

Infusion Patient Resource Guide

Coram[®]

♥CVS specialty infusion services

Welcome to Coram

At Coram® CVS Specialty® Infusion Services (Coram), we're here to help make things a little easier. We know that starting infusion therapy at home will require some changes for you. At first, you may feel stressed—but we're ready to help. Coram will provide ongoing education, care and support. We want to help you achieve success with your infusion therapy. We're here for you every step of the way.

Each day, skilled Coram nurses and dietitians work together. We provide complex infusion care to thousands of patients. The skilled staff at Coram will work as a team, along with your doctor, to arrange all aspects of your care. Your Coram care team can be reached 24 hours a day, every day, to answer questions about your health, medications, equipment or supplies.

At every turn, Coram will help you stay on your path to better health. We work hard to make sure you always get the best care and personalized support to help you meet your health care needs.

This guide will introduce you to the Coram team and provide you with facts about your infusion therapy. Please use this guide as a resource during your therapy.

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Please find our Notice of Privacy Practices on page 18.

Bill Payment

Online.

For fast, easy bill payment, visit coramhc.com. Click on **Pay Your Bill** in the upper right-hand corner. You can pay invoices by credit or debit card. You will receive a confirmation number and payment receipt.

By Phone.

Please call **1-855-311-7246** to pay an invoice over the phone using a credit card. You will receive a receipt by email or by U.S. Postal Service (USPS) mail.

Your Home Infusion Therapy Support

Coram provides the medication, equipment and supplies your doctor has prescribed for you. We provide the information and support you will need to succeed with infusion therapy at home.

Your Coram Team and Resources

Your Coram team is highly skilled. They will work closely with you and your doctor. You can reach them around the clock, seven days a week. You can contact them whenever you have a question.

- **Pharmacist:** Prepares your medications and solutions, answers questions about your medications, supplies and equipment and checks on your response to therapy and for any drug reactions.
- **Nurse:** Administers and teaches you to handle your home infusion therapy, checks on your response and the status of your intravenous (IV) catheter.
- **Dietitian:** Reviews your nutritional needs, teaches you about your therapy and checks on your response to your nutrition therapy (if prescribed by your doctor).
- **Clinical Support Specialist:** Calls you on a regular basis to find out how you are doing, and arranges for delivery of medications and supplies needed for your therapy.
- **Reimbursement and Insurance Specialist:** Helps you with any financial concerns and answers your questions about charges or payment terms.

Managing Your Medication and Supplies

Initial Delivery

Your initial delivery of supplies to your home will vary depending on your specific needs. It may include an infusion pump and pole, medication and other supplies.

There are several forms and notices that will require your review. You might also need to sign a form for this first delivery. Feel free to ask any questions, and keep copies for your files.

Refills and Clinical Follow Up

Your Coram team will contact you regularly. They will help you keep track of the amount of medication and supplies you need for your therapy. Your Clinical Support Specialist will contact you often to find out what you need. They will arrange for delivery to your home at a time that is best for you. Please let your Clinical Support Specialist know if you need more or less of any supply. You don't want to have too many supplies that you will not be using.

It's important that you and your Clinical Support Specialist communicate often. This should happen before each delivery. It is **extremely important** to make time to tell them about your current health status. Also let them know how things are going with your home infusion therapy. These questions may take a few minutes to answer. Remember, this is a very important part of your care.

Expect routine calls from your Clinical Support Specialist. Be ready to tell him or her about:

- **Prescription changes** — if your doctor adds or changes any of the items on your prescription. Also let your pharmacist know if this happens.
- **Damaged/defective items** — if any items arrive damaged or defective. Save the damaged item in its original package, if possible, for return to Coram.
- **Changes in amount** — if you need more or less of any items. Please let us know so we can adjust your supplies.

- **Missed inventory check** — if for any reason you are not able to review your inventory as scheduled. Please call us ahead of time to make other plans.
- **Interruption of therapy** — if you return to the hospital, or if your doctor has stopped your treatment. Please notify Coram at once.
- **Issues with your infusion pump (if applicable)** — if you have any questions or problems with the operation of your pump. Let us know if you need to exchange it.

Delivery of Supplies

Your supplies will arrive by carrier. These may be delivered by a Coram employee, a courier or a service such as FedEx or UPS.

Inspect all your supplies when they arrive. Before you sign the delivery ticket, check to see that it matches what you received. You will be given a copy of the ticket. You may be asked to return a signed copy. Call Coram while the delivery person is still at your home if you have any questions about a delivery.

Your infusion supplies are part of your prescription. Because of state laws, Coram cannot accept any returns of unused supplies and products.

Infusion Pumps

Your therapy may require the use of an infusion pump. This pump is a costly and delicate piece of equipment. You will be asked to sign a Pump Responsibility Agreement. You will be asked to keep track of it during your therapy and return it when your therapy is finished.

Pumps require periodic testing and maintenance. Coram may need to exchange your current pump in order to do this.

Your Clinical Support Specialist will contact you to exchange or return your pump at the right time. You will be given a pre-paid shipping box with your pump supplies. Save this box to use to exchange or return your pump. Coram will make arrangements with UPS to pick up your boxed pump.

Please contact your Clinical Support Specialist if at any time you have a question or concern about your pump.

Waste Disposal

Depending on your therapy, you may need to use the Sharps/Medical Waste disposal system.* Coram will provide you with a Sharps container, if needed.

Dispose of the following items in your Sharps container:

- Used IV catheters
- Used needles
- Used cannulas
- Any items contaminated with chemotherapy or other hazardous drugs, including empty IV bags and tubing

Using the Sharps System

- Remove the Sharps container from the box.
- Save the box and bag for returns.
- Place all required waste into the container until it is three-quarters full.
- Do not pour any fluid into the container.
- Once the container is three-quarters full or no longer needed, close the lid.
- Place the container inside the plastic bag.
- Use the twist-tie to close the plastic bag.
- Place the closed plastic bag with the Sharps container inside the box.
- Always keep the Sharps container out of reach of children and pets.

Please contact your Clinical Support Specialist before you return your Sharps container and order a new one. If you have questions about the Sharps system, let him or her know.

