case managers
- . Clinical coordination of non-infusion related services
- . Patient discharge services, including communication with other medical professionals and closing of the medical record
- . 24 hours/day, 7 days/week availability for questions and/or problems of a dedicated infusion team consisting of pharmacist(s), nurse(s) and all other medical professionals responsible for clinical response, problem solving, troubleshooting, question answering, and other professional duties from pharmacy staff that do not require a patient visit

- . Standard hours of operation are 8:30AM–5:30PM, Monday through Friday. After-hours service is available by dialing our main line at [832.612.3500](tel:832.612.3500)
- . Development and monitoring of nursing care plans
- . Coordination, education, training and management of field nursing staff (or sub-contracted agencies)
- . Delivery of medication, supplies, and equipment to patient's home

IV. Supplies and Equipment

- . DME (pumps, poles and accessories) for drug and nutrition administration
- . Equipment maintenance and repair (excluding patient-owned equipment)
- . Short peripheral vascular access devices
- . Needles, gauze, non-implanted sterile tubing, catheters, dressing kits and other necessary supplies for the sale and effective administration of infusion, specialty drug and nutrition therapies

V. Multiple Categories of Pharmacy

Professional Services

- . Maintaining comprehensive knowledge of vascular access systems
- . Continuing education of professional pharmacy staff
- . Removal, storage and disposal of infectious waste
- . Maintaining accreditation, including:
 - . Outcomes assessments and analysis
 - . Ongoing staff development and competency assessment
 - . Continuous quality assessment and performance improvement programs
 - . All other policies and procedures necessary to remain in compliance with professional accreditation standards
 - . Certification fees and expenses
 - . Other applicable accreditation expenses
 - . Maintaining the substantial insurance requirements (e.g. liability), including compliance with all state and federal regulations related to minimal insurance coverage

Administrative Services

- . Administering coordination of benefits with other insurers
- . Determining insurance coverage, including coverage for compliance with all state and federal regulations
- . Verification of insurance eligibility and extent of coverage
- . Obtaining certificate of medical necessity and other medical necessity documentation
- . Obtaining prior authorizations
- . Performing billing functions
- . Performing account collection activities
- . Internal and external auditing and other regulatory compliance activities
- . Maintaining inventories of drugs, equipment, administration supplies and office supplies
- . Maintaining physical plant and offices, including building, equipment and furnishings, utilities, telephone, pagers, office supplies, etc.
- . Maintaining computer clinical and administrative information systems
- . Postage and shipping
- . Design and production of patient education materials
- . Quality assessment and improvement activities
- . Continuing education to administrative staff
- . Legal and accounting services
- . Licensing application activities and fees

GENERAL GUIDES FOR ADMINISTERING MEDICATIONS AT HOME

BASIC HOME SAFETY

- . If possible, keep a clear path through your home. Move objects that could trip you, like electrical cords or throw rugs. Lift only small amounts of supplies at a time. Remember to bend your knees and keep your back straight. If possible, ask for help from your family or neighbors.
- . Make sure your smoke/fire detectors are in good working order.
- . Ask for help when going up or down stairs.
- . Bathroom safety: when necessary, ask for help to sit/stand and enter/exit from bathtub/shower. A shower chair may be beneficial to help prevent falls when bathing.
- . Please call us if you have any safety questions about medical equipment or procedures for any therapy we have provided to you.

GETTING ASSISTANCE FOR SPECIAL NEEDS

If you have special needs and you would need help in the case of a disaster, be sure to register today by calling **211** or **877.541.7905**.

Visit www.211us.org for more information.

EMERGENCY PREPAREDNESS

If you are involved in a natural disaster such as hurricane, tornado, blizzard, flood, or fire, please follow the following instructions:

- . If you must leave your home, please call us to arrange for delivery of your supplies. Be ready to give us your new address and phone number where you can be reached.
- . If your area is involved in a disaster and you decide to stay home, please let us know if your home can be reached by delivery truck. If not, we can help you arrange for delivery of your therapy supplies.
- . If you need emergency medical care or medical supplies, go to the nearest hospital in an unaffected area.

