Industry pressures and extreme Medicare reimbursement cuts are forcing hundreds of respiratory providers out of business. It is anticipated that an increasing number of patients will be left without access to care. As this crisis accelerates, Rotech stands ready to assist patients with cost-effective, quality home respiratory and medical equipment. That’s the Rotech Advantage!
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>1</td>
</tr>
<tr>
<td>Objective, Purpose, Vision &amp; Mission</td>
<td>1</td>
</tr>
<tr>
<td>Compliance Commitment</td>
<td>2</td>
</tr>
<tr>
<td>Service, Delivery &amp; Warranty Policies</td>
<td>2</td>
</tr>
<tr>
<td>Financial, Billing &amp; Payment Policies</td>
<td>3</td>
</tr>
<tr>
<td>Medicare Supplier Standards</td>
<td>5</td>
</tr>
<tr>
<td>Medicare Capped Rental &amp; Inexpensive or Routinely Purchased Items</td>
<td>7</td>
</tr>
<tr>
<td>Patient Bill of Rights &amp; Responsibilities</td>
<td>7</td>
</tr>
<tr>
<td>Consent to Phone Calls, Messages &amp; Emails</td>
<td>8</td>
</tr>
<tr>
<td>State Required Notifications</td>
<td>9</td>
</tr>
<tr>
<td>Policy &amp; Consent to Receive Electronic Communications &amp; Notices</td>
<td>10</td>
</tr>
<tr>
<td>Fire Escape Planning</td>
<td>11</td>
</tr>
<tr>
<td>Advanced Directives</td>
<td>13</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>13</td>
</tr>
<tr>
<td>Preventing Falls at Home</td>
<td>14</td>
</tr>
<tr>
<td>Infection Control &amp; Prevention</td>
<td>15</td>
</tr>
<tr>
<td>Know Your Rights</td>
<td>15</td>
</tr>
<tr>
<td>Complaint Resolution</td>
<td>17</td>
</tr>
<tr>
<td>SleepWELL VIP Program for CPAP/BIPAP Supplies</td>
<td>18</td>
</tr>
<tr>
<td>PAP Device Modem &amp; Patient Responsibility</td>
<td>19</td>
</tr>
<tr>
<td>Notice to Positive Airway Pressure Device (PAP) Patients</td>
<td>19</td>
</tr>
<tr>
<td>Travel Program</td>
<td>20</td>
</tr>
<tr>
<td>Oxygen Cylinder Delivery Policy</td>
<td>20</td>
</tr>
<tr>
<td>Notice of Privacy Practices</td>
<td>21</td>
</tr>
<tr>
<td>Perception of Care Survey</td>
<td>28</td>
</tr>
<tr>
<td>Terms of Agreement Between Patient &amp; The Company</td>
<td>30</td>
</tr>
<tr>
<td>Visit us online today at <a href="http://www.rotech.com">www.rotech.com</a></td>
<td>31</td>
</tr>
<tr>
<td>Notes</td>
<td>32</td>
</tr>
</tbody>
</table>
WELCOME!
WE CARE ABOUT PATIENT CARE!

Thank you for choosing our company to be your home medical equipment supplier. Please keep this booklet handy for reference.

We are dedicated to providing professional and comprehensive home care services to our patients. We accept only those patients whose home health needs can be met by the services we offer. We provide the latest quality home care products available, and we genuinely care about the patients we serve.

Our services include the following:

• Patient instruction and training.
• Clinical assessment and/or equipment maintenance visits, as ordered by your physician.
• Quality clinical, delivery and office staff to assist you.
• 24 hours, 7 days-a-week emergency service for rental equipment issues.
• Routine delivery and set-up when required or necessary.
• Your transition from a hospital to your home or from our service area to another area.
• Help with reimbursement and billing questions in relation to your insurance carrier requirements.

Objective, Purpose, Vision & Mission

Our OBJECTIVE is to continuously strive to provide the highest quality home health care equipment, supplies and services to the community and our patients.

Our PURPOSE is to assist patients with the proper selection of equipment or products to best meet their medical needs, as prescribed by their physician, while being mindful of our fiscal responsibility.

Our VISION, We Care About Patient Care, focuses on service that adds value to the customer.

• We are a team and need to operate as a team every day in every location.
• We are a care giving organization devoted to clinical and service excellence.
• Patients are our ultimate customers, those whom we serve every day across all of our communities.

Our MISSION is to become the industry’s leader in patient service and ease of doing business through providing home respiratory care and durable medical equipment and services to patients.

• To our patients, our mission is to make their lives better.
• To our referral sources, our mission is to make their lives easier.
• To our employees, our mission is making all the difference.
Compliance Commitment

Rotech is committed to complying with all federal, state and local statutes and regulations. If you have questions or concerns regarding any of our activities, please contact our office at the phone number listed on the front of this booklet.

Service, Repair & Warranty Policies

Business Hours
Hours of operation for most Rotech Locations are Monday - Friday, 9:00AM to 12:00PM and 12:30PM to 4:00PM. Some Locations may have extended hours of operation to comply with specific payer contracts. Hours of operation are posted at the entrance of all Rotech Locations. We offer 24-hour emergency service for rental equipment-related emergencies after business hours, including weekends and holidays.

Rental Equipment
Patients are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up. Service, parts and labor are provided free of charge on rental equipment (except in the case of misuse or abuse). If the rented equipment has been damaged through misuse or abuse, the maintenance and repair costs become the patient’s responsibility.

Equipment Warranties
Rotech honors all warranties under applicable state law and repairs or replaces Medicare-covered items under warranty, free of charge. Rotech provides a 14 month warranty, from the initial date of delivery, on all refurbished equipment purchases and rent-to-purchase equipment. Replacement equipment provided under warranty does not start warranty period over. Rotech will not replace equipment after the 14-month warranty period. Rotech does not coordinate repairs for patient-owned equipment after the warranty period has ended. Patient must purchase new equipment or arrange repairs through another supplier.