Returning your Sharps Container

Return instructions will depend on the type of container you received. You may either:

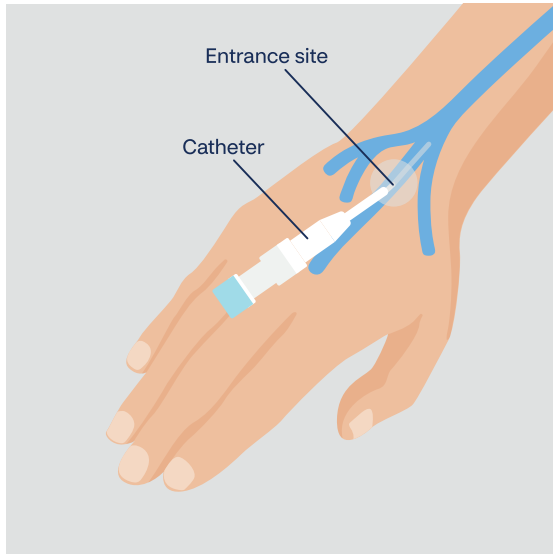
- Give the container to your mail carrier or take it to the nearest post office
- Expect a pick up from UPS

Infusion Therapy

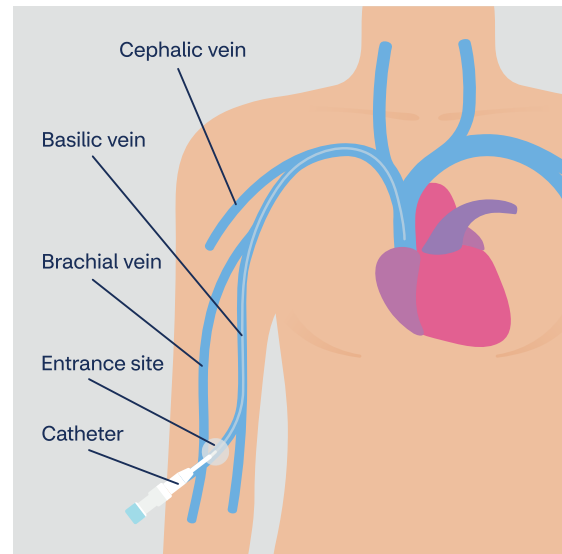
Infusion therapy takes place when medicine is given directly into your bloodstream. This is done through a small device placed through the skin and into a vein. The device is called an IV catheter. The catheter may need to be placed into the vein during a surgical procedure. This catheter may remain in your body for a period of time. Your doctor will decide which of the following devices is best for you.

Types of IV Catheters

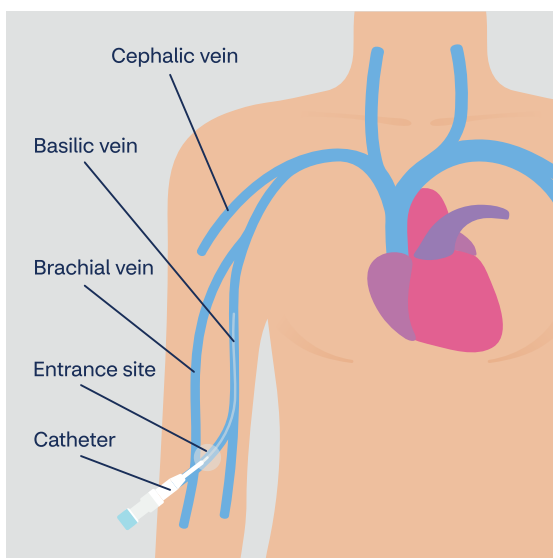
- **Peripheral IV Catheter:** a short plastic tube that is put through your skin into a vein. Most often, this is done in your hand or arm to give medications and fluids.



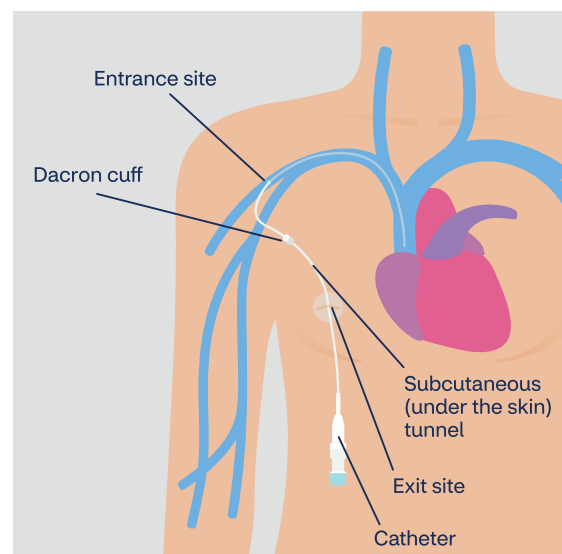
- **Peripherally Inserted Central Catheter (PICC):** a plastic tube that is inserted into a vein in your upper arm. The tip of the catheter ends in a blood vessel above the heart. This type of catheter can stay in place for a year or more. It can be used for a large variety of therapies.



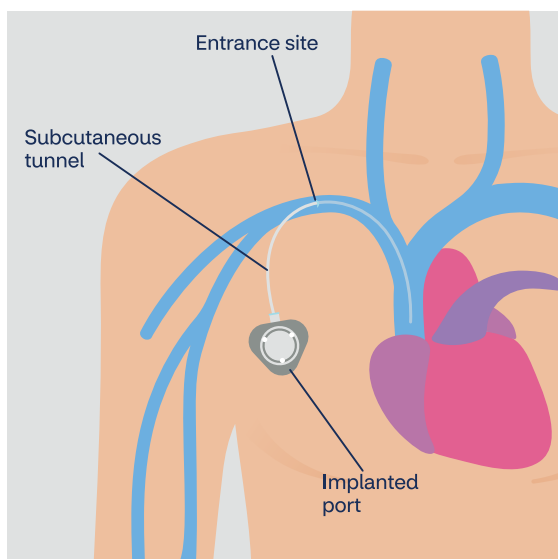
- **Midline Catheter:** a plastic tube, three to six inches in length, that is inserted into a vein in your upper arm. The tip of the catheter ends below your arm pit. This type of catheter is typically used for therapies lasting less than one month.



- **Tunneled Central Catheter:** a plastic tube that is put into a large vein in your neck, chest or groin. It can be tunneled under your skin or inserted into the vein directly. It can stay in place for a long time. It can be used for a large variety of therapies.



- **Implanted Port Catheter:** a round metal disc with a soft rubber dome/top that is inserted under the skin in your chest (usually) during surgery. It is completely covered by your skin. A special needle is pushed through your skin into the disc in order to give the medication. A port can stay in your body for years. It can be used to draw blood or give you medication.



In some cases, your medicine may be given through a subcutaneous catheter. This is when medicine is given beneath your skin, not in a vein. Certain special medications may be given this way. Your nurse will explain more if needed.

Local Infusion Suites

Coram infusion suites may be a convenient option for you to receive your infusion. The skilled nurses and pharmacists in our suites will give you quality care in a clean, comfortable and safe setting. You can plan your day by having your infusion scheduled at a time that works best for you. Please call your branch to learn more about infusion in our infusion suite.

How to Care For and Manage Your IV Catheter

You may be taught to help care for your IV catheter. This will depend on your catheter. You may be taught to flush if you have a catheter that remains in between medication doses. This will depend on your doctor's orders. Your nurse will teach you what level of care is needed. You will be given training tools to be sure that you have

all necessary information. Some of the tools can be found in this booklet. Refer to the SASH mat in the pocket of this Patient Resource Guide for more information on how to avoid catheter complications. ("SASH" stands for: Saline flush, Admistration, Saline flush, Heparin flush — these are steps you will learn about for flushing your catheter and administering medication.)

