

Welcome to Remote Connected Care



As technology continues to advance, it's also changing the face of healthcare. Today, telehealth and remote patient monitoring services allow patients and healthcare providers to connect outside the confines of a traditional medical office setting. These services allow regular check-ins to monitor vital signs without patients having to leave the home.

Remote Connected Care (RCC), an affiliate of Lincare, aims to make holistic remote patient monitoring available to patients with chronic conditions who would benefit by having their vitals reviewed regularly by qualified clinicians, monthly clinical check ins, and alerts when they have abnormal vital sign values.

Each of our patients receives one of the following devices:

- Smartphone Bluetooth hub device
- Bluetooth pulse oximeter
- Bluetooth blood pressure monitor
- Bluetooth weight scale



Although RCC is not a life-sustaining or live emergency 24/7 monitoring service, the regular monitoring and review of patient vital signs by clinicians can help in the management of chronic conditions including lung diseases (such as, chronic obstructive pulmonary disease (COPD) and interstitial lung disease (ILD)/pulmonary fibrosis) and cardiovascular diseases (such as, chronic heart failure (CHF) and hypertension and pulmonary hypertension).

The RCC team looks forward to servicing you as our new patient! Please do not hesitate to reach out to us if you have any questions about the contents of this Welcome Packet by calling us at 888-222-0755.

Patient Responsibilities



As a home healthcare patient, you have the responsibility to:

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, infections, diseases, and other pertinent items.
2. Assist in developing and maintaining a safe environment.
3. Inform Supplier when you will not be able to keep a homecare visit.
4. Participate in the development of and adhere to your homecare plan of service/treatment.
5. Request further information concerning anything you do not understand.
6. Contact your physician whenever you notice a change in your condition.
7. Contact Supplier whenever you have an equipment problem or change physicians.
8. Contact Supplier whenever you have received any change in your homecare prescription.
9. Contact Supplier whenever you are to be hospitalized or receive services from a home health agency pursuant to a Medicare plan of care.
10. Give information regarding concerns and problems you have to Supplier.
11. Ensure the financial obligation for your equipment is fulfilled promptly.
12. Maintain and repair purchased equipment when equipment is no longer under warranty.
13. Follow equipment care procedures as outlined on the equipment orientation form.

If you feel that the RCC has not respected your rights, please contact our management staff at 888-222-0755. It is the RCC management staff's responsibility to review all formal complaints, and you will be entitled to a written response to your formal complaint. If you do not feel you have received satisfactory resolution, you may contact our parent company at 855-937-2238.

Florida Patient Bill of Rights

Summary of the Florida Patient's Bill of Rights and Responsibilities

Florida law requires that your health care provider or healthcare facility recognize your rights while you are receiving medical care and that you respect the healthcare provider's or healthcare facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your healthcare provider or healthcare facility. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the healthcare facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her healthcare provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the healthcare provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

Florida Patient Bill of Rights (Continued)

Summary of the Florida Patient's Bill of Rights and Responsibilities

- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or healthcare facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the healthcare provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the healthcare provider.
- A patient is responsible for reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the healthcare provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the healthcare provider or healthcare facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the healthcare provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her healthcare are fulfilled as promptly as possible.
- A patient is responsible for following healthcare facility rules and regulations affecting patient care and conduct.

Americans with Disabilities Act



Remote Connected Care (RCC) will arrange for appropriate auxiliary aids and services for patients, their parents, spouses or companions in appropriate circumstances, who are deaf or hard of hearing, or have communication disabilities, that are necessary for the effective communication and required under the Americans with Disabilities Act, free of charge, including qualified sign language interpreters, when requested by the patient or on the patient's behalf. For assistance, please contact any company personnel at this location.

If personnel at this location are unable to assist you, please contact this company's ADA Administrator by phone at **844-687-2238** or by facsimile at **877-794-0345**.

Emergency Preparedness Plan



We are concerned with your safety and is committed to providing you with uninterrupted service. If you decide to leave your home during a disaster, please let us know your new address and the phone number where you can be reached.

If you need emergency medical care, go to the nearest hospital or emergency facility.

If you have no electricity and require the use of electrical power, please notify your power company that you have medical equipment and ask that you be placed on a priority list for power to be restored. Also, if necessary, contact the telephone company and tell them to put you on the “essential user list.”

Since telephone lines are often down or jammed during a disaster, we may have difficulty contacting you. Please assist us by making attempts to contact us for any immediate needs you may have.

