LUX
INFUSION

New Patient Packet

See infusion care in a new light

LUX INFUSION

Table of Contents

Section 1: Company Overview.....3

Section 2: Patient Rights & Responsibilities.....4

Section 3: Insurance Claims & Patient Assistance.....7

3A: Medicare Part D Prescription Drug Program.....8

Section 4: Delivery Service & Packaging Options.....9

Section 5: Infusion Therapy Overview.....11

Section 6: Plan of Care, Treatment, and Services.....12

Section 7: Storage and Handling of Medications and Solutions.....14

Section 8: General and Medical Waste.....15

Section 9: Equipment Warranty Information.....16

Section 10: Medicare DMEPOS Supplier Standards.....17

Section 11: Patient Satisfaction.....20

Section 12: Complaints & Grievances.....21

Section 13: Advance Directives.....23

Section 14: Infection Control Guidelines.....27

Section 15: Emergency Preparedness Safety, and Travel.....30

Section 16: Returned Goods Policy.....38

Section 17: Important Phone Numbers and Community Resources.....39

Frequently Asked Questions.....40

Health Care Advance Directives: The Patient's Right to Decide.....42

Emergency Planning: Special Needs Shelters.....45

Florida Residents: State and Local Resources.....46

Illinois Resident Supplement.....47

California Resources.....48

Notice of Privacy Practices (NPP).....60

Patient Agreement and Acknowledgment ("Agreement").....62

Marketing Authorization.....65

Section 1: Company Overview

LUX Infusion offers comprehensive nationwide specialty pharmacy services, home infusion, and digital health technology solutions for a range of chronic health conditions. We are bringing together the best and brightest in the industry to provide exceptional specialty pharmacy services. We are making a difference in the communities we serve, one patient at a time.

Our Commitment to Every Patient...
To provide individualized specialty pharmacy and infusion services that improve health and empower patients to live each day to its fullest.

Individualized Specialty Pharmacy Services

- Compassionate, understanding professionals experienced with specialty and infused medications
- Therapeutically focused "Centers of Excellence" centralizing clinical and administrative expertise enhancing service for patients and healthcare stakeholders
- Personalized, clinical care plans focused on improving health and minimizing side effects
- Comprehensive line of specialty, infusible, and injectable medications and access to Limited Distribution Drugs
- Convenient site of care coordination including home nursing, in-office, and ambulatory infusion services
- Advanced clinical software indicating therapeutic impact and efficacy of prescribed treatments
- Detailed clinical monitoring and tracking measuring adherence to prescribed therapies

Timely Access to Care

- Prompt authorization for therapies related to complex medical conditions
- Attentive, caring pharmacy and nursing professionals–available day or night
- Comprehensive insurance benefit coordination
- 24-Hour standard delivery; emergency shipments available

Focused Education and Support

- Administration training for infusible and injectable medications as needed
- Education and advocacy programs promoting therapy adherence and positive self-management
- Identification of financial assistance programs for co-pays and deductibles where applicable
- Community outreach and support

Section 2: Patient Rights & Responsibilities

As a specialty pharmacy, we have an obligation to explain your patient rights and responsibilities before treatment begins, during initial evaluation, and on an ongoing basis, and as needed. Your family or guardian may exercise these rights for you if you are unable to exercise them for yourself.

Patient Rights

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, in advance of care being provided, and their fiscal responsibility
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- You may refuse/opt out of our patient care services, including speaking to a pharmacist. Law requires that you speak to or call a pharmacist to refuse services. We must inform your prescriber. Your insurance company may also require us to inform them of your refusal
- Be informed of patient rights under state law to formulate an Advance Directive, if applicable. Have your wishes concerning end of life decisions addressed to have health care providers comply with your advance directives in accordance with state laws. You have the right to receive care without conditions or discrimination based on the execution of advance directives
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality; and to have cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex, or disability. If you feel that you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries or unknown source, and misappropriation of patient property. All verified violations will be reported to state/local bodies having authority (e.g. state survey agency or local law enforcement agency) and accreditation agencies within five (5) working days of becoming aware of the violation, unless state regulations are more stringent
- Voice grievances/complaints regarding treatment or care, lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information
- Be advised on pharmacy's policies and procedures regarding the disclosure of clinical record
- Choose a health care provider, including choosing a physician or other licensed practitioner with prescribing authority, if applicable