Returns
Merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by a sales receipt. To receive a refund the item must be new and in the original packaging. Refunds are subject to management discretion and are subject to a 15% restocking fee.

Oxygen (compressed gas or liquid), disposable supplies, diagnostic instruments, wheelchairs, undergarments or any items worn next to the skin, or any opened sterile or packaged goods WILL NOT be accepted for return, refund, or credit, unless the item is substandard or otherwise defective.

Rental equipment must be returned if there is a loss of insurance and failure to make rental payments.
Financial, Billing & Payment Policies

- Financial, billing and payment policies do not apply to patients receiving equipment under a contract between the Veteran’s Administration and Rotech.
- You will receive a monthly statement for charges due on your account. Payment is due upon receipt.
- You will be charged a monthly late payment fee of 18% for all balances greater than 60 days past due. Continued failure to pay the patient responsibility portion of your bill will result in pick up of our rental equipment.
- You must provide all insurance information necessary to file your claim and notify us promptly of any changes or loss of insurance coverage during your service period.
- You must pay all deductibles, co-payments and the balance remaining after secondary insurance is filed.
- We do not guarantee coverage or payment of insurance claims.
- Assignment of benefits to a third-party does not relieve your obligation to ensure full payment.
- We do not offer billing of tertiary payers, but will provide the information you need to submit the claim.
- You will be required to provide a debit card, credit card or checking account information to secure your delivery and sign an authorization form indicating your form of payment will be charged the remaining balance after your insurance pays.
- A minimum of one-month will be billed on all equipment rentals.
- Rental charges will be assessed until we are notified to pick-up the equipment.
- You are responsible to pay any incidental charges for operation of the equipment (such as electricity).
- Failure to pay your bill may result in your account being sent to a collection agency or lawyer. You understand that you will pay lawyer fees that are within reason, court costs and fees from the collection agency. These could also include lawyer fees of the collection agency or court. You agree to give up your right to trial by jury if this happens.

Medicare
- We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and the beneficiary 20% payment and any deductible. We offer electronic claims transmission for billing non-assigned orders.
- You will be notified if Medicare denies payment. If you keep the equipment, payment will become your responsibility and you may be subject to legal action as stated above.
- If Medicare assignment is accepted, at no time will the charges on those items be more than the yearly deductible plus the 20% Medicare does not pay. In many cases, the deductible amount and the 20% is paid by other insurance. This does not include any late payment fees or restocking fees not statutorily covered by Medicare.
- We will pursue the appeal process on Medicare claims that are denied. This will be done on non-assigned claims only if you so request.
- We will notify you if your claim(s) are chosen for audit. In the event of an audit denial, all claims will become your responsibility.

Medicaid
We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification.

Private Insurance
We may bill private insurance carriers upon verification and approval of coverage status and medical justification.
Managed Care
We will provide equipment upon approval and authorization from your managed care representative.

Payments
We accept credit cards, money orders or checks. No cash accepted.

Online Payments, Automatic Payments & Electronic Statements
Rotech offers a quick and easy way to pay your bill, setup automatic payments, track your payments and receive electronic billing statements online. Simply visit www.rotech.com to access our payment portal.

Patient Insurance:
Rotech accepts your health insurance and files reimbursement claims for authorized equipment and supply charges. It is your responsibility to assist, as needed, to ensure we have everything required to bill your insurance provider. Charges not covered and paid by your specified insurance provider(s) are your responsibility.

Account Changes:
Notify us immediately of any changes to your insurance coverage/status, physician or contact information such as your address or phone numbers.

Amount Due at Initial Setup:
Charges not covered by your insurance provider are due at the time of initial setup and include patient responsibility amounts such as coinsurance, deductibles and other charges deemed your responsibility by your insurance provider. This amount is often an estimate, and you will receive a statement for any additional balance due after your claims process.

Additional Fees for Non-covered Services

Backup Oxygen Systems
We provide a backup oxygen system for emergency use only to patients who are prescribed an oxygen concentrator, but not a portable system. The backup system should only be used in the event of equipment malfunction or power outages. You must notify our office for a replacement if you have used your backup system. Non-emergency use of a backup system may result in a $30 per cylinder replacement fee, which is not covered by your insurance company.

Missed Appointments
We understand there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. If you need to cancel your appointment for any reason, you must give us at least 24 hours notice to avoid a $30 cancellation/no-show fee, which is not covered by your insurance company.

• The patient or their designated responsible party must be at the delivery address for scheduled deliveries.
• Drivers are not permitted to go off-route to attempt to redeliver. If you miss a scheduled appointment, you will be required to come to our local office to pickup any supplies needed prior to the next scheduled delivery day.

Equipment Damage or Loss Due to Negligence or Abuse
You are responsible to pay Rotech’s full retail price for damaged, lost or stolen equipment, including damage from exposure to cigarette smoke or bug infestation. Failure to pay may result in legal action and as stated previously in this Patient Booklet, you may be liable not only for the cost of the equipment but also associated fees, including by not limited to attorney’s fees and court costs.

For questions about our financial, billing and payment policies, contact our Patient Accounts Department (866) 418-2772 or email to customerservice@rotech.com.
Medicare Supplier Standards

1. A supplier must be in compliance with all applicable Federal and State license and regulatory requirements and cannot contract with an individual or entity to provide licensed services.

2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.

3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.

4. 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 health care programs or from any other Federal procurement or non-procurement programs.

5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.

6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.

7. A supplier must maintain a physical facility on an appropriate site. 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.

8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier’s compliance with these standards.

9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.

10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier’s place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.

11. A supplier 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 physician’s oral order unless an exception applies.

12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.

13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.

14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.

15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.

17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.

18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.

19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.

20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.

21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.

22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).

23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.

24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.

25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.

26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).

27. A supplier must obtain oxygen from a state-licensed oxygen supplier.

28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).

29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.