Top Tips to Prevent Catheter Complications

Follow all directions and tips to help avoid complications with your catheter.

- **It is important to wash your hands.** Do this before and after you work with your catheter, medication and supplies. This will help prevent infection.
- The tip of the saline and heparin syringes are sterile. Do not touch them, or let them touch any surfaces. If this happens, discard this syringe and use a new syringe.
- Use a new alcohol pad for each step. Be sure to scrub your catheter injection cap for at least **15 seconds** with an alcohol pad before each access.
- **Do not** force a catheter flush. Stop and call your nurse if you have pain, burning or swelling when flushing.
- Clamp the catheter and/or extension set when not in use.
- Keep the catheter dressing and catheter injection cap covered while bathing.
- Make sure that the catheter is secured. **Do not** let the extension set or tubing dangle.
- **Do not** use scissors, pins or other sharp objects near the catheter or tubing.

Tell your nurse and/or doctor if you have any pain, redness, coolness or swelling at the site where the IV catheter is located. While receiving infusion therapy, you will be asked to help look for signs of possible trouble with your IV catheter (access device). This includes redness, swelling, pain or drainage around the device. You should check for these signs daily, or when you receive each dose. **Please call your nurse or pharmacist as soon as possible if you have any trouble with your IV device. You will also want to contact your doctor.**

How to Administer Your Infusion Therapy

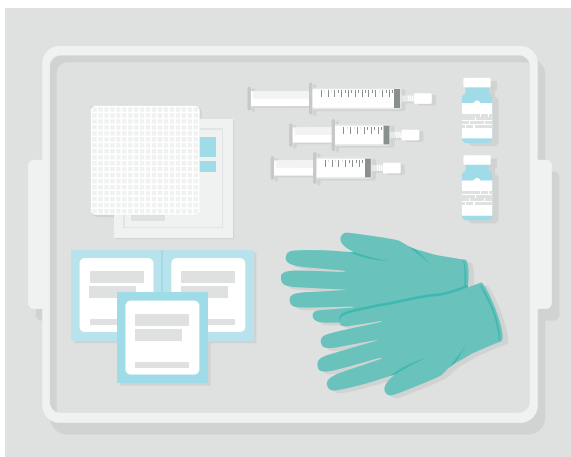
Before You Begin

1. Clean your work area.
2. It is important to wash your hands to help prevent infection. Do this before and after you work with your catheter, medication and supplies. For best results, use a liquid soap rather than a bar soap. Follow the instructions in the *Proper Handwashing Technique* section of this guide.
3. Prepare your medication. Refer to your medication label for details on how to handle and store medication. If your medication is refrigerated, allow it to warm up to room temperature before you use it. **Do not** place it in hot water, sunlight or a microwave to speed up the process.
4. Inspect the medication and label for:
 - Correct patient name, drug name, dose and drug route (IV or subcutaneous)
 - Expiration date
 - Solution that is clear, consistent in color and free of any visible particles

Note: If you have a back-up pump, rotate pumps with each change of the medication bag/cassette.

Choosing and Preparing Your Work Area

1. Your work area should be clean, and free of dust, drafts and clutter.



2. An ideal work surface is your SASH mat, located in the pocket of this Patient Resource Guide.
3. Choose another work surface that can be cleaned often if you don't have your SASH mat (e.g., a tabletop or a metal or plastic tray). Your nurse will help you decide on a work surface.
4. Clean your work area again if it gets dirty during use. Keep pets and children away from your work area.

Reminders

- Make sure all clamps are open if it is hard to push in the plunger while flushing.
- **Do not** force a flush. **Stop and call your nurse if you have pain, burning or swelling.**
- **Do not** reuse any syringe.
- If you have a double-lumen catheter, flush each lumen as directed by your nurse.

Do not smoke while preparing your work area, handling your supplies or during your infusion treatment.

Warm Solution Containers to Room Temperature

Solution containers should be removed from the refrigerator and warmed to room temperature before using. This may take 30 minutes to four hours, depending on the size of your container. Refer to the instructions you received with your solutions.

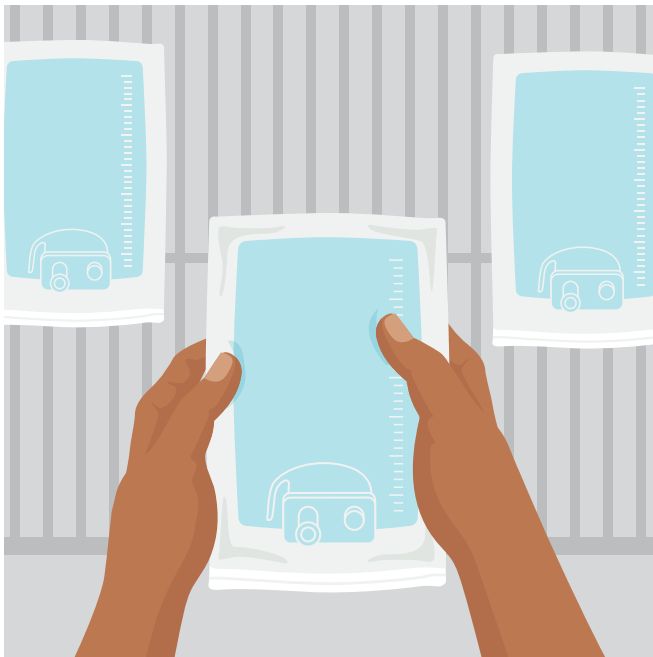
The container is ready to use when it feels cool (but not cold) to the touch.

DO NOT attempt to warm your solution containers in the microwave, by placing them in boiling water or in direct sunlight.

Steps for Success with Your Home Infusion Therapy

Storing and Handling Refrigerated Solutions

Refrigerated solutions should be stored at a temperature between 36°F and 46°F. If you can, create a space in your refrigerator that is just for your medications/solutions. Solutions should be in a sealed plastic bag if they are stored on a lower refrigerator shelf or beneath food and/or beverages.



Proper Handwashing Technique

Washing your hands is very important! Make sure you clean your hands:

- Before and after you work with your catheter, medication and supplies
- After using the restroom
- After blowing your nose, or covering your mouth and nose to cough or sneeze
- Additionally, as needed (e.g., if they become soiled)

Wash your hands with soap and water, and dry them thoroughly with a paper towel or use hand sanitizer.