- Receive appropriate care without discrimination in accordance with a physician or other licensed practitioner with prescribing authority orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement

Patient Responsibilities

- Patient submits forms that are necessary to receive services
- Patient provides complete and accurate information to the best of your knowledge about your present complaints and past illness(es), hospitalizations, medications, allergies, and other matters relating to your health, along with contact information and any changes
- Patient notifies the treating provider of participation in the services provided by the pharmacy
- Patient maintains any equipment provided
- Patient notifies the pharmacy of any concerns about the care or services provided
- When the patient is unable to make medical or other decisions, the family/legal guardian/power of attorney designee will be consulted for direction
- Remain under a doctor's care while receiving medication/infusion therapy services
- Notify us of perceived risks or unexpected changes in your condition (e.g. hospitalization, changes in plan of care, changes in symptoms, homebound status or change in prescriber)
- Follow the plan of care and instructions and accept responsibility for the outcomes if you do not follow the care, treatment, or service plan
- Ask questions when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know
- Tell us if your visit or delivery schedule needs to be changed due to medical appointment, family emergencies, etc.
- Tell us if your Medicare or other insurance coverage changes
- Promptly meet your financial obligations and responsibilities agreed upon with our company
- Tell us if you have an advance directive or if you change your advance directive
- Tell us of any problems or dissatisfaction with the services provided
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, putting away weapons or not smoking) during visits from LUX Infusion employees or agencies providing services
- Follow instructions on the care, use and maintenance of equipment and return rental equipment in good condition
- Show respect and consideration for our staff

Patient Therapy Management

Upon enrollment in the Patient Management Program, every patient has additional rights and responsibilities related to the program. Below is a list of these rights:

- The right to know about philosophy and characteristics of the patient management program
- The right to have personal health information shared with the patient management program only in accordance with state and federal law
- The right to identify the program's staff members, including their job title and to speak with a staff member's supervisor, if requested
- The right to speak to a health professional
- The right to receive information about the patient management program
- The right to receive administrative information regarding changes in, or the termination of, the patient management program
- The right to decline participation, revoke consent, or disenroll at any point in time
- The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law
- The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information
- The responsibility to notify their treating provider of their participation in the patient management program, if applicable

Section 3: Insurance Claims & Patient Assistance

Your dedicated LUX Infusion Patient Support Specialist will help you with billing your insurance. Your dedicated LUX Infusion Reimbursement Specialist will bill your insurance provider for the therapy and services provided.

They will also support you during any benefits review. We are here for you, and it is our goal to help ease your burden of paying for your medication in the most efficient, easy, and least expensive way possible.

Reimbursement Help

Your dedicated Patient Support Specialist is here to assist you every step of the way. They will assist you in understanding what your out-of-pocket cost may be and how to get the most out of your specific insurance benefit. They accomplish this by:

- Coordinating benefits and insurance paperwork on behalf of you and your prescriber
- Working diligently to obtain prior authorizations for your newly prescribed medication
- Helping to identify options to help make your out-of-pocket costs as low as possible, such as manufacturer sponsored coupons as well as patient assistance programs
- Directing you to potential coverage alternatives to help bridge benefit gaps

Payment Options

Your dedicated Patient Support Specialist will work diligently to minimize your out-of-pocket expense. Unfortunately, sometimes there may be uncovered portions remaining. Therefore, we offer three easy and convenient ways to pay:

- **Credit Card:** It is fast and easy to use your credit card when paying your copay or co-insurance portion.
- **Personal Check/Money Order:** Make checks or money orders payable to LUX Infusion.
- **Flexible Spending Account:** Arrange for payment to be made through your Flexible Spending Account (FSA).

