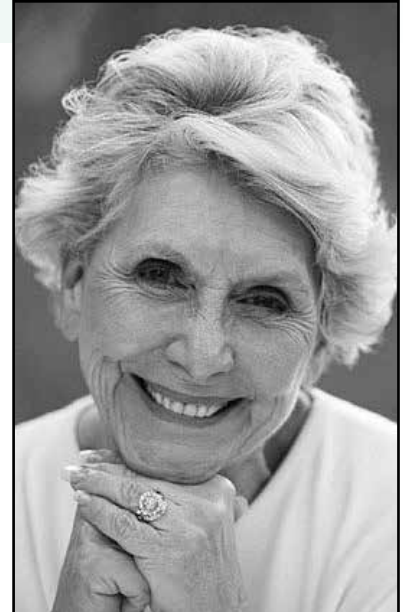


# Customer Information Booklet



**AIRWAY OXYGEN INC.**

*Home Medical, Respiratory & Rehabilitation Equipment  
Rental, Sales and Service*

## *Our Mission and Vision*

*The cornerstone of our mission statement is the belief that we can have a positive impact on our customers' lives through high quality products and uncompromising service. We take great pride in the reputation of our company and in the quality and integrity of our people. Our commitment to this vision will set the standards against which our competitors will be judged.*

# We Value Your Opinion!

## CUSTOMER SATISFACTION SURVEY

At Airway Oxygen, we are committed to providing you with top quality products and service. Because you, the customer, are the most important part of our business, we value your opinion. Your input will help us identify areas in which we can improve services and better meet your needs in the future. Please take a few moments to share your thoughts and ideas with us. We greatly appreciate your promptness in returning this survey.

Date: _____	😊	RATING				☹️	N/A
	Excellent 5	Good 4	Average 3	Fair 2	Poor 1		
1. The equipment and/or supplies were delivered at the agreed upon time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The equipment and/or supplies were clean when received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The equipment operates properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate instructions were provided for the safe use of the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Our staff was courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Our response to your questions, problems, and concerns was timely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Our business practices allow easy and understandable access to equipment, supplies, services and information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall, the services I received were to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The service(s) I received met my healthcare needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend Airway to my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can we improve to meet your healthcare needs? \_\_\_\_\_

Comments: \_\_\_\_\_

How did you hear about Airway?  Doctor  Hospital Discharge Planner  
 Family/Friend  Newspaper/Radio  
 Insurance  Television Ad  
 Saw Your Truck  Other \_\_\_\_\_

### OPTIONAL:

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_



**AIRWAY OXYGEN INC.**

*Home Medical, Respiratory & Rehabilitation Equipment  
Rental, Sales and Service*



**AIRWAY OXYGEN INC.**  
*"The Caring Company"*

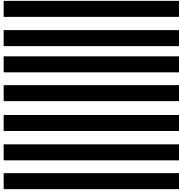


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL                      PERMIT NO. 4523                      GRAND RAPIDS, MI

POSTAGE WILL BE PAID BY ADDRESSEE

AIRWAY OXYGEN INC  
PO BOX 9950  
WYOMING MI 49519-9918



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# Welcome...

Thank you for choosing our company to provide you with your Home Medical Equipment needs. Airway Oxygen Inc. is a family owned, community based home medical equipment supplier who has been the leader in providing excellence in quality and personalized service to the members of the community for over 35 years.

This booklet provides you with information related to the equipment services we are providing to you. Specifically, this booklet includes the following:

- Ordering Information ..... 6
- Important Insurance Information ..... 7
- In Case of Emergency ..... 8
- Safe Use of Home Medical Equipment ..... 9
- Disaster Readiness ..... 12
- Notice of Privacy Practices ..... 14
- Client Rights & Responsibilities ..... 20
- Other Important Information ..... 21

## **For Our Oxygen and Respiratory Therapy Customers**

- Safe Use of Home Oxygen ..... 22
- Oxygen Information ..... 24
- Respiratory Equipment Cleaning Guidelines ..... 28
- Oxygen in Use—No Smoking Signs ..... 31

For information on specific services and products, please contact your local representative who will gladly provide assistance. Refer to the back cover of this booklet for a location nearest you.

# Ordering Information

## Placing an Order

To place an order, call our Customer Service Department at your nearest Airway location. For phone numbers, refer to the back cover of this booklet. It is important that you do not wait until you are completely out of supplies before you call to reorder. We suggest you keep at least a weeks supply on hand at all times. Please call during our normal business hours of 8:00 AM – 5:00 PM. We will always attempt to meet your needs in an emergency situation if necessary.

## Billing Questions

If you have a question about your bill, please contact our Corporate Billing office in Grand Rapids at 1-800-632-0730 during regular business hours. When calling, please identify your primary insurance. This will help our receptionist route your call more efficiently.

## After Hours information

Airway Oxygen's normal business hours are Monday through Friday, 8:00 am – 5:00 pm. Locations with additional Saturday hours are identified on the back of this booklet.

We realize that Health Care needs are not limited to specific hours and days. For this reason, Airway has staff available on call at all times for emergency situations and for after hours set-ups of medical equipment.

To access our on-call service, call either of the phone numbers listed for the location nearest you. (Airway location information

is listed on the back of this booklet.) Your call will be routed to an answering service, who will ask for your name, address, phone number where you can be reached, and the nature of your emergency. The service will then contact the appropriate staff person on call. You should expect a call back within approximately 20 minutes of placing your call.

## Delivery of Supplies and Equipment

Airway uses 4 methods to deliver supplies and equipment to customers: Airway delivery vehicles, United Parcel Service, (or local courier service, IDS, in Grand Rapids), FedEx, and the United States Post Office. When you call in orders for routine supplies, please allow 2-5 business days for delivery.

For oxygen deliveries, Airway has established routes on specific days. You can help us deliver efficiently by planning your oxygen deliveries for the day our vehicles are in your area. (See back cover of the booklet).

Our goal is to make delivery of supplies as convenient as possible for you. Please advise us of any alternate address that may be used if it is more convenient for you (Ex: workplace, vacation home, relatives' address, etc).

# Important Insurance Information

Airway Oxygen, Inc. will bill your insurance company based on the information we receive at the time of your first order. Should you want to verify what insurance we have billed, contact our billing office at 616-247-3900 or 1-800-632-0730. If you have a question about your policy coverage, please contact your insurance company directly.

Should your insurance coverage change during the time you are receiving equipment or supplies, you are responsible for informing Airway Oxygen immediately. Failure to do this could result in a charge directly to you, as many insurance companies require authorization prior to billing.

**Billing your insurance is not a guarantee of payment. If for some unforeseen reason your insurance company does not cover the equipment and/or supplies, or we cannot bill your insurance due to inaccurate or insufficient information, you will be billed directly. All co-payments, deductibles and items not covered by your insurance will be collected at time of service.**

If your insurance company sends you payment for a claim submitted by Airway Oxygen, you are responsible for remitting the payment to Airway Oxygen, Inc.