For best results, use a liquid soap rather than a bar soap, and follow these instructions:

1. Turn on the sink tap and wet your hands and wrists under warm running water. **Leave the tap on.**



2. Apply enough liquid soap to cover all hand surfaces. Rub hands together, palm to palm, covering all surfaces of both hands, all fingers and your thumbs. Rub the soap in between your fingers and on top of your hands. Use a nail brush if needed. Scrub thoroughly for **at least 20 seconds**, or as long as it takes to sing “Happy Birthday” twice.
3. Rinse your hands to remove all soap and dry them thoroughly. Dry them with a paper towel or clean (unused) hand towel.
4. After drying your hands, use the same towel to turn off the faucet. **Do not** touch the faucet directly with your clean hands.



5. Once your hands are clean, make sure they do not come in contact with unclean surfaces. You will need to rewash your hands before continuing if you cough, sneeze or pick up something from the floor.

Use an alcohol-based hand sanitizer if you don't have immediate access to soap and water:

1. Apply a quarter-sized amount of hand gel into one palm.
2. Spread the gel between your hands and around all fingers.
3. Rub your hands together vigorously.
4. Keep rubbing your hands together until they are dry and all gel has been absorbed.

Covering Your Cough and/or Sneeze

Covering your cough and/or sneeze helps prevent germs from entering the air space shared by your family and friends. Ideally, use a tissue. Cough or sneeze into your elbow to avoid spreading germs onto your hands if a tissue is not available.

Remember to always:

- Place used tissues in a trash can.
- Wash your hands after you cough, sneeze or handle used tissues.

How to Contact Coram

Contact your local Coram branch by calling the number listed in your welcome letter for:

1. Medication and supply questions
2. Customer service questions
3. Billing questions and insurance changes
4. Any questions or problems with your IV access device
5. Problems/alarms related to your pump

Frequently Asked Questions (FAQ)

Q: When should I call my doctor?

A: You should call your doctor if you notice:

- Skin reactions like hives, flushed skin or paleness
- Nausea, vomiting or diarrhea and/or stomach pain
- Fever greater than 100° F

Call 911 right away if a life-threatening emergency should occur during your therapy. Coram is not an emergency care provider.

Q: When should I call Coram?

A: Call Coram if a situation is not life-threatening. Your Coram care team can help with the following:

- If you can't flush your IV catheter
- If there is swelling, redness or drainage from your IV catheter site
- If you experience any unusual occurrence that would cause the infusion therapy to stop
- If your IV catheter site dressing becomes wet or falls off
- If your pump is beeping and has an error message
- If you have questions about your medication

Q: Are home infusion therapy and the necessary supplies covered by insurance?

A: This depends on your insurance type and coverage rules. Coram will find out what is covered and let you know about any out-of-pocket costs before the start of care.

Q: What other resources are available to learn more about home infusion therapy?

A: Your Coram nurse or pharmacist can help you learn more about your therapy. Patient education materials are also available on coramhc.com.

Lifestyle Considerations

Coram wants to help you on your path to better health. We also want to help you continue with activities that are important to you.

Bathing and Swimming

You may keep up with routine bathing habits. It is very important to protect your IV catheter and equipment from water. Your Coram team will teach you how to do this. Ask your doctor if swimming is permitted.

Entertainment and Exercise

As you start to feel better, you may slowly return to activities you like to do with friends and family. Make sure to check with your doctor first. Your level of energy may change from day to day. Check with your doctor before any strenuous exercise.

Remember to always be careful with your IV catheter. Try not to pull or apply any pressure to it.

Travel

We can help you with important travel details. We have tips to help you plan and pack for your trip. Our patient advocates can let the Transportation Security Administration (TSA) know about your specific medical needs.

Please allow at least 72 hours advance notice before traveling by air.

It is important that you tell your doctor of your desire to travel. Also let your Coram team know two weeks in advance of your trip, when possible. This will make it easier for you to go through airport screening. If it's urgent that you travel by air with less than 72 hours' notice, you should call the TSA Cares hotline at **1-855-787-2227**. Tell TSA about your medical needs and request help at the screening checkpoint.

You may need to get an order from a doctor with a license in the state you are visiting if you will need nursing services while traveling. Your Coram branch team can also help you if you will have continued coverage for your therapy in the state or country you are visiting. If you plan to travel out of the country, let Coram know at least one month before you leave so we can help you learn how you can safely travel with your medication and/or nutrition. For more helpful travel resources, visit [coramhc.com](https://www.coramhc.com).

Home Safety

An important part of taking care of your health is making sure that your home is safe for you and your caregivers. You should know how to operate and care for your medical devices. Taking steps to prevent fires or falls can help prevent accidents or emergencies.

Oxygen Safety¹

- **Never smoke or allow others to smoke** near where oxygen is stored or being used. Speak to your oxygen company about getting “no smoking” signs for your home.
- Keep oxygen canisters at least five to 10 feet away from any heat source or open flame. This includes heaters, gas stoves, fireplaces, wood-burning stoves, candles, etc. Keep oxygen away from things that can cause a spark like electric heaters, blankets and hair dryers.
- Make sure tanks stand upright. Hold them in place using an approved holder/cart provided by your oxygen company. You may lay oxygen tanks on the floor if you do not have a way to secure them upright.
- Do not use extension cords or multi-outlet adaptors, such as power strips, near your oxygen.
- Know how your oxygen equipment works.
- Check the amount of oxygen that is in your tank on a routine basis. Let your oxygen company know if you are running low on oxygen.
- In case of a power outage, let your utility/power company know that you have oxygen and need it.
- Avoid storing your oxygen tanks in an area exposed to the sun.
- Do not use oil- or petroleum-based products while using oxygen—use water-based lotions and products.
- Keep the phone number for your oxygen and equipment company nearby in case something breaks or you need to order more oxygen.
- Do not change your oxygen dosage unless your doctor tells you to change it.
- Turn your oxygen off when you are not using it.

Fire Safety²

- Have a smoke detector/alarm on each floor of your home, preferably in all bedrooms.
- Check the smoke detectors/alarms each month and make sure they work. Change the batteries if not working. Check with your local fire department for help if you need smoke detectors/alarms.
- Never smoke or allow others to smoke near where oxygen is stored or being used.
- Keep matches and lighters out of children's reach and sight.
- Do not smoke if you are drowsy, have taken pain medication or are resting in bed.
- Plan your escape route from different places in your home. Have a designated spot where everyone will meet after getting out of the house.
- Keep a fire extinguisher (in good working order) in the kitchen and any other area where a fire could happen (e.g., basement).
- If someone is on fire: stop, drop and roll.
- If there is a fire in your home, first get everyone out. Then call 911 or the fire department right away, once out of the house and safe.