3A: Medicare Part D - Prescription Drug Program

The Medicare Part D program provides beneficiaries with assistance paying for prescription drugs. The drug benefit, added to Medicare by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, (MMA), began in January 2006. Unlike coverage in Medicare Parts A and B, Part D coverage is not provided within the traditional Medicare program. Instead, beneficiaries must affirmatively enroll in one of many Part D plans offered by private companies.

The Medicare law establishes a standard Part D drug benefit. Plans must offer a benefit package that is at least as valuable as the standard benefit. The standard benefit is defined in terms of the benefit structure, not the drugs that must be covered.

Part D drug plans are not required to offer the standard benefit but can offer alternative prescription drug coverage. Alternative coverage must be "actuarially equivalent" to the standard benefit. In other words, the value of the benefit package must be equal to or greater than the value of the standard benefit package. In an actuarially equivalent plan, the cost-sharing varies through the use of such mechanisms as tiered co-payments. For example, a beneficiary's share of cost may be less for a generic or preferred brand name drug than for a non-preferred brand name drug. However, a plan that offers an alternative benefit package cannot impose a higher annual deductible or require a higher out-of-pocket limit than required by the standard benefit.

Because the deductible, initial coverage limit, and annual out-of-pocket threshold change each year according to the changes in expenditures for Part D drugs, beneficiary out-of-pocket expenses may increase annually.
The Medicare law does not mandate a set premium amount. These costs as well as the list of covered drugs vary from plan to plan and from region to region. Beneficiaries should take time to review the various plans available to them considering their current and anticipated needs and financial resources.

Eligibility
All people with Medicare are eligible to enroll in a Medicare Prescription Drug (Part D) plan. When beneficiaries are eligible to enroll in Medicare Part A & B, they also need to consider Medicare Part D options. Beneficiaries who decide to enroll in a plan will have to pay a monthly premium. The premium amount can be deducted from their Social Security check, a bank withdrawal can be arranged, or they may get a coupon book from the plan and write monthly checks to satisfy their obligation.

What do I need to know?

- To get Medicare prescription drug coverage, beneficiaries must choose and join a Medicare Prescription Drug Plan
- Depending on their situation, there are several different time periods when beneficiaries can join a plan
- If they join, their costs will vary depending on which plan they choose
- Many people with limited income and resources will get extra help paying for their prescription drug coverage
- People with the lowest incomes and resources will get the most help

Section 4: Delivery Service & Packaging Options

Delivery of Medications and Supplies

Your prescriber will provide LUX Infusion with a prescription for your medication. Our pharmacy will prepare your medications specifically for you. An inventory checklist will be made that will contain all the supplies necessary to meet your therapy needs. Once prepared, your medication will arrive either by driver, FedEx, UPS, or United States Postal Service.

Your Patient Support Specialist will call you 3 days to 7 days before your next refill. Please contact your Patient Support Specialist if you need a medication refill and have not received a call from the pharmacy. You can schedule a delivery time that is convenient for you and discuss exactly which supplies will be sent. Remember, you should always keep reserve supplies on hand in case of delays in delivery.

If you are prescribed a medication which can be self- administered, you and designated caregivers will receive instruction from an RN (Registered Nurse) in your home until you are safe and independent with administering the therapy. This RN will aid you in organizing your supplies so you can identify what supplies will be needed going forward when deliveries are scheduled. Other medications, such as IVIG, require an RN to administer, and although the RN will educate you about the medication and supplies, he or she will identify what supplies are needed for subsequent infusions. While the nurse will manage your care, your participation in that care process is essential to trouble-free completion of the therapy.

We ask that you take weekly inventory of your supplies. It is not a problem if you need supplies at times other than our scheduled deliveries; however, you need to give us advance notice so we can fill your order and make delivery arrangements. We never want to interrupt your therapy. If you are running low on medication or supplies, call us.

Your medication will be delivered to you in individual dose units or multi-dose vials. Please read and follow all label directions carefully. Make sure the label contains the correct patient's name, dose, and date.