Due to the many and varied insurance contracts in place, we may not be able to provide a written quote of your exact out-of-pocket expenses at the time of delivery.

## Additional Information for Medicare Clients

Medicare pays 80% of the allowable charges for approved medical equipment after deductibles have been met. Items may be either a capped rental or an inexpensive and routinely purchased item.

### For Capped Rental Items

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair
- Examples of this type of equipment include: hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts and trapeze bars.

### For Inexpensive or Routinely Purchased Items

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

### Warranty

- All equipment sold or rented by Airway Oxygen is warranted by the manufacturer. Airway will inform Medicare beneficiaries of the warranty coverage and will honor all warranties under applicable law. We will repair or replace, free of charge, Medicare-covered equipment that is under warranty.

*Inform  
Airway Oxygen  
immediately  
if your  
insurance  
coverage  
changes,  
as many  
insurances  
require  
authorization  
prior to  
billing.*

# In Case of an Emergency

If you have a life-threatening emergency related to your equipment, Airway Oxygen has staff on call to meet your emergency needs even outside of our usual business hours. Please feel free to call your local Airway Oxygen and our answering service will forward your call to the appropriate person. To avoid being caught short of needed oxygen, medication or ventilator supplies, please consider ordering at least five business days in advance.

*For routine deliveries, please place your order at least five business days in advance.*

## Are You Prepared?

Although we will do our very best to meet your emergency needs, we ask that you have a plan in place should disaster strike and we are unable to meet your needs in a timely manner. Please review the disaster preparedness section of this booklet. Although we supply back-up batteries and equipment for such life support items as oxygen and ventilators, Airway does not provide back-up generators for electrical failures. Please consider this for your own personal rental or purchase.

In the event of prolonged, widespread electrical outages and community-wide disasters, Airway will attempt to utilize public service announcements on local radio stations. Please tune in to these local stations:

Benton Harbor	WHFB	AM	1060
Cadillac	WTCM	FM	103.5
Coldwater	WTVB	AM	1590
Fremont	WGNB	FM	93.3
Fort Wayne	WOWO	AM	1190
Grand Rapids	WOOD	AM	1300
Hastings	WBCH	AM	1220
Holland	WHTC	AM	1450
Kalamazoo	WKZO	AM	590
Lansing	WJIM	AM	1240
Mt. Pleasant	WZZY	FM	104.3
Muskegon	WMUS	FM	106.9
Petoskey	WLXT	FM	96
Saginaw	WSGW	AM	790
Springfield	WBCK	AM	930
Traverse City	WTCM	FM	103.5

## Oxygen

We provide you with emergency back-up tanks at the time of set up. Most large tanks will provide 2 days of continuous oxygen at 2 liters per minute. We encourage you to use this tank only in emergencies, and notify us if you have used more than half of the tank's contents.

## Ventilators

All ventilators are equipped with an internal battery. We also provide an external battery with a charger. In addition, all Life Support Ventilators (in use 24 hours/day) have a back-up ventilator and a manual resuscitation bag. Check the batteries on a regular basis to assure they are fully charged. In the case of a prolonged power outage or major disaster, please have a plan in place in case we cannot reach you. Consider moving to a friend or relative who has electrical power, using a back-up generator, or accessing your local hospital's emergency room.

## Pharmacy

Our unit dose respiratory medication pharmacy operates Monday-Friday 8:00AM-5:00PM. Should you have an emergency regarding your medication, please call the nearest Airway Oxygen location. A Respiratory Therapist will assist you in locating a 24-hour retail pharmacy in your area.



# Safe Use of Home Medical Equipment

## Safety in the Bathroom

The bathroom tends to be the more dangerous room in a house. Wet surfaces combined with hard surfaces increase the danger of a disabling fall.

By making a few simple modifications, the safety, as well as the accessibility of your bathroom, can be greatly improved.

### The Floor

Cover the floor with carpet or with non-slip rugs to prevent falls due to wet, slippery floor surfaces. Do not leave towels, wash cloths or clothing on the floor.

### The Tub or Shower

Install abrasive, non-slip strips or mats on the bottom of the tub. Have grab bars installed on the walls. If weak or handicapped, use a bath or shower chair and install a flex hose with shower nozzle for greater safety and convenience. Do not hesitate to ask for bathing assistance; compromising modesty is far preferable to risking a serious injury.

### The Toilet

If necessary, install an elevated toilet seat and support frame. This enables weak or arthritic patients to transfer with greater ease to and from the toilet. Drop-arm commodes are also available for wheelchair or nonambulatory patients.

### Medicine Cabinet

Keep all poisons out of your medicine cabinet! Never guess. Always read medicine labels under adequate lighting before taking that medication. Do not keep old medication. Dispose of it safely.

### Lighting

Place a night light in the bathroom to help prevent a fall or other accident due to darkness

## Safety in the Bedroom

### Creating a Cheerful Atmosphere

When patients must be confined for a good part of their day to the bedroom, creating a cheerful, as well as a safe environment is most important. Choose lighter colors for walls. A generous use of flowers and plants helps carry a little of the outside inside.

Keep shades and drapes open to permit as much sunlight as possible into the room. And position favorite pictures and family photographs near enough to be easily visible.

### Access to Needed Objects

Position items such as the telephone, light switches, reading materials, and snacks and beverages within easy reach. If required, always keep a bell or other alarm device not only near the bed, but tied by a string so it cannot be inadvertently dropped.

### Walking Hazards

Remove any potential hazards, such as throw rugs, loose carpet, electrical cords, extended tables or chairs, scattered towels or clothing, anything that may cause the patient to slip or lose balance when walking to and from the bathroom or other rooms in the house.

### Smoking

NEVER smoke or use electronic smoking devices (ex. e-cigarettes) in bed, and NEVER smoke or use electronic smoking devices in the presence of oxygen delivery.

### Lighting

Bedroom falls are usually caused by inadequate lighting. Install night lights in the bedroom area to prevent accidental falls.

## **Weak, Restricted or Bedridden Patients:**

### **Hospital-Type Bed**

Use an adjustable hospital type bed (either manually or electrically operated) to allow bedridden patients to change position for comfort or for entertainment, exercise, or to eat. Overbed tables provide a reading, writing or eating surface while trapeze bars enable the patient to change position, exercise, or assist the patient in moving in or out of bed. Use of side rails protects the patient from possible falls. Side rails should **not** be used for positioning. **See previous pages for additional bed safety instructions.**

### **Commodes**

A variety of bedside commodes are available to assist the patient who is unable to use the bathroom facilities.