Listen to all available news stations on your radio.

Because of varying weather conditions, every effort will be made to provide services to you based on your needs and urgency of the request. Our managers monitor weather forecasts on an ongoing basis and plan ahead accordingly.

In case of environmental disaster, emergency, or weather-related events, we have an emergency plan to continue necessary patient services. We will do everything possible to ensure that your medical needs are met on a prioritized basis.

Advance Medical Directives



As a physician practice, we are required to inform our patients of their rights with respect to medical care. Among these is the patient's freedom to choose to receive or to refuse medical treatment.

Advance medical directives are legal documents that allow you to give directions for your future medical care.

Advance medical directives help protect your right to choose by communicating your wishes for medical care if you become physically or mentally unable to do so yourself.

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Two types of advance medical directives:

- Living wills are written instructions that explain your wishes for medical care if you have a terminal condition or irreversible coma and are unable to communicate. (Not available in all states.)
- Durable Power of Attorney for Health Care is a document that lets you name a person to make medical decisions for you if you become unable to do so.

Advance medical directives allow you to limit certain life-prolonging measures, including:

- Cardiopulmonary resuscitation (CPR)
- Intravenous (IV) therapy
- Feeding tubes
- Pain relief
- Ventilators

Additional help and information are available from hospitals and other healthcare facilities, the State Attorney General's Office, and/or your personal attorney.

Electrical Waiver



Electrically powered medical equipment requires that electrical outlets are properly grounded. Properly grounded outlets ensure the safe use of the medical equipment and protect the home from electrical hazards. If you have chosen not to utilize grounded outlets despite this information, and circumstances require the use of medical equipment without a grounded receptacle, the patient/power of attorney or authorized representative must sign a waiver prior to the equipment being placed.

Home Safety Checklist

Fall prevention

- Use bright lights at the top and bottom of stairs and make sure hallways and dark areas in the home are well-lit at night with nightlights.
- Install grab bars in tub, shower, and near toilets.
- Use rubber bath mat/non-slip strips in the tub.
- Use non-skid mats on bathroom floors.
- Wipe up any spills promptly.
- All stairs and steps need handrails along both sides of the full length of stairway.
- Keep stairs and pathways clear of clutter.
- In homes with babies and toddlers, use baby gates at the top and bottom of stairs.
- Remove electrical cords that run alongside door jambs or across high-traffic areas.
- If using oxygen, use caution when walking around oxygen delivery tubing that may be on the floor. Alert others entering the room.

Fire and burn prevention

- Check water heater settings and make sure it is not set higher than 120° Fahrenheit.
- Install smoke alarms on each level of the home, especially near bedrooms.
- Test each smoke alarm monthly.
- Replace smoke alarm batteries at least once each year.
- Make sure there are two escape routes from as many rooms as possible.
- Work out an emergency escape route and hold fire drills.
- Stay in the kitchen while food is cooking.
- Be sure to lock matches and lighters away from children.
- Inspect electrical cords and replace any that are damaged, frayed, and/or brittle.
- Observe medical equipment manufacturer safety instructions and/or warnings.
- Remove flammable liquids, papers, clothes, etc. from sources of heat/electricity.

Poisoning prevention

- The National Poison Control Center toll-free number is 800-222-1222. Keep the number near every phone in the home and also post the local poison control phone number.
- Look around your home – under the sink, in the garage – for cleaning fluids that say “caution,” “warning,” or “danger” on the label. Store these products away from food, in locked cabinets, and out of sight and reach of children.
- Carbon Monoxide (CO) is a poison you can’t see, smell, or taste. CO is produced by fuel-burning appliances or equipment in your home which need proper installation, maintenance, and venting for safe use. Install a carbon monoxide detector to alert you if the CO level becomes unsafe.
- Install child locks on all cabinets, especially where potentially harmful items are stored.
- Be sure cleaning products and other household substances have child-resistant closures.
- Keep all medicines and vitamins in their original containers in a secure area, away from children. Dispose of outdated medications.
- Move perfumes and cosmetics out of children’s reach.
- Store dangerous chemicals such as pesticides, fertilizers, automotive fluids, and paint thinner in a secure, locked cabinet.
- Always store gasoline or other fuels in approved containers.

General

Contact us if you have concerns regarding your privacy, safety, or personal property related to our services or equipment.

Notice of Privacy Practices

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 (including other healthcare providers affiliated with us) may use and release protected health information about you that we maintain.