Fall Prevention³

- Consider these potential risks for falls. Talk to your doctor or nurse if you have any of these:
 - Problems with balance, leg weakness or dizziness—Can you stand or walk without losing your balance or becoming unsteady on your feet? Do you need to hold onto furniture or walls when walking? Are your legs or feet feeling numb?
 - Vision issues—Do you have any problems seeing things clearly?
 - Medications—Are you taking any medications that make you sleepy, “shaky” on your feet, weak, dizzy or dehydrated?
 - Other conditions—Do you have any other illnesses or conditions that make you weak or at risk for falling (e.g., needing to go to the bathroom quickly)?
- Use a cane or walker if you have any of the above conditions.
- Talk to your doctor if you need help.
- Make sure you have rails to hold onto when going up and down stairs.
- Have grab bars in the bathroom near the toilet and shower/bath.
- Remove clutter from walking areas around your home.
- Make sure the pathway between your bed and other resting areas and to bathrooms is clear and well lit.
- Increase lighting throughout your house, especially at the top and bottom of your stairs. Use nightlights to keep paths visible.
- Secure or remove throw rugs.
- Cover or remove sharp corners along your bed, hallways and other pathways.
- Keep all cords out of walking pathways.
- Walk carefully around pets to prevent tripping.
- Let your doctor and Coram nurse know if you have fallen.

Medical and Emergency Considerations

Adverse Drug Reactions

Call your doctor right away if you have any feelings you didn't expect after you receive your medication. Also call the Coram pharmacist at the branch number you received. You may also report side effects to the U.S. Food and Drug Administration (FDA) by calling **1-800-FDA-1088** (1-800-332-1088).

MinuteClinic®

Many of the concerns that bring people to an emergency department can be treated in walk-in medical clinics. MinuteClinic is the clinic inside CVS Pharmacy® and Target stores. It has certified nurse practitioners and physician assistants who may be able to help.† If you can't reach your doctor, you can go to MinuteClinic seven days a week, including evenings. No appointment is necessary.

Call 911 or your local hospital emergency department if you have a medical emergency. MinuteClinic might be a convenient alternative if it is not life-threatening and you still need to seek treatment.

Alcohol and Other Medications

Alcohol and other prescription or non-prescription medications may change how you react to your home therapy. Tell your pharmacist or nurse if you drink any alcohol or take any other medications. Also let them know if you have any changes in your medications.

Other Medical Treatment

Please let your doctor or dentist know that you are on home IV therapy before any surgery or dental work.

In Case of Emergency or Disaster

Please refer to the Welcome Letter in the front of this Patient Resource Guide. You will find helpful contact information and steps to follow in case of an emergency or disaster in your area.

When Your Therapy Ends

You may stop services with Coram for any of these reasons:

- Your treatment is finished.
- Your doctor gives Coram an order to discharge you.
- Your doctor does not renew your orders.
- You change doctors and do not have orders from the new doctor.
- Your original therapy orders have an end and discharge date.
- You have been hospitalized.
- You decide you no longer need Coram services.
- You refuse treatment.
- Infusion therapy can no longer be safely given in your home.
- You have not received therapy for more than 60 days (unless doctor's orders say this is alright).
- You move outside of the service area.
- Coram can no longer meet your health care needs.

Visit [coramhc.com](https://www.coramhc.com) to explore these features and more:

- Educational resources
- Patient stories
- How-to videos
- Coram travel support program

Glossary

- **Administration Set:** Plastic tubing used to administer IV fluids or medications.
- **Antibiotics:** Drugs that fight infection by killing or stopping the growth of specific germs and bacteria.
- **Advance Directive:** A written statement of a person's wishes about medical treatment. This spells out in advance what actions should be taken if a person is no longer able to make health care decisions for themselves because of illness or incapacity.
- **Bacteria:** Germs that attack the body and can make you sick.
- **Cannula:** Part of a catheter; a plastic tube for medication infusion.
- **Catheter:** A device with a plastic tube that is inserted/put into the body. The catheter can be used to administer fluids or medications or to draw blood.
- **Catheter Injection Cap:** A small cap attached to the end of the IV catheter to allow the administration of medication and prevent the entry of air or germs into the catheter.
- **Central Catheter:** An IV catheter that is threaded through a vein to a point close to the heart.
- **Contaminate:** To put bacteria on a sterile area by contact with objects which are not sterile (such as ungloved hands).
- **Dehydrated:** Body does not have enough water, which can create a feeling of weakness and lightheadedness.
- **Dressing:** A sterile pad or clear covering over a site where the IV is inserted or where there is a wound. The covering protects the site from becoming infected or dirty.
- **Enteral Nutrition:** Also known as tube feeding. A way of delivering nutrition through a tube directly into the stomach or small intestine.
- **Expiration Date:** The last date a medication or supply can be used.
- **Flush:** To clear out the solution remaining in the catheter or tubing.
- **Gastrointestinal (GI) Tract:** Consists of the mouth, throat, esophagus, stomach and intestines; where food travels to be absorbed by the body.
- **Heparin:** A medication used to prevent blood from clotting and blocking the catheter.
- **Infection:** The invasion of bacteria or virus in the body which causes your body to react and become ill. Antibiotics are sometimes used to fight the infection.
- **Infusion Device:** A device that controls the speed (rate) of a solution as it enters the vein through the catheter.
- **Insertion Site:** The place where the catheter enters the skin.
- **Intravenous (IV):** Inside a vein.
- **Milliliter (ml):** A unit of measurement for a liquid or medication
- **Needleless System:** A system used to enter the catheter in the vein that does not use any sharp metal needles. This system stops the risk of accidental injuries caused by needles.
- **Parenteral Nutrition:** A method of nutrition in which a special sterile liquid nutrient mixture is given into the blood through an IV catheter.
- **Peripheral Catheter:** A short IV catheter typically inserted in the hand or arm.
- **Side Effect:** An undesired result of taking a medication or therapy.
- **Sterile:** Completely free from bacteria. Most supplies packed in sealed containers are sterile.
- **Sterile End Cap:** A cap used to keep the end of your administration tubing sterile. It is used when you are receiving more than one dose of medication in a 24-hour period, or as directed by your clinician.
- **Syringe:** A plastic tube with a plunger that is used to administer medications.
- **Transparent Dressing:** A thin sheet of see-through material to cover a site where an IV catheter is placed or over a wound to protect it from getting dirty or infected.
- **Visit:** Scheduled time your nurse will come to your home or other place to administer your infusion medicines

Self-Monitoring Chart

Your nurse may ask you to monitor important information (e.g., weight, temperature, blood pressure, etc.). Use this page to keep track of it. Bring this chart with you to medical appointments and share it with your health care provider.

Date	Weight	Temperature	Blood pressure	Input/Output
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Forms and Notices

There are several forms and notices in this folder that require your attention. Any signed form will be part of your medical and financial file.

Contents: Forms and Notices

Assignment of Benefits (AOB)/Consent Form front pocket

The Assignment of Benefits (AOB)/Consent Form authorizes Coram to bill your insurance provider. This form also shows that you agree to receive the services as prescribed by your doctor.