Delivery Services

LUX Infusion knows that getting your drug on time is important. Here is an overview of how our delivery process works.

Shipping

- Our normal shipping schedule is Monday through Friday. Some shipments may arrive on Saturday.
- Medications are shipped in containers with packaging guaranteed to keep the drug at the required storage temperatures for 48 or more hours. Temperature-sensitive medications will be delivered to you at a time agreed upon in advance with instructions for immediate storage at your home.
- Refrigerated or frozen medications will have warning stickers on the containers.
- If you have any concerns about the storage temperature of your medications upon arrival at your home, contact the pharmacy at the phone number provided in this packet.
- We check the shipping address for each package to make sure we have your current address. Please inform us of any change in delivery location or address during your therapy to ensure accurate and timely delivery.

Change of Address

Please let your designated Patient Support Specialist or our delivery coordinator know if you change your address, phone number, or delivery preference.

Package Receipt

You or someone you designate will need to sign for your delivery if required by your insurance provider, manufacturer, or there is an excessive cost for the medication (unless waived by patient). This can be accomplished in one of 2 ways:

1) Accepting and signing for the package at the time of delivery with the courier. If no one will be available, call us to arrange a different time or location.

2) If you live in a safe area and have a location protected from the elements for the courier to leave the package, you can allow the pharmacy to leave the package without requesting a signature to be obtained by the courier at time of delivery. You will then have to sign the enclosed delivery ticket in the package and return the signed document to the pharmacy.

Remote Area Deliveries

In remote areas, deliveries may be made as late as 7:30pm. Saturday delivery may not be available. Please check your delivery time with your designated Patient Support Specialist or delivery coordinator when discussing and arranging your medication delivery. We can arrange a different delivery time or place, if necessary.

Late or Missing Deliveries

If you do not receive a package when scheduled, please call LUX Infusion as soon as possible at the phone number listed on the contact sheet included in this packet. Please call us as soon as possible to avoid missing a dose of your medication.

Handling Delivery Problems

If you have a problem with your delivery, please follow these guidelines. If you have a delivery problem not listed below, please contact the LUX Infusion pharmacy at the number listed in this packet immediately.

- **Damaged Goods:** Call the LUX Infusion pharmacy listed in this packet immediately. We will replace any damaged items immediately.
- **Incomplete Delivery:** Make a list of the missing items, and call the LUX Infusion pharmacy listed in this packet immediately.
- **Wrong Supplies:** Contact the LUX Infusion pharmacy listed in this packet as soon as you find the error. You will be instructed as to how an exchange will be made. Keep these items away from your regular supplies to avoid confusion and a mistake.

Medication and Supply Returns—see Section 15: Returned Goods Policy

We will work with you to ensure you receive an appropriate number of supplies for your therapy. If you have medications and supplies left after you have completed your treatment, please call the pharmacy for further direction.

Section 5: Infusion Therapy Overview

There are two components to your therapy: pharmacy and nursing. LUX Infusion provides pharmacy services and may provide your nursing services, as well. Some patients will have nursing services provided by another organization. In either case, our pharmacists and nurses will coordinate services to bring you optimal care.

Our goal is to provide service, support, and supplies necessary to achieve the most effective course of treatment for each patient, while allowing the patient to maintain their lifestyle and independence.

Our home infusion services include specialty medications, an infusion pump if required, and the supplies needed to administer the therapy.

Our pharmacist will contact you after you begin receiving your therapy. The pharmacist will provide additional medication counseling and answer any questions you may have about your medication.

Pharmacy | Infusion Therapy Team
Our home infusion therapy team includes your prescriber, a pharmacist, a nurse, and a Patient Support Specialist. The team works together to ensure safe delivery and maintenance of your medications and equipment. They may also work with a home health agency, your prescriber's office, or out-patient infusion center at a local hospital to ensure your care needs are met.