30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.
Medicare & Other Payers that Follow Capped Rental & Inexpensive or Routinely Purchased Items

Capped Rental Items:
Medicare and other payers that follow Medicare guidelines pay a monthly rental fee for a period not to exceed 13 months (Medicare) or for a period not to exceed payer guidelines of a number of months or payment amount (for other payers), after which ownership of the equipment is transferred to the beneficiary. After ownership of the equipment is transferred to the beneficiary, it is their responsibility to arrange for any required equipment service or repair directly with the manufacturer.

- Hospital beds
- Wheelchairs
- Alt Pressure Pads
- Air-fluidized Beds
- Nebulizers
- Suction Pumps
- Positive Airway Pressure Device
- Patient Lifts
- Trapeze Bars

Inexpensive or Routinely Purchased Items:
Equipment can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.

- Canes
- Walkers
- Crutches
- Commode Chairs
- Blood Glucose Monitors
- Seat Lift Mechanisms
- Pneumatic Compressors
- Bed Side Rails
- Traction Equipment

Patient Rights & Responsibilities

Patient Rights:
- To receive considerate and respectful service.
- To obtain service without regard to race, creed, national origin, sex, age, disability, illness or religious affiliation.
- To confidentiality of all information pertaining to your medical care and service.
- To a timely response to your request for service and to expect continuity of services.
- To select the home medical equipment supplier of your choice.
- To make informed decisions regarding your care planning.
- To be told what service will be provided in your home, how often and by whom.
- To agree to or refuse any part of the plan of service or plan of care.
- To an explanation of charges including policy for payment.
- To voice grievances without fear of termination of service or other reprisals.
- To have your wishes honored as they apply to advance directives you have formulated.
- To have your pain assessed as it relates to the services provided.
- To have your communication needs met.
Patient Responsibilities:

- Ask questions about any part of the plan of service or plan of care that you do not understand.
- Protect the equipment from fire, water, theft or other damage while it is in your possession.
- Make sure any sources of ignition including smoking materials, matches, candles, fireplaces, gas ovens, burners or heaters are kept more than 15 feet away from any oxygen or oxygen equipment.
- Use the equipment for the purpose for which it was prescribed, following instructions provided for use, handling, care, safety, and cleaning.
- Supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered, including deductibles and co-payments. You are responsible for settlement in full of your account.
- Be at home for scheduled visits or notify us to make other arrangements.
- Notify us immediately of:
  - Equipment failure, damage, or need of supplies
  - Any change in your prescription or physician
  - Any change or loss in insurance coverage
  - Any change in address or telephone number, whether permanent or temporary
  - Any discontinued equipment or services
- Be respectful of the property owned by our company and considerate of our personnel.
- Contact us if you acquire an infectious disease during the time we provide service.
- Pay all deductibles and co-payments required by your insurance plan timely.
- Return rental equipment if there is a loss of insurance coverage and failure to make payments.

Consent to Phone Calls, Messages & Emails

You give permission to Rotech Healthcare Inc. to call you about your bill. You know that Rotech Healthcare Inc. may also have others call you on their behalf, (successors, assigns, servicer and collection agencies). You understand Rotech Healthcare Inc. and others (successors, assigns, servicer, and collection agencies) will call any telephone number including a cell phone number. You know some phone calls may be automated. You give permission for Rotech Healthcare Inc. and others (successors, assigns, servicer, and collection agencies) to leave messages. The messages may be pre-recorded. The callers may leave the name of the company who is making the call. You give Rotech Healthcare Inc. and others (successors, assigns, servicer, and collection agencies) permission to contact you by email about your bill. They can use any email address you provide to Rotech Healthcare Inc.
State Required Notifications

Maryland: Office of Health Care Quality
In accordance with State regulations, the State of Maryland has established a Residential Service Hotline: **(800) 492-6005**
The purpose of the Residential Service Agency Hotline is to:
- Receive complaints about local residential service agencies.
- Receive questions about local residential service agencies.
- Lodge complaints concerning the implementation of advance directives.
The hotline is available 24 hours per day, 7 days per week (all voice mail messages are returned by the next business day).

North Carolina: Department of Health
The North Carolina Department of Health and Human Services has an information and referral help line available 24 hours a day, 7 days a week, to assist North Carolina families find the resources and services they need.

**(800) 624-3004**
Information and Referral Specialists are available to answer questions and make appropriate referrals to persons seeking assistance or information on available human service programs. Such programs include:
- Veteran Services
- Emergency Assistance
- Food and Nutrition Services
- Medical and Prescription Assistance
- Mental Health
- Substance Abuse
- Developmental Disabilities
- Adult and Aging Services
- Medicaid and Public Health
- Child Support
- Stroke Information and Resources

Questions or concerns may also be emailed to care.line@dhhs.nc.gov
There is also a Complaint Intake Unit is available to receive complaints regarding the care and services provided to patients/residents/consumers by healthcare facilities/agencies/homes licensed by the Division of Health Service Regulation.
Phone: Complaint Hotline (800) 624-3004 (within N.C.) or (919) 855-4500
Fax: (919) 715-7724
Mail: Complaint Intake Unit 2711 Mail Service Center Raleigh, NC 27699-2711
Policy & Consent to Receive Electronic Communications & Notices

This policy describes how Rotech delivers communications to you electronically. We may amend this policy at any time by posting a revised version on our website www.rotech.com.

Electronic Delivery of Communications
You agree and consent to receive all communications, agreements, documents, notices and disclosures (collectively, “Communications”), electronically that we provide in connection with your Rotech account (“Account”) and your use of our services and include:

- Agreements and policies you agree to (e.g., the Terms of Use Agreement, Notice of Privacy Practices, and the Website Privacy Policy), including updates to these agreements, notices or policies
- Transaction receipts or confirmations
- Account statements and history.