### **Patient Lifts**

Lifts provide an easier, safer way to transfer the patient from the bed to a wheelchair or commode. The individual operating the lift should be thoroughly trained.

### **Bed Pressure Prevention**

Bedridden patients are very susceptible to sores created by constant bed pressure. Special flotation mattresses or alternating pressure pads improve comfort and prevent pressure sores (decubitus ulcers) from forming.

## **Safety in the Kitchen**

Whether you prepare all, or just some of your meals, simple modifications can be made to your kitchen area that will make it safer and more accessible.

### **Locating Common Use Items**

Those kitchen utensils used most frequently should be stored in locations that require minimal reach. Standing on

stools or chairs is dangerous for strong, healthy people. It can be disastrous for those weakened by age or illness. Also, bending over to enter lower cabinets, can create dizziness that may result in an accidental fall.

Use of shelving, pegboards for utensils, and items such as lazy susans, all within easy reach, permit you to perform your kitchen chores with minimal movement. And by removing shelves and doors from under the sink area, you can work at and around the sink using a castered, height-adjustable chair.

### **Safety Hints**

Keep a fire extinguisher mounted near the stove and have it checked annually.

Wipe up grease, water, or bits of food immediately, if spilled. Use a “foot mop”, a thick pad of terry cloth or other absorbent material that includes a foot pocket. Now you can easily mop up a spill without bending over or getting onto your hands and knees.

Always use padded mittens on hot pans to prevent burns. Use two hands to lift pans that are heavy or bulky.

Use a reaching device, if necessary, to eliminate the need for moving or stretching

## **Stairway Safety**

The most serious fall-related accidents in the home occur on stairways. And as with many safety factors, the potential for injury increases significantly when the patient is weak or partially incapacitated. The following outlines ways to make stairways safer for you.

Provide a strong, secure handrail for stairways of three or more steps.

Cover each step with a non-slip surface (abrasive strips or carpeting), securely fastened.

Do not use small or loose rugs at the head or foot of a stairway.

Keep stairways free of boxes, brooms, tools, etc. to prevent tripping.

Have adequate lighting on the stairway, controllable from both ends.

NOTE: Should stairways become an insurmountable problem, you may consider an electric stair lift to be installed to move you safely and comfortably up and down indoor stairs.

### **Outdoor Steps**

Use handrails, non-slip surfaces, and adequate lighting for outdoor steps.

Remember to keep outdoor steps and sidewalks free of snow and ice (if encountered in your locale).

### **Ramps**

Ramps provide easier, safer access or even independent mobility to patients who depend on ambulatory devices, such as walkers, wheelchairs, and motorized scooters. Ramps are available, ready-made, in many areas, or can be constructed using wood, metal, or even concrete.

For safe use, without assistance, the incline of a ramp must be limited. For each one foot rise in elevation the length of the ramp should be approximately 12 feet.

Ramps should include handrails or side guards for both assistance and safety.

### **General Electrical Hazards**

Keep all electrical devices at least an arm's length from sinks, tubs or showers, the stove, or other grounded objects.

Do not touch medical or any electrical devices with wet hands or when standing on a wet floor.

Replace any electrical wire that is worn or frayed.

Do not use extension cords if at all possible. When you do, use only UA approved extension cords making certain they have adequate wire size for the load they carry.

Keep all cords out from under rugs, doors, and moveable furniture.



# Disaster Readiness

## Precautions

### Fire Prevention and Protection

Nothing is more devastating or deadly than a home fire. Too frequently, fires occur at night when a prompt escape is delayed due to sleep. Obviously, the best way to protect you and your family from a fire is to prevent a fire. Here is a good fire prevention checklist to use in your home:

- No smoking in bed
- Fire extinguisher in the kitchen and in workshop
- Electrical system safe and not overloaded
- Stove area kept free of grease or other flammable materials
- Rubbish and flammable materials kept in covered metal cans until disposal
- Candles used for atmosphere or other purposes, carefully extinguished
- Gas or electric room heaters turned off before retiring
- Strike anywhere (kitchen) matches kept in a box or other container
- Woodwork, within 18 inches of a furnace, stove, or heater, protected by an insulating shield
- Stoves or heaters a safe distance from curtains or drapes

## Smoke Detectors

### Installation

The advent of the smoke detector ushered in a new level of fire protection for the home. Smoke detectors are simple devices, that are easy to install, check, and maintain.

Install smoke detectors on ceilings or high on walls in two main areas; in any room, such as the kitchen, where a fire may originate, and secondly, in a hallway preferably at the head of a stairway near enough to bedrooms to be heard.

### Battery Checks

Check each smoke detector (usually by pressing a button) every six months to insure it is operational. If weakened or disabled, have a friend or relative perform this check for you.

Should the detector commence intermittent beeps or provide other indications of a weak battery, replace the battery immediately.

## Escaping a Fire

### Guidelines

Escaping a home fire is not always easy, even for family members who are not weak or incapacitated. Many victims are untouched by flames, but are choked by smoke or gases. The only way to be reasonably sure of escaping a fire is to have a plan of escape.

The National Safety Council has established these guidelines, but naturally, you must develop your own escape plan because every home situation is somewhat different.

Draw a floor plan of your home. On the plan, lay out an escape route for each room on each floor. Have alternate routes where possible, especially for bedrooms, should the planned escape route be blocked by smoke or fire.

Bedrooms of semi- or totally incapacitated individuals should have access to more than one exit route...a ground level window or easy access to that room from a roof.

Devise a way to awaken other family members. A whistle by each bed is an excellent emergency alarm.

Devise a plan to assist weak or disabled family members.

Do not waste precious time gathering valuables or getting dressed. Simply get out!

Keep bedroom doors closed at night to delay the spread of both flames and deadly smoke and gases.

Test for fire by touching the door knob. If it is warm or hot, leave the door closed and escape using another route.

If unable to exit room, stuff wet towels or clothing into door cracks. Stay near a slightly opened window. In a room filled with smoke, cover nose and mouth with a damp towel and get as low to the floor as possible.

Decide on a meeting place outside so you will know when everyone has escaped.

The first person out call the fire department from a neighboring phone. Speak clearly and give the information requested. Don't hang up until the other person does.

## Violent Storms

In many parts of the country the threat of violent storms is present, at least during certain times of the year. Coastal areas are faced with high winds and rain associated

with hurricanes; tornados are widespread throughout much of the United States.

In the case of hurricanes, lengthy warnings are usually provided; tornados can strike rapidly with little or no warning.

Protection from severe storms usually means getting to a protective shelter, either in the basement or in some cases an external underground structure. But finding adequate shelter in a relatively short period of time can be a new impossible task for the non- or semi-ambulatory patient.

The following provides standard precautionary steps followed by special action the patient can take with or without assistance.

Move in toward the center of the building away from both doors and windows.