Permitted and Required Disclosures of Protected Health Information:

Treatment, Payment and Healthcare Operations. As one of your healthcare providers, we may use and disclose protected health information (“PHI”) about you for treatment, payment and healthcare operations without your authorization. Some examples of these types of uses/disclosures are:

- **Treatment.** We may use or disclose PHI about you to provide your prescribed products, equipment or services. We may consult and coordinate with your physician. We may remind you of your medication or supply refills and scheduled visits/appointments. We may provide you information about treatment alternatives or other health benefits and services that may be of interest to you through newsletters or other means. We may also disclose your PHI to other healthcare providers (such as physicians and pharmacies) involved in your treatment.
- **Payment.** We may use or disclose your PHI to bill and collect payment for the products, equipment or services we provide you. We may contact your insurer or payor to obtain eligibility and coverage information. We may also disclose your PHI to health plans, healthcare clearinghouses or other healthcare providers involved in your care for their payment activities.
- **Healthcare Operations.** We may also use or disclose your PHI for quality assessment activities, evaluation of our employees’ performance, business planning and development, and management and general administrative purposes. We may disclose your PHI to health plans or other healthcare providers for their quality assessment, employee evaluation or healthcare compliance activities.

We also engage consultants and contractors to perform certain services for us. When the nature of these services involves PHI disclosure, the consultants/contractors are required to appropriately safeguard the PHI they receive.

Other Permitted and Required Uses and Disclosures. We may use or disclose your PHI for the following reasons without your consent:

- **Persons Involved in Care/Payment.** We may disclose relevant parts of your PHI to family members or other persons involved in your care and its payment. We may notify such persons or public or private entities involved in disaster relief efforts of your location, general condition or death.
- **Limited Marketing Purposes.** From time to time, we may also provide promotional items of nominal value or marketing information communicated to you in person (face-to-face).

Notice of Privacy Practices (Continued)

- **Health Oversight Activities.** We may disclose parts of your PHI to regulatory authorities for purposes of monitoring the healthcare system and compliance with civil rights laws and government regulations and healthcare program requirements.
- **Health or Safety.** We may use or disclose parts of your PHI if we believe it is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of another person or the public. In certain circumstances, this may include disclosing parts of your PHI to local utility companies or emergency services so that they may provide appropriate assistance in the event of an emergency or power outage.
- **Abuse, Neglect or Domestic Violence.** We may disclose parts of your PHI to appropriate governmental agencies if we believe you may be a victim of abuse, neglect or domestic violence and such disclosure is authorized by applicable law or regulation.
- **Public Health Activities.** We may disclose parts of your PHI to public health authorities for purposes of controlling disease, injury or disability. We may also release parts of your PHI to the Food and Drug Administration to report adverse events, track products, enable recalls, conduct post-marketing surveillance and other activities in connection with its regulation of the quality, safety and effectiveness of certain products or activities.
- **Research.** Subject to certain restrictions, we may disclose parts of your PHI to facilitate research when an individual authorization waiver is approved by an institutional review or privacy board.
- **De-Identified Information.** We may use or disclose parts of your PHI that do not personally identify you or reveal who you are.
- **Workers Compensation.** To the extent authorized by applicable law, we may disclose your PHI to worker's compensation or similar programs that provide benefits for work-related injuries or illnesses.
- **Correctional Institutions.** If you are incarcerated or otherwise in the custody of law enforcement officials, we may disclose certain of your PHI to correctional institution or facility or its authorized personnel.
- **Legal Proceedings.** We may disclose parts of your PHI in any judicial or administrative proceeding pursuant to court order or if we meet other legal requirements.
- **Law Enforcement.** We may disclose parts of your PHI to locate or identify a suspect, fugitive, material witness or missing person; to comply with laws such as those requiring reporting of certain injuries or death or to report certain crimes.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose parts of your PHI to coroners and medical examiners for identification purposes, to determine cause of death or as otherwise required by law. We may also disclose, consistent with applicable law, parts of your PHI to funeral directors to permit them to carry out their duties.
- **Organ or Tissue Donation Purposes.** We may disclose parts of your PHI to organ procurement organizations or other entities to facilitate organ or tissue procurement, banking or transplantation.

Notice of Privacy Practices (continued)

- **Specialized Government Functions.** Under certain circumstances, we may disclose parts of your PHI to Armed Forces personnel and to Department of State and other federal officials in connection with specialized governmental functions (including military missions, national security and protective services).
- **Governmental Agencies.** We may disclose parts of your PHI to governmental authorities entitled to receive such information, including the Secretary of Health and Human Services.
- **Required or Permitted by Law.** We may disclose parts of your PHI in other situations not mentioned above when required or permitted by law.