We will provide these Communications to you by posting them on the Rotech website and/or by emailing them to you at the primary email address listed in your Rotech profile. To access and retain electronic Communications, you need:

- A computer with an Internet connection.
- A current web browser that includes 128-bit encryption (e.g. Internet Explorer version 6.0 and above, Firefox version 2.0 and above, Chrome version 3.0 and above, or Safari 3.0 and above) with cookies enabled.
- Adobe Acrobat Reader version 8.0 and above to open documents in .pdf format.
- A valid email address (your primary email address on file with Rotech).
- Sufficient storage space to save past Communications or an installed printer to print them.

We will notify you if there are any material changes to the hardware or software needed to receive electronic Communications from Rotech. By giving your consent you are confirming that you have access to the necessary equipment and are able to receive, open, and print or download a copy of any Communications for your records. You may print or save a copy of these Communications for your records as they may not be accessible online at a later date.

Consent Withdrawal
You may withdraw your consent to receive electronic Communications by writing to: Rotech Healthcare Inc., Attn: Patient Accounts Department 6830 New Tampa Highway, Suite 300, Lakeland, Florida 33815.

Request Paper Copy of Electronic Communication
You may request a copy of a previous communication sent to you within 180 days of the date we provided the communication to you by contacting us as described above. To receive paper copies you must have a current street address on file as your “Home” address in your Rotech profile. Rotech may charge you a records request fee for each Communication.

Updating Contact Information
You may update your primary email address or street address at any time by calling your servicing location. If your email address becomes invalid such that electronic Communications sent to you by Rotech are returned, we may deem your Account inactive, and you will not be able to transact any activity using your Account until we receive a valid, working primary email address from you.

Rotech will never sell, share or publish your email address.
Fire Escape Planning

More Than 4,000 Americans Die Each Year In Fires And 20,000 Are Injured
Deaths resulting from failed emergency escapes are particularly avoidable. The U. S. Fire Administration (USFA), a part of the U. S. Department of Homeland Security, believes that having a sound escape plan will greatly reduce fire deaths and protect you and your family’s safety if a fire occurs.

Have a Sound Fire Escape Plan
In the event of a fire, remember, TIME is the biggest enemy and every second counts! Escape plans help you get out of your home quickly. In less than 30 seconds a small flame can get completely out of control and turn into a major fire. It only takes minutes for a house to fill with thick black smoke and become engulfed in flames. Fire can quickly spread to neighboring residences and buildings, putting others at risk.

Practice Escaping From Every Room In The Home
Practice escape plans every month. The best plans have two ways to get out of each room. If the primary way is blocked by fire or smoke, you will need a second way out. A secondary route might be a window onto an adjacent roof or a collapsible ladder - evaluated by a nationally recognized laboratory such as Underwriters Laboratories (UL) - for escape from upper story windows. Make sure windows are not stuck, screens can be taken out quickly and security bars can be properly opened. Also, practice feeling your way out of the house in the dark or with your eyes closed.

Security Bars Require Special Precautions
Security bars may help to keep your family safe from intruders, but they can also trap you in a deadly fire! Windows and doors with security bars must have quick release devices to allow them to be opened immediately in an emergency. Make sure everyone in the family understands and practices how to properly operate and open locked or barred doors and windows.

Immediately Leave The Home
When a fire occurs, do not waste any time saving property. Take the safest exit route, but if you must escape through smoke, remember to crawl low, under the smoke and keep your mouth covered. The smoke contains toxic gases which can disorient you or, at worst, overcome you.

Never Open Doors That Are Hot To The Touch
When you come to a closed door, use the back of your hand to feel the top of the door, the doorknob, and the crack between the door and door frame to make sure that fire is not on the other side. If it feels hot, use your secondary escape route. Even if the door feels cool, open it carefully. Brace your shoulder against the door and open it slowly. If heat and smoke come in, slam the door and make sure it is securely closed, then use your alternate escape route.

Designate A Meeting Place Outside And Take Attendance
Designate a meeting location away from the home, but not necessarily across the street. For example, meet under a specific tree or at the end of the driveway or front sidewalk to make sure everyone has gotten out safely and no one will be hurt looking for someone who is already safe. Designate one person to go to a neighbor’s home to phone the fire department.

Once Out, Stay Out
Remember to escape first, then notify the fire department using the 911 system or proper local emergency number in your area. Never go back into a burning building for any reason. Teach children not to hide from
firefighters. If someone is missing, tell the firefighters. They are equipped to perform rescues safely.

Finally, having working smoke alarms installed on every level of your home dramatically increases your chances of survival. Smoke alarm batteries need to be tested every month and changed with new ones at least once a year. Also, consider replacing the entire smoke alarm every ten years, or as the manufacturer guidelines recommend.

CREATE A FIRE SAFETY PLAN

USE THE SPACE BELOW TO CREATE YOUR FIRE ESCAPE PLAN

- Draw a map of your home and include all windows and doors.
- Mark two ways out of every room.
- Mark all smoke alarms.
- Designate a meeting place outside of the home.
- Remember to practice your plan at least twice a year.
Advanced Directives

We recognize your right to participate in the formulation of decisions that may affect your care. This includes respecting and conforming to decisions you have made regarding the level of care you desire when confronted with a health or life-threatening situation. These decisions made by you in a legally appropriate manner, defined by the state in which you reside, referred to as ADVANCE DIRECTIVES.

Advance Directives (such as a Living Will, Durable Power of Attorney or Do Not Resuscitate order) give direction to your family and care providers regarding your wish to withhold extraordinary measures to revive you if a cardiac or respiratory emergency occurs.

If you have an Advance Directive, provide us a written copy of your directions. Unless directed otherwise by an Advance Directive, any staff member who encounters an unresponsive patient will call “911” to activate the emergency medical system. Employees of our company may not participate in the withdrawal of life support equipment. If you wish to execute an Advance Directive, inform your physician, attorney, caregiver and support system.

Inform us if your Advance Directive changes so we can update our records. Your decision regarding whether to execute an Advance Directive will never be a condition of providing care or a basis for discrimination for or against you as a patient.