Turn on a portable radio (in case electricity is disrupted) to a station providing you emergency information.

Provide yourself with a blanket and pillow if readily available.

If time permits, draw a supply of drinking water, taking a container of water with you to your shelter location.

Place a chair or move your wheelchair into a protective area such as a large closet.

Find shelter, if necessary, under beds or heavy tables, again away from windows or doors.

One alternative if a good protective area is not available: sit in a dry bathtub and get down low. (Not advisable with glass shower doors.)

Remain in your protected area until an all clear signal sounds.

# Notice of Privacy Practices

This Notice is effective March 26, 2013

**THIS IS AN UPDATED NOTICE WHICH DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

## **WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU**

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at 1-800-632-0730 to obtain a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at 1-800-632-0730

## **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you.

For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at 1-800-632-0730.

### **1. Treatment**

We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

**Example:** Jane is a patient at the health department. The receptionist may use medical information about Jane when setting up an appointment. The nurse practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.



## 2. Payment

We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that, within the health department, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

**Example:** Jane is a patient at the health department and she has private insurance. During an appointment with a nurse practitioner, the nurse practitioner ordered a blood test. The health department billing clerk will use medical information about Jane when he prepares a bill for the services provided at the appointment and the blood test. Medical information about Jane will be disclosed to her insurance company when the billing clerk sends in the bill.

**Example:** The nurse practitioner referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan will pay for the test.

## 3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.

- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

**Example:** Jane was diagnosed with diabetes. The health department used Jane's medical information – as well as medical information from all of the other health department patients diagnosed with diabetes – to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

## 4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at 1-800-632-0730.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

**Example:** Jane’s husband regularly comes to the health department with Jane for her appointments and he helps her with her medication. When the nurse practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane’s husband.

## 5. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

## 6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at 1-800-632-0730.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.



- Workers' compensation: We may disclose medical information about you in order to comply with workers' compensation laws.
- Research organizations: We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- Certain government functions: We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

## 7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the "authorization"—or signed permission—of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

## YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at 1-800-632-0730.

### 1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at 1-800-632-0730.

### 2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Access Request Form.

Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we may charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

### **3. Right to Have Medical Information Amended**

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

### **4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting Request Form, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

### **5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

## 6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an Alternative Contact Request Form. Alternative Contact Request Forms are available from our Privacy Officer.

## 7. Right to Notification if a Breach of Your Medical Information Occurs

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

## 8. Right to Opt-Out of Fundraising Communications

If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

**Airway Oxygen Privacy Officer**  
**P.O. Box 9950**  
**Wyoming, MI 49502-9243**

To file a written complaint with the federal government, please use the following contact information:

**Office for Civil Rights**  
**U.S. Department of Health and**  
**Human Services**  
**200 Independence Avenue, S.W.**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**

**Toll-Free Phone:** 1-(877) 696-6775  
**Website:** <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>  
**Email:** [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

# Client Rights & Responsibilities

Excellent customer service and a high standard of care are very important to us at Airway Oxygen. If at any time we fail to meet those high standards, we appreciate you, the customer, letting us know about it.

## Rights of the Client

- Each client has the right to make informed decisions regarding his/her care.
- A client will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, handicap, marital status, sexual preference or source of payment.
- An individual who is or has been a client of Airway Oxygen is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record upon written request.
- A client is entitled to confidential treatment of medical records and may refuse their release to a person outside of Airway Oxygen except as required by law.
- When a client is referred to another organization, service or individual, the client is informed of any financial benefit to the referring home care organization.
- A client is entitled to privacy and full recognition of his or her dignity and individuality.
- A client is entitled to information concerning experimental treatment proposed as part of his or her care and has the right to refuse such treatment.
- A client is entitled to receive adequate and appropriate care and to receive from the appropriate individual at Airway Oxygen information about his or her proposed course of treatment.
- A client is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal.
- A client is entitled to exercise his or her rights as a client and as a citizen and to this end may present grievances or recommend changes in policies and services. A client is entitled to information about Airway Oxygen's policies and procedures for initiation, review and resolution of client complaints.
- A client or his or her designated representative has the right to participate in the consideration of ethical issues that arise in his or her care.
- Airway Oxygen will honor a client's right to refusal of care, including the withdrawal of life-sustaining treatment or withholding of resuscitation services if appropriately informed by the client.

- A client is entitled to receive and examine an explanation of his or her bill regardless of the source of payment and to receive, upon request, information related to financial assistance available, through Airway Oxygen. The client is informed at admission of Airway Oxygen's charges and policy concerning payment for services, including insurance coverage and other method of payment.
- A client is entitled to know who is responsible for and who is providing his or her care and to be involved in his or her discharge planning, if appropriate.
- A client is entitled to be free from mental and physical abuse from the care provider.

## Responsibilities of the Client

- A client is responsible for providing a complete and accurate medical history.
- A client is responsible for making it known whether he or she clearly comprehends a contemplated course of action and the things he or she is expected to do.
- A client is responsible for following the recommendations and advice prescribed in a course of treatment by the physician.
- A client is responsible for providing information about unexpected complications that arise in an expected course of treatment.
- A client is responsible for being considerate of the rights of Airway Oxygen personnel and property.
- A client is responsible for providing Airway Oxygen with accurate and timely information concerning his or her sources of payment and ability to meet financial obligations.

## Registering a Complaint

To register a complaint, we ask that you call the local Airway Oxygen office and ask to speak with a customer service representative. Your situation will be investigated and action taken either at the time of your call or when the appropriate manager is available. Each complaint is documented and reviewed by both management staff and our Quality Assessment team. Medicare beneficiaries will receive a written response within 14 days of documented complaint. If you feel your situation has not been adequately resolved, we encourage you to request to speak to our general manager in the Grand Rapids office at 1-800-632-0730.

# Other Important Information

The documents below address many of your rights as an Airway Oxygen customer:

## 1. Medicare Supplier Standards

The product and/or services provided to you by Airway Oxygen are subject to the supplier standards contained in the Federal regulations shown at 42CFR section 424.56(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at:

<http://ecfr.gpoaccess.gov>

Should you wish to view these, you may do so by visiting our website at:

[www.AirwayOxygenInc.com](http://www.AirwayOxygenInc.com)

To obtain a paper copy you may visit your local Airway Oxygen branch or ask that a copy be mailed to you.

## 2. Hospice Care

Individual hospice organizations contract with various suppliers to provide for the patient's Home Medical Equipment needs. Airway contracts with many, but not all, hospice agencies. **If you chose a hospice agency who contracts with Airway Oxygen, your rental equipment may stay in place when you transition to hospice care.** If the agency chooses not to contract with Airway, the equipment will need to be provided by another company.

Please feel free to contact our billing office at 1-800-632-0730, or your local Airway provider to verify if the hospice you have chosen is contracted with us.