Other Disclosures:

Uses of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization. Other uses and disclosures of your PHI not described above will be made only with your written authorization.

Your Rights:

The following is a statement of your rights regarding your PHI and a brief description of how you may exercise these rights:

- **Access.** You have the right to inspect and copy the PHI we maintain about you except for: psychotherapy notes, information compiled in anticipation of a legal proceeding or other PHI to which your access is limited by federal law. Requests to inspect and copy records must be in writing directed to our Privacy Officer and provide specific information to assist us in fulfilling your request. We may charge a reasonable fee for copying and mailing copies. If we deny your request for access, under most circumstances, you have the right to have the denial reviewed. Please contact our Privacy Officer if you have questions concerning your right to inspect and copy your records.
- **Confidential Communications.** You have the right to request that PHI be sent to you by alternate means or at alternative locations. For instance, you can ask that we send mail to a post office box rather than to your home address. We will accommodate all reasonable requests. Please make this request in writing to our Privacy Officer.
- **Restrictions.** You have the right to request restrictions on how we use or disclose your PHI for our treatment, payment and healthcare operations activities. You also have the right to request that we not release any part of your PHI to family members or others who may be involved in your care. Your request must be in writing to our Privacy Officer and must specify what parts of your PHI you do not want released and to whom you do not want it released. However, you have the right to restrict certain disclosures of PHI to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains to a service for which you have paid out of pocket in full.

We are not required to agree to your request and only our Privacy Officer is authorized to agree to such requests. If we agree to your request, we will abide by the restriction unless the restricted PHI is needed to provide you emergency treatment.

Notice of Privacy Practices (Continued)

- **Amendment.** You have the right to request that we amend the PHI we maintain about you. Requests for amendment must be in writing directed to our Privacy Officer and provide a reason to support your request amendment. If we deny your request for amendment, you may file a written statement of disagreement with our Privacy Officer and we will include it in your PHI when used and disclosed.
- **Breach.** You have the right to or will receive notifications of breaches of your unsecured PHI.
- **Accounting.** You have the right to receive an accounting of certain disclosures of PHI made by us. Your request for accounting must be in writing directed to our Privacy Officer and must not request an accounting for more than six years. Certain disclosures are not required to be included in the accounting including: disclosures for our treatment, payment and healthcare operations activities, incidental disclosures, disclosures for national security, disclosures to correctional institutions, certain disclosures of PHI without personally identifying information; and any disclosures made prior to April 14, 2003.
- **Copy of Notice of Privacy Practices.** You have the right to receive a paper copy of our Notice of Privacy Practices even if you agreed to receive our Notice of Privacy Practices electronically. You may obtain a copy from your local service center or by contacting our Privacy Officer and requesting a copy by mail.

Our Responsibilities:

We are required by law to maintain the privacy of protected health information and to provide you notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of our Notice of Privacy Practices or applicable state laws which provide for more restrictions on the use and disclosure of your PHI.

Changes to Notice of Privacy Practices:

We may change the terms of our Notice of Privacy Practices at any time. The new Notice of Privacy Practices will apply to all PHI that we maintain on or after the effective date of the new Notice of Privacy Practices. Upon request to your local service center, we will give you a copy of a new Notice of Privacy Practices. You may also obtain this information by calling our Privacy Officer and requesting a copy by mail.

Complaints:

If you believe your privacy rights have been violated, you may lodge a complaint by contacting our Privacy Officer. You may also complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Additional Information:

If you need additional information about our Privacy Practices, please contact our Privacy Officer at:
Privacy Officer
19387 U.S. 19 North
Clearwater, FL 33764
Telephone: 800-284-2006, Ext. 10028

Welcome Packet Acknowledgement

The undersigned acknowledges they have received a Welcome Packet from Remote Connected Care via email along with the other documentation provided on the date below. The Welcome Packet includes information including Patient Rights, Responsibilities, Notice of Privacy Practices and important notices to the patient and/or representative.

If remote patient monitoring services are ordered, you will also receive a hard copy of the Welcome Packet with delivery of the remote patient monitoring devices. If there are any questions regarding the Welcome Packet, please call us at 888-222-0755.

Print Name: _____ Date: _____

Signature: _____