Infusion Medication Administration
Medications can be delivered through an IV catheter that will remain in your body for a while. Your prescriber will determine which device is best for you. This can be a peripheral catheter, central venous catheter, peripherally inserted central catheter (PICC), or implanted port.

In some cases, your medication may be administered through a subcutaneous catheter, which is not in a vein, but is inserted beneath your skin or intramuscular administration, which is an injection into a large muscle.

Our goal is to ensure you receive the correct amount of your prescribed medication safely. It is important for you to take your medication exactly as prescribed.

While receiving your medication, you will be instructed to look for signs of trouble with your administration site. This may include redness, swelling, pain or drainage around the site. Please check daily for any of these signs and report to your nurse and/or prescribers as soon as possible.

Section 6: Plan of Care, Treatment, and Services

Our goal-oriented plan of care is customized to meet your needs. We involve you, your caregiver or designee, key professionals, and other staff members in developing your individualized plan for care, treatment, and services. Your plan is based upon identified problems, needs and goals, prescriber orders for medications, treatments and care, your environment, and your personal wishes whenever possible. The plan is designed to increase your ability to care for yourself.

Your plan includes but is not limited to the following:

- Complete patient assessment by experienced healthcare clinicians prior to treatment
- Treatment goals and plan of care for optimal clinical outcomes
- Routine patient monitoring with feedback to the attending prescriber
- Prompt, professional delivery of medication and supplies

The plan is reviewed and updated as needed, based on your changing needs. We encourage participation from you, your caregiver, or family member in the planning and revision of your medical treatment and plan of care. Therefore, please keep us informed of your status or any changes in your therapy.

On admission and at discharge, you and an agency representative will create a list of your current medications (including any over-the-counter medications, herbal remedies, and vitamins). We will compare this list to the medications ordered by your prescriber. Our staff will continue to compare the list to the medications ordered, administered, or dispensed to you while under our care. This will be done to resolve any discrepancies (such as omissions, duplications, contraindications, unclear information, potential interactions, and changes).

You have the right to refuse any medication or treatment procedure; however, such refusal may require us to obtain a written statement releasing the agency from all responsibility resulting from such action. Should this happen, we would encourage you to discuss the matter with your prescriber for advice and guidance.

We fully recognize your right to dignity and individuality, including privacy in your treatment and in the care of your personal needs. We will notify you if another person is present for your visit for reasons of safety, education or supervision.

We do not participate in any experimental research connected with patient care except under the direction of your prescriber and with your written consent. There must be a willing, able, and available caregiver to be responsible for your care between our visits. This person can be you, a family member, a friend, or a paid caregiver.

Disclosure of Medical Clinical Records

Your medical record is maintained by our staff to document prescriber orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practices describes how your protected health information may be used by us or disclosed to others and how you may have access to this information.

Discharge, Transfer, and Referral

Discharge, transfer, or referral from this organization may result from several types of situations including the following:

- You move outside of our geographical service area
- Treatment goals are achieved
- The level of care you need changes
- Change in insurance or insurance coverage
- Agency resources are no longer adequate to meet your needs
- Situations may develop affecting your welfare or the safety of our staff
- Failure to follow the attending prescriber's orders
- Your prescriber discontinues the order for care
- You decline the care or request to discontinue care
- Nonpayment of charges
- Failure to meet Medicare and other insurance coverage guidelines

You will be given advance notice of a transfer to another agency or discharge, except in case of emergency. If you are referred, transferred, or discharged to another organization, we will provide them with a list of your current medications and information necessary for your continued care, including pain management. All transfers or discharges will be documented in the patient chart. When a discharge occurs, an assessment will be done. You will receive an updated list of your current medications along with any instructions needed for ongoing care or treatment. We will coordinate your referral to available community resources as needed.