Emergency Preparedness

In case of an emergency: Dial 9-1-1
- Stay calm and speak clearly.
- Listen carefully and verbally respond to the dispatchers questions.
- Stay calm and speak clearly.
- State your emergency.
- State your address
- STAY ON THE LINE.
- Do not hang up until the dispatcher tells you it is OK to do so.
- If you can, stay by the phone in case the dispatcher needs to call you back.

ARE YOU READY?
- Refill medications promptly to ensure you have an adequate supply on-hand.
- Have an emergency back-up source/supply for any medical equipment requiring electricity.
- Keep a list of emergency phone numbers available, including your medical equipment supplier.
- Have a family member or neighbor check on you if an emergency occurs.
- Determine an evacuation route and alternatives.
- Arrange for a friend or relative in another town to be a communication contact for the extended family.
- Listen to daily weather forecasts and be aware of changing conditions.
- Have a flashlight and extra batteries nearby for power outages.
- Keep extra blankets available in case the power goes out.
- Keep supply of bottled water on-hand.
Preventing Falls at Home

Make Your Home Safer
- Remove things you can trip over from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars installed next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Lamp shades or frosted bulbs can reduce glare.

Have handrails and lights installed on all staircases.
- Wear shoes that give good support and have thin non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.

Have Your Medications Reviewed
- Have your doctor or pharmacist review all medicines you take (including non-prescription items such as cold medicines). As you get older, the way some medicines work in your body can change.
- Some medicines (or combination of medicines) can make you drowsy or light-headed which can lead to a fall.

Begin A Regular Exercise Program
- Exercise is one of the most important ways to reduce your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination are the most helpful.
- Lack of exercise leads to weakness and increases your chances of falling.
- Ask your doctor or health care worker about the best type of exercise program for you.

Have Your Vision Checked
- Have your eyes checked by an eye doctor.
- You may be wearing the wrong glasses or have a condition such as glaucoma or cataracts limiting your vision.
- Poor vision can increase your chances of falling.
Infection Control & Prevention

IT’S IN YOUR HANDS

Contact with infected body fluids such as blood, urine, feces, mucous or the droplets sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Some infections are spread through items that have been contaminated by drainage from infected sores or discharges from the nose, mouth, eyes or genital/rectal area.

Controlling the spread of infections means interrupting the way illness travels from one person to another. Maintaining a clean environment helps to keep infections under control. Maintaining personal hygiene is important to your health.

Washing your hands prevents the spread of colds, influenza, strep and other illnesses.
1. Wet your hands with warm water.
2. Add soap and rub your hands to make a soapy lather.
3. Wash the front and back of your hands, between your fingers and under your nails. Count to 20 or sing “Happy Birthday” to yourself (it takes about 20 seconds).
4. Rinse well.
5. Dry hands with a clean paper towel.
6. Turn off faucet with a paper towel, if possible.
7. When hand washing is not possible use a 60% or greater alcohol-based hand gel.

You have rights and a role regarding your treatment and care. This brochure has questions and answers to help you learn about your rights and role as a patient. Knowing your rights and role can help you make better decisions about your care.

Know Your Rights

What are your rights?
- You have the right to be informed about the care you will receive.
- You have the right to get important information about your care in your preferred language.
- You have the right to get information in a manner that meets your needs, if you have vision, speech, hearing or mental impairments.
- You have the right to make decisions about your care.
- You have the right to refuse care.
- You have the right to know the names of the caregivers who treat you.
- You have the right to safe care.
- You have a right to have your pain addressed.
- You have the right to get a list of all your current medicines.
- You have the right to be listened to.
- You have the right to be treated with courtesy and respect.
- You have the right to have a personal representative, also called an advocate, with you during your care. Your advocate is a family member or friend of your choice.
- You have the right to care that is free from discrimination. You should not be treated differently because of age, religion, gender identity, ethnicity, physical or mental limitations, race, socioeconomic status, language, sexual orientation or culture.
- You have the right to know when something goes wrong with your care.
What is your role in your health care?
- You should be active in your health care because your choices will affect your care and treatment.
- You should ask questions.
- You should pay attention to instructions given to you by caregivers.
- You should share as much information as possible about your health with your caregivers. For example, give them a list of your medicines, vitamins, herbs and supplements. And remind them about your allergies.

What is the role of your advocate?
- Your advocate can be with you to provide support during your care.
- Your advocate can get information and ask questions when you cannot.
- Your advocate can remind you about instructions and help you make decisions.
- Your advocate can ask for help if you are not getting the care you need.
- Find out if there is a form to fill out to name your advocate.
- Ask about your state’s laws regarding advocates.

Can your advocate make decisions for you?
Yes, if they are your legal guardian or if you signed a legal document giving them the power to make decisions for you. This document may be called a health care power of attorney.

Can other people find out about your disease or condition?
Health care providers must keep some details about your health private. You can sign a form if you want health care providers to share information with others.

What is “informed consent?”
Informed consent means that you understand your treatment choices and their risks. Your caregivers should help you understand the treatment choices and risks, and what will happen if you are not treated. Informed consent is required if you are asked to try any experimental treatment.

Can the organization take pictures or videos of you?
Yes. They can take pictures, videos, or other images and recordings to be used for your care or treatment, or to identify you. The staff must ask your permission to use the images or recordings for any other purpose.

What happens if something goes wrong during treatment or with my care?
If something goes wrong, you have the right to an honest explanation and an apology. These should be made in a reasonable amount of time.

How do you file a complaint?
- Contact the state agency that licenses or certifies the health care facility.
- Call the health care facility or health system so that they can correct the problem.
- Contact The Joint Commission with complaints about our accredited organizations. You can fill out a complaint form at www.jointcommission.org/report_a_complaint.aspx.

RESOURCES:
Agency for Healthcare Research & Quality  www.ahrq.gov
- “Questions Are The Answer” campaign
- “20 Tips to Help Prevent Medical Errors”
Complaint Resolution

Rotech has a comprehensive complaint resolution process to help resolve issues in a quick and effective manner. Your candid feedback helps us continually improve our service to patients.