- . If you have no electricity, please contact us so we can provide extra supplies, i.e. batteries, coolers, and/or ice packs, for appropriate storage and/or delivery of your home infusion therapy.
- . If your water is contaminated, you and/or your caregiver can wash your hands with alcohol (rubbing alcohol or isopropyl alcohol) or hydrogen peroxide prior to performing any sterile procedures. We can also provide you with hand sanitizer that does not require water for use. Do not expose your IV catheter or catheter site to any unclean water.

Under disaster conditions we will try to contact you. However, calling into an area which has been involved in a natural disaster can be very difficult, and telephone lines may be overwhelmed or out-of-service. Therefore, please try to call out and establish contact with us. We will then make plans based on your specific emergency needs.

Call HealthQuest toll free at **844.883.4454**.

INFECTION CONTROL

- . Rise in body temperature over 100 degrees Fahrenheit
- . Tenderness, pain, swelling, redness, or draining around catheter site
- . Rashes, spots, or other skin disorders

Cleanliness is essential when handling and administering medications in the home. Please review the following guidelines for safe practice:

- . Sanitize/wash hands before and after each procedure.
- . Clean the work area thoroughly before use. Only place necessary supplies in the work area. Do not allow children or pets in the work area.
- . Avoid contact with sterile areas of infusion supplies. If inadvertent contact occurs, discard the item.
- . Select a well-lit, low traffic area away from doorways and fans. This will minimize dust particles in the air.

DISPOSING YOUR SYRINGE:

DOs:

- . Place needles and syringes in a hard plastic or metal container with a tightly secured lid. (The container should be labeled "Syringes," "Sharps," or "Needles.")
- . Keep the container out of the reach of children and pets.
- . When the container is full, seal and reinforce its lid with heavy-duty tape.
- . Dispose of the sealed container in the household trash.

Make Your Own Sharps Container

- . A laundry-detergent or bleach bottle can serve as a good needle disposal container.
- . Be sure that it's not a see-through container.
- . Label the container "Syringes," "Sharps," or "Needles."

DON'Ts:

- . Don't use containers made of glass or clear plastic.
- . Don't use thin plastics, such as soda bottles, as they are easily pierced.
- . Don't put the container in the recycling bin.
- . Don't throw loose needles or syringes in your household garbage.

HAND-WASHING GUIDELINES

It only takes 30 seconds to prevent an infection...

Wash your hands before and after EVERY procedure!



CDC Steps for Proper Hand-washing:

- 1 Wet hands with water and apply liquid soap to palms OR apply handrub to palms.
- 2 Rub hands palm-to-palm with fingers interlaced.
- 3 Rub right palm over left dorsum with interlaced fingers and vice versa:
 - . Rub fingertips...
 - . Around thumbs...
 - . And around wrists.
- 4 Rinse hands with water and dry thoroughly with a single use towel OR allow handrub to dry by itself.



Tip: You should be able to sing the "Alphabet Song" or "Happy Birthday" by the time you're done washing your hands!

PROTOCOL FOR MAINTAINING YOUR IV CATHETER LINE

SASH is the acronym used when giving any medication through an IV. The letters stand for:

- Saline (white cap) flush
- Administer medication
- Saline (white cap) flush
- Heparin (blue or yellow cap) flush

The amounts differ for pediatrics and adult patients:

PEDIATRIC (up to 10 years)	ADULT (over 10 years)
Saline flush 3–5mls	Saline flush 5–10mls
Administer medication	Administer medication
Saline flush 3–5mls	Saline flush 5–10mls
Heparin flush 1–3mls	Heparin flush 3–5mls
If you have more than one lumen, flush each UNUSED lumen once daily with: Saline 3–5mls, then Heparin 1–3mls	If you have more than one lumen, flush each UNUSED lumen once daily with: Saline 5–10mls, then Heparin 3–5mls

TIPS

- . Never force the flush or medication. You may use some gentle pressure with your thumb. If at first it doesn't flush, try rotating your arm with the PICC in a circular motion at shoulder. Cough deeply, and then re-try. Make sure clamps are OPEN.
- . Always cleanse the tip of the PICC line with alcohol pads for 15 seconds using friction and allow 30 seconds for drying prior to use.
- . Do not empty the syringe when flushing the saline and heparin. Push the plunger to reach the last small lines.