# Safe Use of Home Oxygen

Because supplemental oxygen is an important part of your home healthcare program, there are certain precautions to understand and employ to insure safe use. Although oxygen is a safe gas that will not burn or explode, it, like heat and fuel, is a key ingredient for supporting combustion. Therefore, care must always be exercised in the presence of higher-than-normal levels of oxygen.

## Open Flame

Never permit open flames (candles), lit smoking materials, or spark-producing equipment in the same room as your oxygen system. **NEVER SMOKE WHILE USING YOUR SYSTEM OR ANY SOURCE OF HIGH CONCENTRATION OXYGEN.**

## Flammable Materials

Keep all flammable materials away from your oxygen system. Never use hand lotions, hair sprays, or other flammable aerosols or products while you are wearing oxygen. Do not use petroleum based products (e.g. Vaseline) on your face while wearing oxygen.

## Oxygen Tubing

Use caution not to kink the oxygen tubing or lay objects on it that could restrict the oxygen flow. Do not permit moisture buildup from the humidifier to collect in a bend and therefore limit the flow of oxygen to you.

## Direct Heat

Never allow the oxygen tubing to make direct contact with stove elements, heaters, or other sources of excessive heat.

## Location

Position your system in a location that is not only convenient, but safe. Never locate oxygen equipment near radiators, hot air registers, or space heaters.

## If You're Using Cylinders...

Large oxygen cylinders can tip and cause injury. Make certain they are set into an anti-tip base and be careful someone doesn't trip and fall against a large cylinder and causing it to tip.

## If You're Using a Concentrator...

An oxygen concentrator uses electricity to draw in room air and create high oxygen concentrations. Avoid using extension cords with your concentrator to prevent accidental tripping. Also refer to the section on electrical safety.

## If You're Using Liquid Oxygen...

Never store liquid oxygen in a confined, non-ventilated area such as a closet. Always position it in a large, well-ventilated space.

Remember that oxygen in a liquid state is chilled to just under - 300°F. Contact with either the liquid oxygen, cold gas, or with any frosted part of the system can result in frost burns to the skin. To avoid spillage, keep the liquid container upright at all times. If a spill occurs, open windows and doors to ventilate the room. Should skin contact occur, immediately rinse the contact area with cool water.



## Electrical Safety

If you're using an oxygen concentrator or other electrical medical device, the following cites the three most common problems related to electrical safety:

### Ungrounded Connectors

Electrical medical equipment sometimes requires a grounded or three-prong connector. If your home is equipped with three prong receptacles, this equipment can be directly plugged in. Most older homes have only two-prong outlets. Here, a suitable adapter must be installed with the third wire properly grounded. This is for your safety as well as the safety of the equipment. If the adapter cannot be connected to a suitable ground an electrician should be consulted.

### Extension Cords and Multiple Receptacles

The use of extension cords connected to multiple receptacles can easily overload electrical circuits. The result: blown fuses or open circuit breakers, disrupting your power. Of even greater concern, overloaded circuits can create excessive heat that could result in an electrically-induced fire.

Refrain from using multiple receptacles. Limit the use of extension cords, and also be aware of the trip hazard exposed extension cords create.

## Overload Protection

Many older residences may still use fuse boxes rather than the more modern circuit-breakers. Should fuses "blow" due to overloaded circuits, **NEVER INSERT A FUSE THAT EXCEEDS THE CURRENT RATING FOR THAT CIRCUIT.** Should fuses or circuit breakers continue to open, remove some electrical devices from that circuit. In fact, it's a good idea to remove as many electrical items as possible from circuits to which medical equipment is connected. If in doubt, contact a qualified electrical contractor.



Please post the **NO SMOKING** signs provided in the back of this booklet.

Even though you may not smoke, these signs accomplish 3 things:

1. Advises any visitors you may have that oxygen is present and No Smoking is allowed.
2. Alerts Firefighters and Rescue Personnel that there is oxygen on the premises.
3. Helps our delivery staff find your residence more quickly.

# Oxygen Information

## Oxygen Concentrator

The oxygen concentrator is an electrically operated device which takes room air and separates the oxygen from the other gases and delivers more “concentrated” oxygen to you.

Oxygen concentrators are available in many different sizes and models, but they all have the same basic parts: a power switch to turn the unit on and off, a liter flow knob to regulate the liter flow to that prescribed by your physician, and an alarm to alert you to a power interruption or equipment failure so you can change to your back-up tank.

1. Plug the concentrator’s electrical cord into an outlet.
  - Keep back and sides of the concentrator at least 6 inches from drapes or walls.
  - Use an outlet which is not controlled by a wall switch.
2. Attach the nipple adapter (or “Christmas tree”) to the concentrator outlet port and attach up to 50 feet of tubing to the adapter.
3. Turn the concentrator switch to “ON”. It is normal for the unit to sound an alarm for a few seconds both as an “alarm test” and to tell you that the unit has not reached its correct operating pressure.
4. Adjust the oxygen flow by turning the liter control knob until the flow rate is set according to your doctor’s order.
5. Next, fit the nasal cannula on your face, making sure the prongs curve into your nostrils.

## Concentrator Maintenance

The intake filter should be cleaned weekly. Wash in soapy water, rinse thoroughly,

dry with a clean towel and reattach filter to machine. The nasal cannula should be replaced at least once a month. The extension tubing should be no longer than 50 feet and replaced every three months.

## Concentrator Troubleshooting

Your concentrator has alarms which tell you if the machine is not functioning properly. Your technician will explain the alarms to you. If there is a power outage or machine malfunction, turn the concentrator off and use your back-up oxygen cylinder. Check that tubing is securely attached to the oxygen outlet and is not crimped, pinched or obstructed by heavy furniture, chairs, etc.

## Oxygen Cylinders

A large oxygen cylinder (“tank”) is provided for use should your electricity go out or the concentrator malfunction. This is provided for your safety at no additional charge.

**Please understand that if you refuse a back-up tank** and later call for the urgent delivery of one (such as during a power outage or equipment failure), there will be a \$75.00 delivery fee payable at the time of delivery. The same applies if you have a back up tank but refuse to use it, requiring an extra service call.