We genuinely strive to provide the highest quality health care services to our patients. When you have a concern that does not need to be addressed immediately, you may speak to the person delivering your equipment at the next visit. If you do not want to wait to speak to the delivery person or if the issue involves our employee, call your service location and speak with the manager.

If your issue cannot be resolved locally, contact:

Complaint Hotline (866) 882-4675 or by email to: corporate@rotech.com

If you wish to contact us in writing, send your correspondence:

Mailing Address:
Rotech Healthcare Inc.
Attn: Compliance Department - Patient Complaints
3600 Vineland Road, Suite 114
Orlando, Florida 32811

For questions or inquiries about your account or billing statement, contact:

Patient Accounts Department (866) 418-2772

Please have the following information available when you call or include with your written correspondence:

- Patient Name
- Account Number (found on Rotech billing statement)
- Name of local Rotech facility (including city/state) that provides your equipment
With the delivery of a positive airway pressure (PAP) device, you are enrolled in our PAP Resupply Program through Sleep Central, a Rotech company. Sleep Central will mail your medically necessary supplies, ordered by your physician, to safely maintain your equipment consistent with your insurance coverage guidelines.

As your equipment provider, Sleep Central is committed to helping you get the most out of your sleep therapy for a better night’s sleep and improving your quality of life. As an enrolled member of our SleepWELL VIP Program, you will receive the following special benefits:

- Replacement supplies automatically mailed to your home.
- Free shipping.
- Preferred appointment times for our regular CPAP setup clinics
- Our SleepWELL patient newsletter emailed to you
- 24-hour on call Sleep Central staff to answer questions, including a full time Respiratory Therapist
- Preferred service when you travel, from any of our hundreds of locations nationwide
- Exclusive SleepWELL VIP phone line access when you need support
- SleepWELL VIP Membership Card – so you’ll always have your information with you!
- VIP benefits start immediately; replacement supplies will be sent directly to your home when they are due.

► Some insurance carriers require us to contact you by phone prior to shipping your supplies. This call may be from a company representative or from a prerecorded message using an automatic telephone dialing system (ATDS).

► Participation in our PAP Resupply Program is voluntary. You may choose to discontinue membership at any time, with a 30-day notice in advance of your next shipment, by contacting Sleep Central at help@sleepcentral.com.

- Sleep Central Customer Service Representatives are always available by phone to answer questions about your PAP supplies (800) 288-1853 or by email to help@sleepcentral.com.
- Submit your order for supplies online at www.rotech.com or email help@sleepcentral.com

<table>
<thead>
<tr>
<th>Masks</th>
<th>Mask Cushions</th>
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<tr>
<td>Full-Face Mask (1 every 3 months)</td>
<td>Full Face Cushion (1 every month)</td>
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<td>Nasal Mask (1 every 3 months)</td>
<td>Nasal Cushion (2 every month)</td>
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<td>Nasal Pillow Mask (1 every 3 months)</td>
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<td>Chin Strap (1 every 6 months)</td>
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<td>Tubing (1 every 3 months)</td>
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Positive Airway Pressure Device (PAP) (CPAP/BIPAP/RAD)

If you are covered by Medicare, a Medicare HMO or if your insurance follows Medicare guidelines, the following applies to you:

For your insurance to continue to pay for your PAP device after the first three months of use, you are required to return to your physician for an evaluation to document you are benefiting from therapy.

CPAP/BIPAP (evaluation required between 31st and 91st day after therapy begins)
Between _________________ and ________________.

Respiratory Assist Device (RAD): (evaluation required between 61st and 91st day after therapy begins)
Between _________________ and ________________.

In order to help your physician with this evaluation, we will provide a download from your PAP device, which has recorded your usage since the day you received the device. For your physician to determine you are benefiting from therapy, you must have used your PAP device more than an average of 4 hours per night for at least 21 of 30 consecutive nights.

We suggest you immediately contact your physician to make an appointment for this required follow up visit. If you do not see your physician for this required evaluation by the 91st day, we will be unable to bill your insurance company. If you fail to meet your insurance coverage criteria and do not return our equipment by the 120th day, you will be responsible to pay the full retail amount which will be charged to your credit card.

Our goal is to ensure you are fully informed about your insurance coverage related to your PAP device. Please let us know if you need assistance with scheduling the evaluation with your physician.

PAP Device Modem Responsibility

Per your insurance provider guidelines, you are required to meet specific usage standards on your CPAP/BIPAP Device. We have assigned a wireless or wired modem to your CPAP/BIPAP Device to remotely communicate to us the CPAP/BIPAP Device usage data required by your insurance provider. We will contact you at regular intervals within the first 90 days of using your CPAP/BIPAP Device in order to review your modem-communicated usage data with you and to assist you in receiving optimum benefit from your CPAP/BIPAP Device therapy.

Once your insurance provider’s usage standards have been met, we will contact you to request return of the modem attached to your CPAP/BIPAP Device. At the time of this request, you will also be provided with instructions for proper detachment of the modem from the CPAP/BIPAP Device to facilitate return of the modem. You will have 30 calendar days from the date of this request to detach the modem and return it to us. If the modem is not returned within 30 calendar days from the date of the request, your account will be billed the purchase amount of $110.25 for the modem.
Travel Program for Oxygen Patients

Rotech is pleased to be able to offer short-term rental (less than 30 days) of a portable oxygen concentrator for oxygen patients with travel needs. In order to qualify for our travel program, patients must:

• Pay any past due balances in full.
• Provide notification at least 7 days prior to the travel start date.
• Pay rental fees upfront with a credit card at the time of the travel request.
• Pick up and return short-term rental POC to this Location.

Special Note:
- Stationary concentrator, cylinders and liquid oxygen are not available for travel.
- Short-term POCs not returned within 3 days of scheduled travel end date will result in the full replacement cost of the POC and all accessories charged to the credit card on file.
- Rotech’s Travel Program does not apply to VA patients.

Call us at least 7 days prior to your scheduled travel in order to learn more about our travel program and reserve a portable oxygen concentrator.