Section 7: Storage and Handling of Medications and Solutions

It is especially important to store medications as directed on their labels. Check each item for storage requirements. Follow these steps for safe storage and handling of your medications and solutions:

- Set aside a separate area in your home for storing your supplies, close to your work area
- The area must not freeze and should remain at room temperature
- Store supplies where there is no possibility of getting wet
- Store items in a designated space away from other items, out of the reach of children and pets
- Some of your supplies may need refrigeration. If so, store them in a separate area in your refrigerator
- If available, use a thermometer to check the temperature of the refrigerator
- All supplies should remain in the original packaging until used
- Remove the doses from the refrigerator at least 60 minutes prior to administration, or as directed by your nurse or pharmacist
- Frozen medications should be thawed at room temperature. Never thaw a frozen medication by placing it in water, near heat, or in the microwave. Once thawed, follow the label on the directions
- **NOTE:** During Summer months, room temperature products may ship with an ice pack at the bottom to keep the medication from becoming too hot. You can discard the ice pack.
- **NOTE:** For refrigerated products, it is useful to save the foam boxes and ice packs in case you lose electrical power. Keep ice packs frozen

Appropriate Temperatures

- Room Temperature: 59°F - 86°F or 15°C - 30°C
- Refrigerated Temperature: 36°F - 46°F or 2°C - 8°C
- Frozen Temperature: -4°F - 15°F or -10°C - -20°C

Remember, do not use the medication if:

- Any visible signs of contamination such as leaks, cracks, or chips
- Any discoloration, particles, or specks appear in the solution
- There is any cloudiness that does not disappear with gentle mixing of the solution
- The label on the bag does not have your name on it
- The label on the bag has a different drug or dose

PAY ATTENTION TO THE EXPIRATION DATE ON YOUR MEDICATION LABELS MAKE SURE YOU USE ALL MEDICATION ON A FIRST-IN, FIRST-OUT BASIS

Section 8: General and Medical Waste

General Patient Waste

Items used for administration of chemotherapy must be put into a Sharps container. Waste that will not need to be disposed of in a Sharps container may include shipping boxes, used paper towels related to therapy, unused or unopened medications, items soiled with blood or body fluids, wrappers, used IV tubing, and used medication bags. Remember:

- Items soiled with blood or body fluids should only be handled after putting on gloves.
- Place items in a plastic bag that is tied shut or closed, then placed in the household trash.
- Clean area using a cleaning solution of household bleach and water (one cup of bleach to 10 cups water).

Most drugs can be thrown in the household trash, but you should take certain precautions before disposing of them. You may access https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines or take advantage of community take-back programs that allow the public to bring unused drugs to a central location for proper disposal.

Contact the pharmacist at any time if you have a question regarding disposal/storage of your medications.

Sharps and Waste Disposal

To safely dispose of your used needles, IV catheters, cannulas, lancets, syringes, and other small quantities of biohazard waste, please use a Sharps container or follow local regulations regarding sharps disposal. When your Sharps container is full or no longer needed, see https://safeneedledisposal.org/ or follow local guidelines for disposal.

To ensure your safety, take the following precautions:

- Keep container close by when using syringes and needles
- Put used needle or syringe point first into container
- Do not put any liquids into container
- Never reach into the container or attempt to push down the contents of the container
- Keep the container out of reach of children and pets
- Once container is ¾ full or no longer needed, close the lid and place inside the plastic bag
- Follow local guidelines for disposal

DO NOT THROW YOUR SHARPS CONTAINER AWAY WITH THE NORMAL TRASH!

If you have any questions about sharps or hazardous medication disposal, please contact LUX Infusion.

Section 9: Equipment Information

Equipment

During your therapy, you may be using certain equipment to infuse your medications and solutions. These items are expensive, and you will be held responsible for the equipment throughout your therapy.