Financial Agreement Arrangement (FAA) Form. front pocket

Coram will check your insurance before you start services. We will tell you about the financial arrangements. You will be asked to sign an FAA form related to billing and payment for services. Your insurance is checked monthly. Coram will also verify your insurance again if you are hospitalized or return to our service.

Advance Beneficiary Notice (ABN) Form (Medicare patients only). front pocket

An ABN form lists items or services that Medicare isn't expected to pay for, an estimate of the costs for the items/services and reasons why Medicare may not pay.

Patient/Caregiver Acknowledgement 17

You will be asked to sign this form to confirm the information you received in this packet. You can note any questions you may have about the material on this form. A Coram team member will then follow up with you for more training.

Notice of Privacy Practices (NOPP) 18

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 and ask your Coram team if you have any questions.

Patient Rights and Responsibilities 21

This form is located at the end of this booklet. Please read it carefully and ask your Coram team if you have any questions.

Medicare Prescription Drug Coverage and Your Rights 23

This form is located at the end of this booklet. It explains the steps you can take if you have questions about your coverage if you are on a Medicare drug plan.

Centers for Medicare & Medicaid Services (CMS) Medicare Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Supplier Standards 23

This form explains the standards that medical suppliers must follow to comply with Medicare laws.

Advance Directives. 25

You will be asked to sign this form to explain to health care providers and your family your wishes to accept or refuse services that could save or sustain your life.

Nondiscrimination and Accessibility Notice (ACA § 1557) 25

Patient/Caregiver Acknowledgement

A Coram team member will review the materials included in this packet with you. This signed form will be retained in your records.

Forms and Notices Section:

Notice of Privacy Practices (NOPP)

Other:

Front Pocket:

Welcome letter

Other:

State advance directive forms

Other:

AOB/Consent form

Other:

FAA form

Other:

ABN form

Other:

Back Pocket:

Medication profile from HC360

Copy of physician orders

Pump programming verification

Drug information sheet

Patient education tools

Pump information guide (manufacturer)

SASH preparation mat

Administration guides

I have no questions at this time regarding the drug therapy provided by Coram. I do not need to have a clinical pharmacist contact me at this time to answer questions. I understand that I may contact the pharmacy at any time if questions do arise.

I have questions regarding this drug therapy. Please have a clinical pharmacist contact me as soon as possible.

The best time to reach me is: .

Please call me at: .

The undersigned acknowledges that he/she has received, been instructed in, and understands the subjects covered in this packet and the additional materials included, as checked above.

Patient or Caregiver Signature

Coram Representative Signature

Patient or Caregiver Printed Name

Coram Representative Printed Name

Date of Patient or Caregiver Signature

Date of Coram Representative Signature

Notice of Privacy Practices (NOPP)

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 (the “Notice”) describes the privacy practices of Coram LLC (“CVS Health”) and the members of its Affiliated Covered Entity (“CVS ACE”). An Affiliated Covered Entity is a group of Covered Entities and Health Care Providers under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). The members of the CVS ACE will share Protected Health Information (“PHI”) with each other for the treatment, payment, and health care operations of the CVS ACE and as permitted by HIPAA and this Notice. For a complete list of the members of the CVS ACE, please contact the CVS Health Privacy Office.

PHI is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and contact information, as well as information about your health, medical conditions and prescriptions. It may relate to your past, present or future physical or mental health or condition, the provision or health care products and services to you, or payment for such products or services.

We are required by law to protect the privacy of your PHI and to provide you with this Notice explaining our legal duties and privacy practices regarding your PHI. This Notice describes how we may use and disclose your PHI.

We have provided you with examples; however, not every permissible use or disclosure will be listed in this Notice. This Notice also describes your rights and the obligations we have regarding the use and disclosure of your PHI.

We and our employees and workforce members are required to follow the terms of this Notice or any change to it that is in effect. We are required to follow state privacy laws when they are stricter (or more protective of your PHI) than the federal law. Note that some types of sensitive PHI, such as human immunodeficiency virus (HIV) information, genetic information, alcohol and/or substance

abuse records, and mental health records may be subject to additional confidentiality protections under state or federal law. If you would like additional information about state law protections in your state, or additional use or disclosure restrictions that may apply to sensitive PHI, please contact the CVS Health Privacy Office.

Uses and disclosures of your PHI for treatment, payment and health care operations

We may use and disclose your PHI for treatment, payment and health care operations without your written authorization. The following categories describe and provide some examples of the different ways that may use and disclose your PHI for these purposes:

Treatment: We may use and disclose your PHI to provide and coordinate the treatment, medication and services you receive. For example, we may:

- Use and disclose your PHI to provide and coordinate the treatment, medication and services you receive at CVS Health.
- Disclose your PHI to other third parties, such as pharmacies, doctors, hospitals, or other health care providers to assist them in providing care to you or for care coordination. In some instances, uses and disclosures of your PHI for these purposes may be made through a Health Information Exchange or similar shared system.
- Contact you to provide treatment-related services, such as refill reminders, adherence communications, or treatment alternatives (e.g., available generic products).

Payment: We may use and disclose your PHI to obtain payment for the services we provide to you and for other payment activities related to the services we provide. For example, we may:

- Share your PHI with your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for your health care products and services you need and to determine the payment amount you may owe.
- Contact you about a payment or balance due for prescriptions dispensed to you at CVS Pharmacy or may disclose your PHI to other health care

providers, health plans or other HIPAA Covered Entities who may need it for their payment activities.

Health care operations: We may use and disclose your PHI for health care operations – those activities necessary to operate our health care business. For example, we may:

- Use and disclose your PHI to monitor the quality of our health care services, to provide customer services to you, to resolve complaints, and to coordinate your care.
- Transfer or receive your PHI if we buy or sell pharmacy locations.
- Use and disclose your PHI to contact you about health-related products, services or opportunities that may interest you, such as programs for CVS Health patients.
- Disclose your PHI to other HIPAA Covered Entities that have provided services to you so that they can improve the quality and efficacy of the health care services they provide or for their health care operations.
- Use your PHI to create de-identified data, which no longer identifies you, and which may be used or disclosed for analytics, business planning or other purposes.

Other uses and disclosures of your PHI that do not require authorization

We are also allowed or required to share your PHI, without your authorization, in certain situations or when certain conditions have been met.

Business associates: When we contract with third parties to perform certain services for us, such as billing or consulting, these third party service providers, known as Business Associates, may need access to your PHI to perform these services. They are required by law and their agreements with us to protect your PHI in the same way we do.

Individuals involved in your care or payment for your care: We may disclose your PHI to a friend, personal representative, family member, or any other person you identify as a caregiver, who is involved in your care or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless doing so is inconsistent with any

prior expressed preference documented by CVS Health. Upon your death, we may disclose your PHI to an administrator, executor, or other individual authorized under law to act on behalf of your estate. If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

Workers' compensation: We may disclose your PHI as necessary to comply with laws related to workers' compensation or similar programs.