Any cylinder, whether it is the large back up tank or a portable tank, should be secured in a pouch or on a cart or stand, away from heat, open flames or individuals who are smoking. If you have extra portable cylinders, they should be stored lying down and in a well ventilated area. **Do not store tanks in a closet.**

The regulator reduces the outlet pressure of the oxygen in the tank to a safe pressure for you to use it. The circular gauge displays the amount of oxygen remaining in the cylinder (expressed in pounds per square



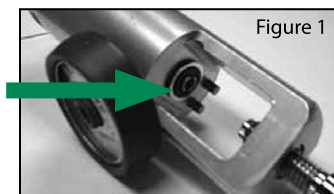
inch or psi). This pressure gauge will show pressure gradually dropping as the oxygen is used. A full cylinder may have between 1800-2200 psi when first turned on. **Do not be concerned because the gauge needle does not travel to the maximum pressure. 1800-2200 psi (anywhere in the green zone) is full pressure for these cylinders.**



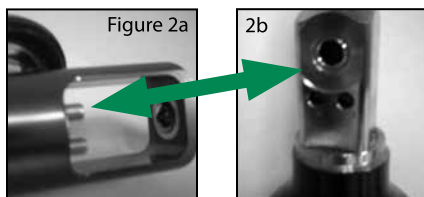
The flow indicator shows how fast the oxygen is being delivered in liters per minute: your prescribed liter flow. When you turn the dial, the dial gauge shows how many liters per minute are flowing from the tank. When the pressure gauge reaches 500 (in the red zone) it is time to consider changing to a new tank.

### “E” Regulator Installation Instructions

1. Be sure washer is in place on yoke inlet. (see Figure 1)



2. Place regulator yoke over cylinder post valve.
3. Engage the indexing pins into the corresponding holes on the cylinder post valve. (see Figure 2a & b)



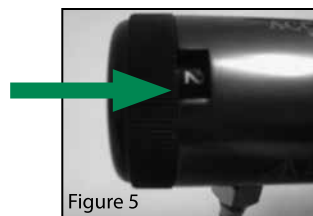
4. Tighten the “T” handle clockwise until the regulator is secure. (see Figure 3)
5. Attach the cannula to oxygen fitting. (see Figure 3)



6. Place the wrench supplied on top of the cylinder post valve, or use the toggle cap if available. Turn the wrench or toggle top counter-clockwise until the needle on the cylinder pressure gauge shows how full the tank is. (see Figure 4)



7. Turn the liter flow knob clockwise until the number on the flow gauge shows the prescribed liters per minute of oxygen. (see Figure 5)
8. Place the nasal cannula in your nose.



9. To turn the regulator off, first turn the wrench or toggle top clockwise until it stops. The needle will gradually fall down. When the needle shows zero, then turn the liter flow knob counter to zero.

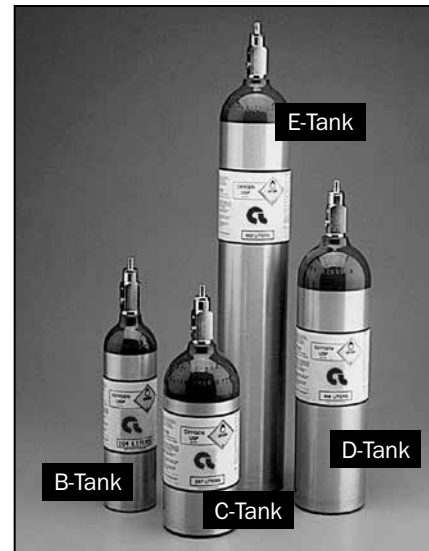
**Are You About to Travel with Oxygen?**

*Airway Oxygen, Inc. can help! Call your local Airway Office and ask to speak to a Customer Service Representative.*

- We can make arrangements at your destination.
- We can offer equipment convenient for automobile travel if available.
- We can help with reimbursement if we know prior to your departure.
- We suggest you have a copy of your oxygen prescription when you travel outside our service area.

**Safety Issues When Using Home Oxygen**

- Post “No Smoking” signs in your home. This not only informs visitors that smoking is prohibited, but it also alerts emergency fire and medical personnel of the presence of oxygen.
- Smoke detectors and fire extinguishers are a particularly wise investment for a home when oxygen is present.



		Portable						Stationary / Back-up					
		B-Tank		C-Tank		D-Tank		E-Tank		M-Tank		H-Tank	
Size		15" H		15" H		19" H		30" H		48" H		54" H	
		3" W		4-1/4" W		4-1/4" W		4-1/4" W		6-1/2" W		8-1/2" W	
Duration		LPM	HRS.	LPM	HRS.	LPM	HRS.	LPM	HRS.	LPM	HRS.	LPM	HRS.
		1		1	3	1	4-1/2	1	8	1	48	1	96
		2	1/2	2	1-1/2	2	2-1/4	2	4	2	24	2	48
		3		3	1	3	1-1/2	3	3	3	18	3	36
		4	1/4	4	3/4	4	1	4	2	4	12	4	24
								5	1-1/2	5	10	5	20
							6	1-1/4	6	8	6	16	
Wt.		3 lbs.		5-1/2 lbs.		6-1/4 lbs.		11 lbs.		73 lbs.		135 lbs.	

## Oxygen Concentrator Troubleshooting Guide

Symptom	Probable Cause	Solution
Alarm: SHORT BEEPS, LONG PAUSE  Concentrator NOT operating, power switch ON.  Beep...Beep...	Main Power Loss.  1. Power cord NOT plugged in.  2. No power at outlet.  3. Tripped circuit breaker.	<b>Go on back-up tank.</b>  1. Insert plug into outlet.  2. Inspect house circuit breakers or fuses. If problem recurs, use a different outlet.  3. Call Airway for service.
Alarm: CONTINUOUS  Concentrator NOT operating, power switch ON.  Beeeeeeep...	System Failure.  1. Unit overheating due to blocked air intake.  2. Insufficient power at outlet.  3. Internal repairs required.	<b>Go on back-up tank.</b>  1a. Remove and clean cabinet filters. 1b. Move oxygen concentrator at least three inches away from walls, draperies or furniture.  2. Don't use extension cords. Move to another electrical outlet or circuit.  3. Call Airway for service.
Yellow or Red Light Illuminated or Blinking	1. Low oxygen purity.  2a. Kinked or blocked tubing, cannula or humidifier.  2b. Flowmeter set at 1/2 L/min. or less.  3. Unit overheating due to blocked air intake.  4. Insufficient power at outlet.  5. Internal repairs required.	<b>Go on back-up tank.</b>  1. Clean or replace filters.  2a. Inspect for kinks or blockages. Correct, clean or replace item. Once corrected, turn power OFF for 60 seconds and then turn power back ON.  2b. Reset flowmeter to prescribed flowrate. If prescribed flowrate is below 1/2 L/min., use the Pediatric Flowmeter IRCPF16.  3a. Remove and clean cabinet filters. 3b. Move oxygen concentrator at least 8 inches away from walls, draperies or furniture.  4. Don't use extension cords. Move to another electrical outlet or circuit.  5. Call Airway for service.
Green Light with Yellow Light Flashing.	1. Internal repairs required.	1. Call Airway for service.