ELASTOMERIC PUMP INSTRUCTIONS: SAFE MEDICATION ADMINISTRATION

PLEASE TAKE YOUR MEDICATION BALL OUT OF THE REFRIGERATOR AT LEAST ONE HOUR PRIOR TO ADMINISTRATION, AND NEVER USE A MICROWAVE, HOT WATER, OR DIRECT SUN LIGHT TO WARM THE MEDICATION. THIS COULD DAMAGE THE MEDICATION BALL OR DISRUPT THE EFFECTIVENESS OF THE MEDICATION.

Refer to your Medication Schedule to ensure you are administering the right drug, the right dose, at the right time, via the right route, and the label reads YOUR name! If you inspect the medication ball and see particles or discoloration, do not infuse, and call HealthQuest immediately at [832.612.3500](tel:832.612.3500) to speak with a pharmacist.

FOLLOW THESE INSTRUCTIONS STEP BY STEP:

- 1 Have a designated work space that has been cleaned with bleach wipes prior to each dose and allow to dry before laying your equipment on the surface, with a trash can and liner within reach.
- 2 Apply a dime-sized amount of alcohol-based hand sanitizer to your hands and rub all surfaces until completely dry.
- 3 Gather the following supplies necessary for administration:
 - . Two pre-filled normal saline syringes, white cap.
 - . One pre-filled Heparin syringe, blue or yellow cap.
 - . Medication Ball (medication in the disposable pump).
 - . Alcohol pads.
- 4 Prepare your saline by taking them out of the plastic wrapper and throw away your trash as you go.
- 5 Remove the cap on the syringe, place it on the clean surface so you can recap, and **PULL BACK** on the plunger to loosen the black rubber stopper. Point syringe up, tap the side of the syringe to move any air bubbles to the top, and push/expel the air out.
- 6 **DO NOT ALLOW THE TIP OF THE SYRINGE TO TOUCH ANYTHING AND REPLACE THE CAP WHEN FINISHED BEFORE PREPARING NEXT STEPS. DISCARD THE SYRINGE IF YOU DROP, TOUCH, OR LOSE THE CAP IN THIS PROCESS.**
- 7 After the syringes have been prepped, place them in the order that you will be administering them, using the **SASH** method:

Saline, Administering medication, Saline, Heparin.
Don't forget your Alcohol pads so you can **CLEAN IN BETWEEN!**
- 8 Use alcohol pad to clean the IV-Line Connector. Wipe and scrub for at least 15 seconds, holding firmly to ensure the cap does not unscrew in the process.
- 9 Allow 5 seconds to dry, do not allow the IV-Line Connector to touch anything and do not blow or fan the connector. If the IV-Line Connector touches anything, you must re-clean with alcohol and repeat the process.
- 10 Flush the IV-Line by attaching the normal saline syringe by pushing in and turning clockwise, then use a push-pause method to flush with all 10 ml of saline.