Law enforcement: We may disclose your PHI to law enforcement officials as permitted or required by law. For example, we may use or disclose your PHI to report certain injuries or to report criminal conduct that occurred on our premises. We may also disclose your PHI in response to a court order, subpoena, warrant, or other similar written request from law enforcement officials.

Required by law: We will disclose your PHI when required to do so to comply with federal, state or local law.

Judicial and administrative proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Public health and safety purposes: We may disclose your PHI in certain situations to help with public health and safety issues when we are required or permitted to do so, for example to: prevent disease; report adverse reactions to medications; report suspected abuse, neglect or domestic violence; or to prevent or reduce a threat to anyone's health or safety.

Health oversight activities: We may disclose your PHI to an oversight agency for certain activities including audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, and criminal proceedings, and as necessary for oversight of the health care system, government programs, or compliance with civil rights laws.

Research: Under certain circumstances, we may use or disclose your PHI for research purposes. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board and there is an established protocol to ensure the privacy of your information.

Coroners, medical examiners and funeral

directors: We may disclose PHI to coroners, medical directors, or funeral directors so that they can carry out their duties.

Organ or tissue donation: We may disclose your PHI to organ procurement organizations.

Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified of your location, general condition, or death.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents to assist them in providing your health care, protecting your health and safety or the health and safety of others.

Specialized government functions: We may disclose your PHI to authorized federal officials for the conduct of military, national security activities and other specialized government functions.

Uses or disclosures for purposes that require your authorization

Use and disclosure of your PHI for other purposes may be made only with your written authorization and unless we have your authorization we will not:

- Use or disclose your PHI for marketing purposes.
- Sell your PHI to third parties (except for in connection with the transfer of a business to another health care provider required to comply with HIPAA).
- Share psychotherapy notes (to the extent we have any).

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke your authorization at any time by submitting a written notice to the CVS Health Privacy Office. Your revocation will be effective upon receipt; however, it will not undo any use or disclosure of your PHI that occurred before you notified us, or any actions taken based upon your authorization.

Your health information rights

Written requests and additional information: You may request additional information about CVS Health's privacy practices or obtain forms for submitting written requests by contacting the CVS Health Privacy Officer: CVS Health Privacy Office, One CVS Dr., Woonsocket RI 02895 or toll-free by telephone at (866) 443-0933. You can also visit www.coramhc.com to obtain the forms to submit written requests.

Obtain a copy of the notice: You have the right to obtain a paper copy of our current Notice at any time. You may do so by going to the site where you obtain health care services from us or by contacting the CVS Health Privacy Office.

Inspect and obtain a copy of your PHI: With a few exceptions, you have the right to see and get a copy of the PHI we maintain about you. You may request access to your PHI electronically. To inspect or obtain a copy of your PHI, submit a written request to the CVS Health Privacy Office. You may also ask us to provide a copy of your PHI to another person or entity. A reasonable fee may be charged for the expense of fulfilling your request as permitted under HIPAA and/or state law. We may deny your request to inspect and copy your record in certain limited circumstances. If we deny your request, we will notify you in writing and let you know if you may request a review of the denial.

Request an amendment: If you feel that the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. For example, if your date of birth is incorrect, you may request that the information be corrected. To request an amendment, submit a written request to the CVS Health Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide with you a written explanation of why we denied it. Receive an accounting of disclosures: You have the right to request an accounting of disclosures we make of your PHI for purposes other than treatment, payment, or health care operations. Please note that certain other disclosures need not be included in the accounting we provide to you. To obtain an accounting, submit a written request to the CVS Health Privacy Office. We will provide one accounting per 12-month period free of charge, but you may be charged for the cost of any subsequent

accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

Request confidential communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you only in writing at a specific address. To request confidential communication of your PHI, submit a written request to the CVS Health Privacy Office. Your request must state how, where, or when you would like to be contacted. We will accommodate all reasonable requests.

Request a restriction on certain uses and disclosures: You have the right to request additional restrictions on our use and disclosure of your PHI by sending a written request to the CVS Health Privacy Office. We are not required to agree to your request except where the disclosure is to a health plan or insurer for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI is related to a health care item or service for which you, or a person on your behalf, has paid in full out-of-pocket. If you do not want a claim for payment submitted to your health plan on record, please discuss with the pharmacist or health care provider when you check in for care or before your prescription is sent to the pharmacy.

Notification of breach: You have a right to be notified in the event there is a breach of your unsecured PHI as defined by HIPAA.

To Report a Problem

Complaints: If you believe your privacy rights have been violated, you can file a complaint with the CVS Health Privacy Officer or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or otherwise retaliated against in any way for filing a complaint.

Changes to this Notice

We reserve the right to make changes to this Notice as permitted by law and to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Upon request to the Privacy Office, CVS Health will provide a revised Notice to you. We will also post the revised Notice in our retail stores and on our website at <https://www.coramhc.com/privacy-policy> and will make copies available at our facilities and locations where you receive health care products and services from us.

Effective Date: This Notice is effective as of September 30, 2019.

Patient Rights and Responsibilities

As a Patient, you have the right to:

- Receive complete information about your rights and responsibilities.
- Choose your healthcare provider and receive information on service or care limitations or of any financial benefits when referred to Coram.
- A timely response from Coram notifying you when products and services, as prescribed by your physician, will begin.
- Receive information about your condition, treatment, and when and how services will be provided before care is provided to allow you to give informed consent.
- Considerate and respectful care regardless of race, religion, gender, national origin, age, medical condition, sexual preference or payment source.
- Receive information as to your eligibility for insurance reimbursement and your responsibility for any costs in advance of care provided.
- Be actively involved in developing and participating in a plan of care that will meet your identified healthcare needs to the extent provided by law, as well as discuss any problems, changes or barriers in achieving goals.
- Accept or refuse treatment to the extent permitted by law and to be informed of the consequences of such action, which may include termination of Coram services.
- Decline participation, revoke consent or disenroll in the patient management program at any time.
- Have your property and person treated with dignity by all Coram team members.