# Cleaning & Maintenance Instructions

## Oxygen and Respiratory Equipment

Oxygen		
Concentrator	Weekly	Remove intake filter and rinse under water to remove dust particles, wring dry with a clean towel before replacing.
Liquid Unit	Weekly	Dust unit with clean lint-free cloth; empty drain bottle, if applicable.
Nasal Cannula	Monthly	Discard and replace. Change more frequently if you have a cold.
Extension Tubing	Three Months	Discard and replace.

Hand-Held Nebulizers		
Neb Cup	Each Treatment	Disassemble into various parts; rinse well with hot water. Allow to air dry on clean paper towel; store in clean storage bag until next use.
	Every Three Days	Wash all parts in dishwasher or soak all parts in 1:3 white vinegar to water solution for 20 minutes. Allow all parts to dry, then store in clean storage bag.
	Six Months	Replace nebulizer cup.
Compressor	Six Months	Check and/or replace filter assembly.



**To order supplies call your local Airway Oxygen office.**

Maintaining Your CPAP/Bi-level Unit		
Blower Unit	As Needed	Wipe the unit with a damp cloth and mild dish detergent. Allow the unit to dry before plugging the unit in.
Mask, Nasal Pillows & Swivel Adaptor	Daily	Wash with mild soapy water (Ivory soap recommended) and rinse well. Never clean the mask with alcohol.
Headgear & Chin Strap	Weekly	Hand wash in a standard laundry detergent and air dry. Do not use bleach. Do not dry in a dryer or iron the headgear or chin strap.
	Six Months*	Replace headgear/chin strap.
Tubing	Weekly	Wash in mild soapy water (Ivory), rinse well and hang to dry.
	Three Months*	Replace tubing.
Humidifier–Cool	Daily	Wash in mild soapy water (Ivory) and rinse well.
	Monthly	Soak the humidifier for 20 minutes in a solution containing 1 cup white vinegar and 3 cups of distilled water. Rinse well with warm water.
Humidifier–Heated	Daily	Wash in mild soapy water (Ivory) and rinse well.
	Monthly	Soak the humidifier for 20 minutes in a solution containing 1 cup white vinegar and 3 cups of distilled water. Rinse well with warm water.
	Six Months*	Replace chamber.
Filters	Weekly	<b>Philips Respironics “Gray”</b> Filter—Wash with soapy water, rinse well and allow to dry before placing in unit.
	Monthly*	<b>Philips Respironics “White”</b> Filter—Replace. <b>ResMed “White”</b> Filter—Replace.
	Six Months*	<b>Philips Respironics “Gray”</b> Filter—Replace. <b>ResMed/Fisher &amp; Paykel</b> Filter Strips—Replace.

\* Individual insurance plans determine the frequency as to when the supplies are covered.

Suction Machine		
Cannister	Daily	Discard contents into toilet; wash with warm soapy water; rinse well.
	Weekly	Clean cannister as above, then soak in a 1:3 ratio of white vinegar to water solution for 20 minutes; rinse and air dry.
Tubing	Each Use	Suction up a small amount of water after each use to clear tubing of secretions.
	Weekly	Wash tubing in warm soapy water, rinse well then soak in a 1:3 ratio of white vinegar to water solution for 20 minutes; air dry.
Tonsil Tip (Yankauer)	Daily	Wash in warm soapy water, rinse well, air dry.
	Weekly	Wash, rinse then soak in a 1:3 white vinegar to water solution for 20 minutes, rinse well, air dry.

\*\* Frequency of suction catheter cleaning or changes will depend on technique used (clean vs. sterile technique). Check with your home health nurse.





# NO SMOKING



**AIRWAY  
OXYGEN  
INC.**

Benton Harbor  
Cadillac  
Coldwater  
Fremont  
Fort Wayne  
Grand Rapids  
Hastings  
Holland

888-676-5153  
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866-684-1444  
231-924-2223  
877-346-9875  
800-632-0730  
866-790-6267  
800-284-5882

Kalamazoo  
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DETACH AT PERFORATION



# NO SMOKING



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# Acknowledgement of Receipt of Customer Information Booklet

I have received the Customer Information Booklet from Airway Oxygen, either today or in the past. I am either the patient or a representative of the patient signing on his or her behalf. A representative from Airway Oxygen has explained the various sections in the booklet, and I have had an opportunity to ask questions. I have received the following information:

- **Important Insurance Information (see page 7)**
- Customer Satisfaction Survey
- Travel Information
- Written Equipment Instructions (*if applicable*)
- Home Care Services Provided by Airway Oxygen
- Health and Safety information
- Benefit of any Manufacturer's Warranty
- Respiratory Equipment Cleaning Guidelines
- How and When to Order Additional Supplies
- How to Access the Following:
  - Privacy Notice
  - Client Rights and Responsibilities
  - Medicare Supplier Standards
  - How to Register a Complaint

In addition to the booklet, my initials indicate I have received the following manufacturer's manual or the **BLUE Sheet** equipment instructions:

- |                           |                              |                          |
|---------------------------|------------------------------|--------------------------|
| ___ Apnea Monitor         | ___ Medication Instructions  | ___ Phototherapy         |
| ___ Bathroom              | ___ Nebulizer                | ___ Rails                |
| ___ Commode               | ___ Over Bed Table           | ___ Trapeze              |
| ___ CPAP / BiPAP          | ___ Oximeter                 | ___ Ventilator           |
| ___ Food Pump             | ___ Oxygen Concentrator      | ___ Walker, Wheeled      |
| ___ Home Care Bed         | ___ Oxygen Conserving Device | ___ Walker, Folding      |
| ___ Lift Chair            | ___ Oxygen Tanks             | ___ Wheelchair, Standard |
| ___ Low Air Loss Mattress | ___ P.O.V. (Scooter)         | ___ Other: _____         |
|                           | ___ Patient Lift             |                          |

## Delivery Checklist

The technician or therapist has verbally reviewed the following proper use of equipment with me including:

- Basic Purpose and Operating Instructions
- Safety Precautions
- Cleaning and Disinfection
- Troubleshooting
- Correct Use of Supplies/Accessories
- Back-up Equipment or Procedures
- Any Maintenance to be Performed by Customer
- Importance of Following Physician's Order
- Emergency Plan if Service is Interrupted
- **Equipment Functioning Properly at Time of Delivery**

All electrical equipment rented or purchased from Airway should be properly grounded per manufacturer's recommendations. It is the responsibility of the customer to assure that those electrical outlets in the home being used for medical equipment are grounded.

I am aware that I should call Airway Oxygen with any questions or problems I have related to my equipment and supplies, or the billing of such. The phone numbers for each location are listed in this booklet, and I understand the company provides emergency service 24 hours per day. I understand that I have a right to participate in decisions regarding my plan of care.

A representative from Airway has done an assessment of my home as it relates to the services provided. **Good communication and awareness of safety issues play an important part in my healthcare.** I understand I assume the responsibility to make changes needed to improve the safety of my environment, and have been informed of the importance of communicating safety concerns about my equipment or services by calling Airway Oxygen with those concerns. I will call Airway Oxygen immediately if I experience any injury while using the equipment.