Oxygen Cylinder Delivery Policy

Rotech is committed to providing oxygen cylinders in an amount to meet the patients need. Failure to use the stationary oxygen concentrator, per the physician’s prescription does not constitute “need”.

• Patients are expected to make insurance co-pay and deductible payments prior to, or at the time of delivery as required by their insurance carrier.
• Most deliveries are scheduled every 90-days with a maximum number of deliveries of once per month.
• Patients or their responsible party are expected to be home to receive a scheduled delivery.
  ✴ If no one is present to receive a delivery, the driver will return on the next scheduled delivery date.
  ✴ If additional tanks are needed before the next scheduled delivery, the patient may come to the Location and exchange empty cylinders for full cylinders (one full cylinder for each empty cylinder returned).

Special Note:
- Oxygen cylinder delivery policy does not apply to VA patients.
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, contact: Rotech Healthcare Inc., Corporate Compliance at (407) 822-4600.

PURPOSE OF THIS NOTICE

This notice describes the ways in which we may use and disclose medical information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

OUR LEGAL REQUIREMENTS

The law requires us to make sure medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; obtain acknowledgment of receipt of this notice from you; follow the terms of the notice that currently are in effect; change the notice only in accordance with federal rules; and provide our internal complaint process for privacy issues to you.

WHO WILL FOLLOW OUR PRIVACY PRACTICES

This notice describes Rotech’s practices and that of all Rotech employees, staff and other Rotech personnel; all Rotech entities that have common ownership and/or control. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services that we provide to you. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care we generate. This notice also applies to other health information about you, such as information collected with your authorization during research studies. Your personal doctor and other entities providing products or services to you may have different policies or notices regarding their use and disclosure of your medical information.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Right to Inspect and Copy.
You have the right to inspect, request a summary and obtain a copy of your medical information about you or your care. To inspect and obtain a copy of medical information about you or your care, you must submit your request in writing to: Rotech’s Privacy Officer, Attn: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. In order to obtain the request form, call Rotech’s Privacy Officer, Compliance Department, at 877.603.7840. If you request a physical copy of the information, we may charge a fee for the costs of copying, mailing, and office supplies associated with your request. If you request an electronic copy of your medical information, our fee will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation), the costs of the electronic media (such as a CD or zip drive),
Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to: Rotech’s Privacy Officer, Attn: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for us; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This accounting is a list of the disclosures we made of medical information about you. This list will not include disclosures made for treatment, payment or Rotech’s health care operations, disclosures that you have previously authorized us to make or other disclosures specifically exempted from the disclosure accounting requirements by the federal. To request this list or accounting of disclosures, you must submit your request in writing to: Rotech’s Privacy Officer, Attn: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. Your request must state a time-frame, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, such as on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request unless the disclosure is to a health plan for a payment or health care operation purpose and the medical information relates solely to a health care item or service for which we have been paid out-of-pocket in full. If we do agree, we will comply with your request unless the information necessary to provide you emergency treatment. To request restrictions, you must make your request in writing to: Rotech’s Privacy Officer, Attention: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to: Rotech’s Privacy Officer, Attention: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. We will not ask you the reason for your
request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice**
You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to receive a paper copy. You may obtain a copy of this notice at our website, www.rotech.com. For a paper copy of this notice, submit a request in writing to: Rotech’s Privacy Officer, Attn: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811.

**Right to Notification of Breach of Medical Information**
You have the right to be notified following any breach of unsecured medical information that compromises the privacy of the information.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we are permitted to use and disclose medical information as a health care provider, although certain of these categories may not apply to our business and we may not actually use or disclose your medical information for such purposes. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in category will be listed. However, all of the ways we are permitted or required to use and disclose information will fall within one of the categories.

**For Treatment**
We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your physician, home health agency and/or respiratory therapist who are involved in taking care of you. *[For example, telephone contact for medication refills, mail contact for billing and collection purposes, etc.]* We also may disclose medical information about you to people who may be involved in your medical care after you have received our products and services, such as family members, clergy or others we use to provide services that are part of your care.

**For Payment**
We may use and disclose medical information about you so that the treatment and services we provide you may be billed to and payment may be collected from you, an insurance company or a third party. *[For example, we may need to give your health plan information about products and services we provided to you so your health plan will pay us or reimburse you for the products and services.]* We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations**
We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run our company and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
Delivery Reminders
We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.

Treatment Alternatives
We may use and disclose medical information to inform you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services
We may use and disclose medical information to inform you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care
We may release medical information about you to a friend or family member who is involved in your medical care or payment for such care. We may also notify your family member, personal representative or another person responsible for your medical care regarding your location, general condition or death. In addition, we may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research
Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will almost always ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

As Required by Law
We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety
We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Military and Veterans
If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation
We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities
We may disclose medical information about you for public health activities. These activities generally include the following:
• To prevent or control disease, injury or disability;
• To report births and deaths;
• To report child abuse or neglect;
• To report reactions to medications or problems with products;
• To notify people of recalls of products they may be using;
• To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
• To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities
We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings
If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement
We may release medical information if asked to do so by a law enforcement official:
• In response to a court order, subpoena, warrant, summons or similar process;
• To identify or locate a suspect, fugitive, material witness, or missing person;
• About the victim of a crime under certain circumstances;
• About a death we believe may be the result of criminal conduct;
• About criminal conduct occurring on our premises; and
• In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors
We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities
We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others
We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates
If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety
or the health and safety of others; or (3) for the safety and security of the correctional institution.

Organ and Tissue Donation
If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Sale of Business Assets
We reserve the right to transfer medical information about you to a third party in conjunction with the sale of our company or certain assets belonging to our company.

CHANGES TO THIS NOTICE
We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each Rotech location and on Rotech’s website at www.rotech.com. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS
If you believe your privacy rights have been violated you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to: Rotech’s Privacy Officer, Attention: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION
Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be a sale of medical information require your written authorization. If you provide us authorization to use or disclose medical information about you. You may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.
Perception of Care

Please take a moment to complete the survey below and return it to a company representative. Your feedback will help us improve our service to our customers.