- Be free from physical and mental abuse and/or neglect.
- Speak to a health care professional.
- Know the name, function and qualifications of all personnel who provide healthcare services to you and the name of the person responsible for the coordination of your care.
- Be informed of the identity and job title of the staff members of the pharmacy providing services to you and to speak to a supervisor of the staff member if requested.
- Make decisions about advance directives and to be informed of Coram's policy to honor those decisions.
- Express dissatisfaction with equipment, supplies or services provided by Coram without fear of reprisal.
- The protection of your medical information from unauthorized use and disclosure, unless otherwise permitted or required by law.
- Receive a Notice of Coram's Privacy Practices, which describes how medical information about you may be used and disclosed to carry out treatment, payment or healthcare operations and for other purposes that are permitted by law.
- Participate in discussions concerning ethical issues related to your care.
- Receive an initial and ongoing assessment regarding the existence of pain, as well as a timely response to any symptoms of pain, with appropriate and adequate treatment by your healthcare team.
- Complain, without being subject to discrimination or reprisal, to your state Department of Health if you are not satisfied with Coram's response to your concerns.
- Receive information regarding our policies and procedures.
- Be given reasonable notice regarding anticipated termination of services or plans to transfer to another provider, and participate in that discharge or transfer process.
- Examine, review, restrict, amend and request a copy of your medical records and to authorize another individual to examine, review, restrict, amend and request a copy of your medical records.
- Receive information and know about the philosophy and characteristics of the Coram patient management program.

As a Patient, you have the responsibility to:

- Remain under a physician's care while receiving services and notify Coram of any change of physicians.
- Provide a Coram clinician with your complete, accurate health history and notify Coram of any changes in your medical condition.
- Provide a safe home environment in which your care can be given.
- Notify Coram of any change in address or phone number.
- Sign the required consents and releases for insurance billing.
- Provide Coram with all requested insurance and financial records. Coram is to be notified of any change in insurance coverage.
- Participate actively in your care by following the plan regarding administration of your prescribed medication, care of your catheter and monitoring of your health status, as instructed by a Coram clinician and prescribed by your physician.
- Work with your healthcare team to identify the desired outcomes of your treatment.
- Advise Coram if you are not willing to follow your established care plan/services and accept the consequences of any refusal of treatment or decision to disregard the agreed upon plan of care.
- Treat Coram personnel with respect and consideration.
- Advise Coram when you are unable to keep an appointment, when you are unavailable (out-of-town, on vacation, etc.) while on service, and when you are admitted to a hospital.
- Contact Coram if you acquire an infectious disease during the time you are receiving services, except where exempt by law.
- Provide Coram with a copy of any written advance directives.
- Advise Coram of any problems or dissatisfaction with our care without fear of discrimination or reprisal.
- Notify your treating provider of your participation in the patient management program.

Medicare Prescription Drug Coverage and Your Rights

Your Medicare Rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an “exception” if you believe:

- you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your

health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

- The name of the prescription drug that was not filled. Include the dose and strength, if known.
- The name of the pharmacy that attempted to fill your prescription.
- The date you attempted to fill your prescription.

If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call **1-800-Medicare** for more information.

OMB Approval No. 0938-0975
Form CMS -10147 (Approved 09/30/2014)

Centers for Medicare & Medicaid Services (CMS) Medicare Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) Supplier Standards

NOTE: This is an abbreviated version of the supplier standards every Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424, sec 424.57(c).

- A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
- 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.
- An authorized individual (one whose signature is binding) must sign the application for billing privileges.
- A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State healthcare programs, or from any other Federal procurement or non procurement programs.
- 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.
- 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.
- A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is 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.
 - A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
 - 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 services or cell phone during posted business hours is prohibited.
 - 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.
 - A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a doctor's oral order unless an exception applies.
 - A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
 - A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
 - A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
 - 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.
 - A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare covered item.
 - A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
 - 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.
 - 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.
 - 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.
 - A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
 - 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 of those specific products and services (except for certain exempt pharmaceuticals). Implementation date: October 1, 2009.
 - All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
 - All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
 - All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
 - Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date: May 4, 2009.
 - A supplier must obtain oxygen from a state-licensed oxygen supplier.
 - A supplier must obtain ordering and referring documentation consistent with provisions found in 42 C.F.R.424.516(f).
 - DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
 - DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

Advance Directives

An **Advance Directive** is your way of letting health care providers and your family know your decisions about health care and the right to accept or refuse services, even those that could save or sustain life. It is important that you share and tell your wishes to your family and health care team (e.g., doctor, nurse) and that they are written down. You do not need to have a lawyer to create an advance directive, but you do need to sign it in front of the required witnesses in order for it to be accepted and valid.

Your Coram nurse will ask you about your advance directive. He or she may provide information about advance directives if you do not have one. If you have one, your nurse will ask for a copy.

Nondiscrimination and Accessibility Notice (ACA § 1557)

Coram CVS Specialty Infusion services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Coram CVS Specialty Infusion Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Coram CVS Specialty Infusion Services:

- Provides certain aids and services, free of charge, when necessary so that people with disabilities have an equal opportunity to communicate effectively with us, such as:
 - Auxiliary aids and services
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Care toll-free at 1-800-423-1411, 24 hours a day, 7 days a week. TTY users should call 711.

If you believe that Coram CVS Specialty Infusion Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Coram CVS Specialty Infusion Services
Grievance Department
Attn: Civil Rights Coordinator
P.O. Box MC 1234
Woonsocket, RI 02895

Fax: 1-401-652-9935

You can file a grievance by mail, or by fax. If you need help filing a grievance, the Coram CVS Specialty Infusion Services Grievance Department's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington DC 20201

1-800-368-1019
800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Get Help in Other Languages

If you need help or speak a non-English language, call **1-800-423-1411 (TTY: 711)** and you will be connected to an interpreter who will assist you at no cost.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-423-1411 (TTY: 711).

Spanish

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-423-1411 (TTY: 711).

Chinese

小贴士: 如果您说普通话, 欢迎使用免费语言协助服务。请拨 1-800-423-1411 (TTY: 711)。

Vietnamese

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-800-423-1411 (TTY: 711).

Korean

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-800-423-1411 (TTY: 711)로 연락주시기 바랍니다.

Tagalog

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-800-423-1411 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-800-423-1411 (телетайп: 711).

Arabic

اللغوية مجاناً أجلك. اتصل بالرقم 1-800-423-1411 (من الهاتف النصي: 711).
ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة

French creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-423-1411 (TTY: 711).

French

ATTENTION: Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-800-423-1411 (TTY: 711).

Polish

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-800-423-1411 (TTY: 711).

Portuguese

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-800-423-1411 (TTY: 711).

Italian

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-800-423-1411 (TTY: 711).

Japanese

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 1-800-423-1411 (TTY: 711)までお問い合わせ下さい。

German

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-800-423-1411 (TTY: 711) kostenlos zur Verfügung.

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-423-1411 (TTY: 711) تماس بگیرید. تماس بگیرد.

1-800-423-1411 | coramhc.com



1. <https://www.inogen.com/blog/10-home-oxygen-safety-tips/>, accessed September 5, 2019.

2. <http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/fire>, accessed September 5, 2019.

3. <https://www.ncoa.org/resources/falls-prevention-conversation-guide-caregivers/>, accessed September 5, 2019.

*Coram uses a combination disposal system that ensures incineration of contaminated sharps and other supplies contaminated with hazardous drugs.

†MinuteClinic® employs physician assistants in select states.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. Coram assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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