Patient Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT NAME)

Patient/Caregiver Signature: \_\_\_\_\_ A.O. Rep. \_\_\_\_\_

Account #: \_\_\_\_\_

Customer Initials: \_\_\_\_\_

### Home Safety Assessment

- Customer pick-up
- Delivery other than home
- Environment is safe for use and applicable items below have been addressed:
  - Ungrounded outlets
  - Lack of functioning fire extinguishers
  - Lack of functioning smoke detectors
  - Smokers in residence
  - Narrow doorways
  - No phone service
  - Inadequate lighting
  - Other \_\_\_\_\_
  - Use of multiple extension cords
  - Loose uneven flooring or steps
  - Pests/dusty/dirty environment
  - Lack of adequate space for equipment
  - Throw rugs / torn carpet
  - Bed side rails (*DO NOT use for body positioning*)
  - Excessive clutter; pathways not clear

### Functional/Psychosocial Assessment

- No limitations noted that would affect use of equipment provided
- Able and willing caregiver available; or  No caregiver needed.

**AND/OR** Adaptations in teaching done to accomodate:

- Sight limitations
- Hearing limitations
- Speech limitations
- Knowledge/memory impairment
- Limited mobility
- Anxiety with service/equipment
- Reluctance to accept need for equipment
- Forgetful/disoriented
- Limited dexterity/weakness
- Language barrier

### Educational Assessment

- Able to do return demo
- Seems to comprehend info provided
- Comprehends reason for equipment
- Can repeat back prescription (*O-2, Neb., CPAP, Vent, etc.*)

### Equipment Assessment

**Advised regarding the following:**

- Wheelchair—wheel locks
- Bed—assistance if needed
- Commode—assistance if needed
- Wheeled Walkers—hand brakes
- Other \_\_\_\_\_

**Oxygen Use:**

- “No Smoking” signs provided
- Understands responsibility to follow physician’s order
- Understands risk of smoking with oxygen on/nearby
- Advised regarding trip hazard with tubing

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DETACH AT PERFORATION



## AIRWAY OXYGEN INC.

Home Medical, Respiratory & Rehabilitation Equipment  
Rental, Sales and Service

## *Be involved...*

*People like the comfort, familiarity and freedom that staying in their own home affords them. In a 2000 AARP nationwide survey of Americans 75 and older, 95 percent said they “strongly agree” that they want to stay in their home. Whether someone is recuperating from an illness or is experiencing increasing frailty, home-based care is still the first choice for most individuals.*

*Homecare is a vital part of the health care system, and Airway Oxygen plays a vital role. Supplying individuals with home medical equipment helps the individual participate in home-based care. Everyone plays a part in making health care safe and effective—family members, caregivers, physicians, healthcare professionals and equipment suppliers. YOU play an important role in your care also.*

## *Your participation...*

*You play an important role in your care. Your participation in planning your care is important. We appreciate and encourage your input regarding the equipment and supplies provided to you. If what we have provided to you does not meet your needs or expectations, we want to know!*

*We want to make sure that you use any medical equipment or supplies safely. Should you ever experience any injury using equipment provided to you, we ask that you call your local Airway Oxygen. We will follow up with any safety concerns you may have.*

## YOUR DELIVERY DAY IS:

Airway Oxygen will deliver **emergency** supplies and equipment 24 hours a day, 7 days a week. However, we ask your help in keeping costs down by planning on routine deliveries on the day noted above.



# AIRWAY OXYGEN INC.

[www.airwayoxygeninc.com](http://www.airwayoxygeninc.com)

All locations are open Monday – Friday, 8:00 AM – 5:00 PM.  
Locations with varying hours are identified below.

### BENTON HARBOR

1126 E. Napier Ave.  
Benton Harbor, MI 49022  
269-927-6115  
888-676-5153  
269-927-6168 [Fax]

### CADILLAC

Open Saturday  
8:30 AM – 12:30 PM  
1908 N. Mitchell  
Cadillac, MI 49601  
231-775-2443  
800-828-6160  
231-775-6251 [Fax]

### COLDWATER

49 West Chicago St.  
Coldwater, MI 49036  
517-279-1415  
866-684-1444  
517-279-1518 [Fax]

### FREMONT

1045 W. Main  
Fremont, MI 49412  
231-924-2223  
231-924-4852 [Fax]

### FORT WAYNE

3730 Metro Drive N  
Fort Wayne, IN 46808  
260-482-9875  
877-346-9875  
260-483-5268 [Fax]

### GRAND RAPIDS

2935 Madison SE  
Grand Rapids, MI 49548  
616-452-5161  
616-452-7404 [Fax]

### GRAND RAPIDS

5150 Plainfield NE  
Grand Rapids, MI 49525  
616-364-4044  
800-638-2122  
616-364-4047 [Fax]

### GRAND RAPIDS

Open Saturday  
8:30 AM – 12:00 PM  
2955 Clydon Ave. SW  
Wyoming, MI 49519  
616-247-3900  
800-632-0730  
616-243-9932 [Fax]

### HASTINGS

1450 West M-43  
Hastings, MI 49058  
269-945-6267  
866-790-6267  
269-945-3728 [Fax]

### HOLLAND

831 Washington Ave.  
Holland, MI 49423  
616-396-5117  
800-284-5882  
616-396-6843 [Fax]

### KALAMAZOO

3789 Park Circle Dr.  
MidLink Business Park  
Kalamazoo, MI 49048  
269-372-2444  
800-700-4022  
269-372-9868 [Fax]

### LANSING

1035 Mak Tech Dr.  
Lansing, MI 48906  
517-322-2818  
800-365-1006  
517-322-2865 [Fax]

### MT. PLEASANT

2895 S. Isabella Rd.  
Mt. Pleasant, MI 48858  
989-772-9885  
866-772-9885  
989-772-9890 [Fax]

### MUSKEGON

850 Harvey St.  
Muskegon, MI 49442  
231-767-9825  
877-570-2270  
231-767-9957 [Fax]

### PETOSKEY

330 West Mitchell  
Petoskey, MI 49770  
231-348-8343  
866-402-2679  
231-348-8367 [Fax]

### SAGINAW

3940 E. Washington Rd.  
Saginaw, MI 48601  
989-753-8357  
866-940-8357  
989-753-9182 [Fax]

### SPRINGFIELD

2535 5th Avenue  
Springfield, MI 49037  
269-962-9541  
800-445-5820  
269-962-9650 [Fax]

### TRAVERSE CITY

1364 Trade Centre Dr.  
Traverse City, MI 49696  
231-932-0399  
888-596-8511  
231-932-0453 [Fax]