- 11 Remove and throw away syringe into the waste basket.
- 12 Clean the IV-Line Connector again with another alcohol pad for 15 seconds, let dry.
- 13 Remove the cap from the end of the tubing on your medication ball and attach the tubing tip to your IV-Line Connector. Do not allow the tubing tip to touch anything except the IV-Line Connector. If it does touch anything, then you must use an alcohol pad to clean it as well.
- 14 Release the clamp on the medication ball tubing and allow the fluid to run. Note the start time and how long it is supposed to run for. The infusion time is on the label of the medication ball. After the infusion time has ended, the medication ball will look like a "raisin".
- 15 When your infusion is complete, close the clamp on the tubing of the medication ball. Remove the tubing from your IV-Line Connector, by turning counter clock wise. Remove the label with your name on it, tear it up. Discard medication ball into waste basket.
- 16 Clean the IV-Line Connector again with another alcohol pad for 15 seconds, let dry.
- 17 Saline flush to clear IV-Line: Flush the IV-Line by attaching the normal saline syringe by pushing in and turning clockwise, then use a push pause method to flush with all 10 ml of saline. Remove and discard.
- 18 Clean the IV-Line Connector again with another alcohol pad for 15 seconds, let dry.
- 19 Heparin flush IV-Line as final flush to prevent clotting: Flush the IV-Line by attaching the heparin syringe by pushing in and turning clockwise, then use a slow push method to flush in required amount. Remove and discard.
- 20 Now you have completed administration of your medication, and you will repeat this process for every administration at your scheduled time.
- 21 Please call HealthQuest if you have any reactions, questions, and concerns, or need help with disposing unused medications, sharp containers, or other medical waste. There is a pharmacist on call 24 hours a day, 7 days a week at [832.612.3500](tel:832.612.3500).

WHAT ARE MY OPTIONS FOR ADVANCE DIRECTIVES?

There are four types of advance directives. You can execute one, or several, depending on your needs and situation.

DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

- . This directive allows you to specify for the provision, withdrawal, or withholding of medical care in the event of a terminal or irreversible condition.
- . Your condition must be certified by one physician.

MEDICAL POWER OF ATTORNEY

- . This directive allows you to designate another person as your agent for making health care decisions if you become incompetent.
- . You do not have to have a terminal or irreversible condition for a medical power of attorney to be used.

OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER

- . This directive allows competent adults to refuse certain life-sustaining treatments in non-hospital settings where health care professionals are called to assist, including hospital ERs and outpatient settings.
- . You should carry a photocopy of your written form or wear a designated ID bracelet.
- . This directive cannot be executed for minors unless a physician states the minor has a terminal or irreversible condition.

DECLARATION OF MENTAL HEALTH TREATMENT

- . This directive allows a court to determine when you become incapacitated, and when that declaration becomes effective.
- . You may opt not to consent to electro-convulsive therapy, or to the use of psychoactive drugs.
- . The declaration expires in three years, unless you are incapacitated at that time.

BILLING AND PAYMENT INFORMATION

HealthQuest will bill your health insurance provider for your medication and any nursing services needed. You may still have to pay a portion of the cost. This is called your copay or coinsurance. You will be responsible for paying your copay at the time of delivery. We will tell you the exact amount you need to pay HealthQuest prior to rendering services.

Your medication may be processed under your medical benefit. In those situations, we will provide you with estimates of what you will owe after your health plan processes the claim. In some cases, you may be responsible for paying a portion of your total bill after your health plan pays its portion. This amount has to be paid to HealthQuest before you order your next refill. It is important to note, we bill your insurance a daily per-diem rate for all supplies used for managing your care. This means you are not being charged for individual line items; therefore, credit or refunds cannot be issued for unused supplies. Payment plans are available for those who need financial assistance. If you would like more detailed information about your health care plan, copay, coinsurance or any other aspect of your financial responsibilities, feel free to contact us at [832.612.3500](tel:832.612.3500) to speak with a billing and reimbursement team member.

If you receive a payment from your insurance company, please send it to HealthQuest. Include a copy of the Explanation of Benefits (also known as the EOB) statement that you receive with the payment.

MEDICARE PATIENTS

While most infusion drugs may be covered by the Medicare Part D prescription drug benefit, the Centers for Medicare & Medicaid Services (CMS) have determined that it does not have the authority to cover the infusion-related services, equipment and supplies under Part D. As a result, you may be charged a daily per-diem rate to cover the expense of the supplies or nursing needed to administer your medications.