Patient Name: ________________________________

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<thead>
<tr>
<th>ANSWER EACH QUESTION BELOW:</th>
<th>YES</th>
<th>NO</th>
<th>NOT APPLICABLE</th>
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<tbody>
<tr>
<td>Equipment setup at time scheduled</td>
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<tr>
<td>Equipment was clean and functional</td>
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<td>Correct equipment and supplies were provided</td>
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<td>Written instructions for equipment was provided</td>
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<td>Company representative was neatly dressed</td>
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<td>Verbal instructions received for equipment provided</td>
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<td>Company representative explained your financial responsibility (N/A VA)</td>
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<td>Do you feel safe using the equipment provided</td>
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<th>Overall satisfaction with our company</th>
<th>NOT APPLICABLE</th>
<th>1 EXTREMELY DISSATISFIED</th>
<th>2 SOMEWHAT SATISFIED</th>
<th>3 SATISFIED</th>
<th>4 VERY SATISFIED</th>
<th>5 EXTREMELY SATISFIED</th>
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</table>

Company Representative: ________________________________  Title: ______________________

Location #: ______________________________  Survey Administered:  □ Phone  □ During Setup  □ Patient
1. **Provision of Physician Prescribed Equipment/Services:**
   By signing the previous Acknowledgment and Authorization and/or Delivery Ticket, you authorize the Company to provide, at your physician’s direction, the equipment, supplies and/or services indicated. You agree the Company and its affiliates, agents or assigns shall not be liable for any acts or omissions related to equipment, supplies and/or services provided in accordance with your physician’s directions.

2. **Authorization and Assignment of Benefits:**
   You request payment of authorized healthcare benefits be made on your behalf directly to the Company or, if applicable, its parent company Rotech Healthcare Inc. (Rotech), for all of the equipment, supplies and/or services furnished to you. You authorize and assign directly to the Company or Rotech all payments and benefits otherwise payable or available to you, or to which you are otherwise entitled, under or pursuant to the terms of any government (e.g. Medicare, Medicaid, Medigap, VA, TRICARE), private, employer, group or other health insurance program or plan. You authorize photocopies of this agreement to be considered as valid as the original.

3. **Financial Responsibilities:**
   You are obligated to personally pay, in full, the difference between the amounts your government benefit or insurance coverage pays and what the Company can lawfully charge for the equipment, supplies and/or services furnished to you. In the event the Company notifies you that the Company’s claim for payment on your behalf was refused by a third party payer for any reason other than the Company’s failure to comply with any applicable law, regulation or insurance contract (including, but not limited to, your failure to qualify for the equipment, supplies, or service, lack of coverage by your insurance payer, or your failure to provide complete and accurate information needed to bill the payer), then you will submit full payment for the equipment, supplies or services to the Company upon receipt of a statement billing you for the same.
   a. **Medicare and Medicaid Beneficiaries/Deductibles and Co-payments:**
      If the Company is entitled to reimbursement for the equipment, supplies and/or services under the Medicare or Medicaid program, you acknowledge and agree that you are responsible for all deductibles and coinsurance amounts required by those programs. You further agree that you are obligated to make your deductible and/or coinsurance payment to the Company. The obligation will be deemed in default should you fail to remit payment.
   b. **Private Health Insurance/Deductibles and Co-payments:**
      Deductibles and coinsurance payments under private third party contracts generally will be due at or before furnishing of the equipment, supplies or services. In the event Company does not collect these payments up front, you agree that you will be obligated to make all such deductible or coinsurance payments upon receipt of a statement billing you for the same. The obligation will be deemed in default should you fail to remit payment.

4. **Other Responsibilities when Renting or Buying Medical Equipment:**
   a. All equipment rented under this Agreement shall remain the Company’s property. You will return rented equipment in the same condition it was in when you received it, subject to normal wear and tear. You understand that title to any equipment sold to you, if allowed by your insurance, does not pass until the Company has received payment in full.
   b. You will promptly notify the Company if your address changes or if you no longer need your rental equipment.
   c. You will also promptly notify the Company if you are admitted to a nursing home, hospital, or hospice facility.
   d. You agree to notify the Company immediately of any equipment malfunction or defect. The Company is not responsible for any damages or injuries which might have been prevented had you promptly notified the Company of a malfunction or defect.

5. **Disclaimer of Warranties/Limitation of Liabilities:**
   Except as stated in the Patient Information Booklet, the company makes no express or implied representations or warranties concerning the equipment or services provided and disclaims, without limitation, any implied warranty of merchantability or fitness for a particular purpose, to the extent allowed by applicable law. Moreover, the company shall not be responsible for any special, incidental, or consequential damages caused by the equipment or services, even if the company has knowledge of the possibility of such potential loss or damage.

6. **Contact with the Company**
   The company seeks to provide the best possible service to comply with its contractual obligations, federal and state laws and regulations. If you have concerns, questions or problems with the company’s billing practices or the equipment, supplies or services you are receiving, you can contact the company at the phone number provided to you, or the address in the Patient Information Booklet.
Visit us online today at www.rotech.com to:

Find a Rotech Location
• Click the map to find a Rotech company near you. We have locations nationwide.

Make Payments
• Paying your bill online is easy and convenient by accessing our secure, online payment portal.

Order CPAP/BIPAP Supplies
• We make it easy to routinely replace CPAP/BIPAP supplies for healthy, effective sleep therapy.

Respiratory Services
• A wealth of information geared toward helping you breathe better.

Home Medical Equipment
• Learn more about medical equipment we provide.

Physician Resources
• We offer many program and services for your physician, as we partner together striving to help you manage your healthcare in your home and reduce emergency room and hospital admissions

Patient Resources
• Information for you regarding insurance and online payments, and educational materials and tools. Additional resources, including instructional videos for learning more about home respiratory treatment and important booklets.