DMEPOS MEDICARE SUPPLIER STANDARDS

The products and/or services provided to you by HealthQuest Infusion & Specialty Services are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <https://www.ecfr.gov/>, section 424.57.

If you would like to have a printed copy of the standards mailed to you, please call our office at [832.612.3500](tel:832.612.3500).

NOTICE OF PRIVACY PRACTICES/HIPAA RELEASE

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. If you have any questions about this notice, please contact HealthQuest at 832.612.3500.

When this Notice of Privacy Practices (or 'Notice') refers to HealthQuest, it is referring to HealthQuest Therapeutics LLC, and each of the following HealthQuest subsidiaries and affiliates: HealthQuest Pharmacy and HealthQuest Infusion Services.

Each of the HealthQuest subsidiaries and affiliates listed above is a covered entity under the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively, HIPAA).

Pursuant to 45 C.F.R. § 164.105(b), each of the HealthQuest Pharmacy and HealthQuest Infusion Services and its affiliates hereby designates itself as a single covered entity for purposes of compliance with HIPAA. The single covered entity shall be known as HealthQuest. This designation may be amended from time to time to add new covered entities that are under the common control and ownership of HealthQuest Therapeutics LLC.

HealthQuest is required under HIPAA to protect the privacy of your Protected Health Information (PHI), provide you with notice of our legal duties and privacy practices with respect to PHI, and abide by the terms of the Notice currently in effect for HealthQuest. This Notice describes how HealthQuest may use and disclose your PHI, as well as your rights to access and amend your PHI.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following describes the ways we may use and disclose your PHI. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to:

HealthQuest Infusion & Specialty
Attn: Office Administrator
1311 W Sam Houston Pkwy N, Ste. 100
Houston, Texas 77043

- . For Treatment
- . Threats to Health and Safety
- . For Payment
- . Specialized Government Function
- . For Health Care Operations
- . Workers' Compensation
- . Information Related to Your Care
- . Marketing
- . Uses and Disclosures Required by Law

- . Appointment Reminders/Treatment Alternatives
- . Public Health Activities
- . Business Associates
- . Abuse and Neglect
- . Appointment Reminders/Treatment Alternatives
- . Regulatory Agencies
- . Other Uses and Disclosures

USES AND DISCLOSURES WHICH REQUIRE PATIENT OPPORTUNITY TO VERBALLY AGREE OR OBJECT

Under the Privacy Rules, we are permitted to use and disclose your PHI: (i) for the creation of directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends, or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance, and have the opportunity to verbally agree or object to this use and disclosure of your PHI.

You may request a full and detailed copy of our Privacy Policy by calling our office at 832.612.3500.

PATIENT SATISFACTION SURVEY

Below is a short survey. Receiving your comments and ratings is important to us. From this information we can learn and adapt our services to better serve future patients. We would appreciate any comments you would like to make.

Discharge date: _____ Survey Date: _____ Type of therapy: _____

Please rate the following on a scale of 1–5 [1 = Strongly disagree. 2 = Disagree. 3 = Neutral. 4 = Agree. 5 = Strongly agree]

I. Pharmacist					
Knowledge and professional manner	1	2	3	4	5
Concern for patient and helpfulness	1	2	3	4	5
Availability for consultation	1	2	3	4	5
Comments:					
II. Delivery of drugs					
Drugs/supplies were delivered when they were scheduled	1	2	3	4	5
Politeness and appearance of delivery person	1	2	3	4	5
Ordering of additional supplies was convenient	1	2	3	4	5
Comments:					
III. Equipment ----- Was equipment involved in therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Equipment was clean & in good working order when installed	1	2	3	4	5
Equipment was picked up at end of therapy	1	2	3	4	5
Comments:					
IV. Business office					
Knowledge of billing and insurance matters	1	2	3	4	5
Politeness and helpfulness	1	2	3	4	5
How would you rate the on-call system for concerns/issues?	1	2	3	4	5
Comments:					
V. Overall pharmacy service					
What frustrations or difficulties, no matter how small, did you experience during home therapy?					
What comments can you make regarding any improvement we can make in our service?					
How prepared did you feel for your first at-home administration?					
Did you have any issues during your antibiotic treatment (check all that apply): <input type="radio"/> Line issue <input type="radio"/> Antibiotic Side <input type="radio"/> Other:					
If needed, would you use our service again? <input type="checkbox"/> Yes <input type="checkbox"/> No					
VI. Nursing					
Nurse was responsive to your concerns and needs.	1	2	3	4	5
Nursing visits were scheduled and on time.	1	2	3	4	5
Nurses' training & support made home therapy comfortable.	1	2	3	4	5
How would you rate your antibiotic administration teaching?	1	2	3	4	5
Overall nurse rating:	1	2	3	4	5
Comments:					

PHARMACY NOTICE

Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have any questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions.

Informacion por escrito acerca de esta receta se la presentado a usted. Favor de leer esta informacion antes de tomar el medicamento. Si usted tiene preguntas tocante esta receta, un farmaceutico estara presente durante horas de negocio para contestar sus preguntas.

Complaints against the practice of pharmacy may be filled with the:

Texas State Board of Pharmacy
William P. Hobby Building, Ste. 3-600
333 Guadalupe Street, Box 21
Austin, Texas 78701-3942
Tel: 512.305.8000
www.tsbp.state.tx.us

Quejas contra la practica de la farmacia pueden ser reportadas al:

Concilio Farmacia Del Estado De Tejas
William P. Hobby Building, Ste. 3-600
333 Guadalupe Street, Box 21
Austin, Texas 78701-3942
Tel: 512.305.8000
www.tsbp.state.tx.us

COMPLAINT AND GRIEVANCE PROCEDURE

As a patient of HealthQuest, we encourage communication of all complaints or grievances regarding our services, or supplies provided to you. We value your communication as an opportunity to improve. If you would like to communicate a complaint or grievance, please follow the steps below and see *attached form on the next page*:

If you are calling during normal business hours (8:30a–5:30p Monday–Friday):

- . Contact our Intake Manager at [832.612.3500](tel:832.612.3500). If he/she is unavailable, please leave a message with your telephone number and he/she will return your call promptly; if the message is left after hours, it may be the next business day before your call is returned.
- . If the Intake Manager is unavailable and your call requires immediate attention, please dial our main number [832.612.3500](tel:832.612.3500), and ask for our Director of Pharmacy. If you are transferred to a voice-mail, please press 0 at any time to have the operator page the Director of Pharmacy.

If you are calling after our normal business hours:

- . Call our main office at [832.612.3500](tel:832.612.3500); remain on the line and follow the necessary prompts. Your call will be transferred automatically to our on-call representative. When he/she answers, explain the nature of your call, and leave your contact information. They will convey your message to our Intake Manager and a member of our staff will return your call promptly.

You may also lodge a complaint about this company by calling your local Social Services Department, **Medicare at 800-MEDICARE** and/or the **Accreditation Commission for Health Care (ACHC) toll free at 855-937-2242**

COMPLAINT (GRIEVANCE) FORM

In order that your grievance may receive proper attention and follow-up, it must first be put in writing. Within five days of submitting your complaint, we will notify you that your complaint was received and is in process. Within 14 days, we shall provide written notification of the results of the investigation. This form and its contents will be handled confidentially, and you will be advised of the action taken.

Please mail completed form to:
HealthQuest Infusion & Specialty
Attn: Office Administrator
1311 W Sam Houston Pkwy N, Ste. 100
Houston, Texas 77043

NATURE OF GRIEVANCE (DESCRIBE FULLY): _____

PERSONS INVOLVED: _____

LOCATION: _____

SIGNATURE: _____

Administrative use only	
Date of Investigation:	MRN#
Persons conducting investigation:	
Findings:	
Action taken:	

A copy of the letter from the person making the complaint will be attached. Medicare claims filed separately.