Please use the following guidelines to ensure the equipment functions properly:

- Manufacturer's instructions are followed for proper operation of infusion equipment
- Adequate electrical power is available for infusion equipment such as infusion pumps and other equipment, as appropriate
- Equipment batteries are checked regularly by a qualified support person
- Electrically-powered infusion pumps and life-sustaining electrical equipment are equipped with battery packs
- Pumps and battery packs should always be kept charged. If you experience a power failure, please contact our on-call personnel or the home health agency for further instruction
- If you have no electricity, you may be instructed how to use a gravity drop-counting method of infusing fluids. Your pharmacy will give you an emergency gravity feed plan, if approved for your therapy by your doctor
- An alternative infusion device may be chosen for your infusion therapy. These elastomeric devices are intended for one-time use only and may be discarded after use

Equipment Pick Up

When your therapy ends, arrangements will be made to pick up our equipment. If a nurse is scheduled to see you, the nurse may pick up the equipment then. Please do not deliver your equipment to the hospital and/or prescriber's office.

We will contact you by phone to schedule equipment pick up. If for some reason we are unable to contact you by phone, you will receive a letter notifying you of your responsibilities, the financial cost of unreturned equipment, and how to contact us to arrange for a pick up of the equipment to avoid unnecessary charges. If there is no response to our letter within 14 days, you will receive a bill for all unreturned equipment.

Section 10: Medicare DMEPOS Supplier Standards

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

1. A supplier must comply with all applicable Federal and State licensure and regulatory requirements.
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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or nonprocurement 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 and must maintain a visible sign with posted hours of operation. The location must be 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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions, respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose 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 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 for the supplier to receive payment for 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 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. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
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 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary:

The products and/or services provided to you by LUX Infusion are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at http://www.ecfr.gov. Upon request we will furnish you a written copy of the standards.

PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify the Home Medical Equipment Company of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Home Medical Equipment Company in such instances.
3. The patient should promptly notify the Home Medical Equipment Company of any changes to their address or telephone.
4. The patient should promptly notify the Home Medical Equipment Company of any changes concerning their physician.
5. The patient should notify the Home Medical Equipment Company of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

Section 11: Patient Satisfaction

At LUX Infusion you are particularly important to us. If something is unclear to you regarding your care or our services, please ask questions. At intervals we will be sending you a Patient Satisfaction Survey. Your answers help us to improve the service we provide and ensure we meet your expectations and needs.

Please make sure you complete and return the Patient Satisfaction Survey, which may be mailed or emailed to you, included in your medication shipment, or taken verbally.

Customer Service Compliments

We at LUX Infusion welcome you, your caregiver, and your family members to contact us when you have compliments. All compliments will be communicated with the staff that directly provides your care. Should you have a concern or complaint, please be assured that this matter will be handled in a timely and confidential manner.

To prevent problems, the best tool is open communication with your direct caregivers and other agency staff.

Develop and maintain good relationships with the nurses, pharmacists and others who are providing you with services. Do not hesitate to ask questions.

Bring issues to the attention of the staff as soon as they arise.

Section 12: Complaints & Grievances

You or a family member may lodge a complaint or grievance without concern for reprisal, discrimination, or unreasonable interruption of service. The Pharmacy is available to facilitate receipt of patient complaints or grievances and shall handle patient comments as follows:

1. The patient may call, write, or present in person a complaint or grievance to the pharmacy, infusion suite, or any company staff member directly. Most complaints and grievances can be resolved at the local level at the time they are received.
    a. To report a complaint regarding the services you receive, please call toll-free (877) 337-3002
    b. Within 5 calendar days of receiving your complaint, we will notify you by telephone, email, fax, or written letter that we have received your complaint.
    c. Within 14 calendar days, you will receive the results of our investigation in writing.
2. You may also contact the Florida State Board of Pharmacy to report a complaint by calling 1-888-419-3456 or submitting an electronic complaint through the Florida Health Care Complaint Portal at: https://complaint-portal.mqa.flhealthsource.gov/home
3. Additionally, you may also contact our accrediting bodies who will document and investigate all complaints and allegations received, which include:
    a. Accreditation Commission for Health Care (ACHC): https://achc.org/submit-a-complaint/
    b. Utilization Review Accreditation Commission (URAC): https://www.urac.org/contact/file-a- grievance/
4. Patients or patient representatives may also bring a complaint or grievance directly to the Corporate Office for resolution.
5. A patient may call, write, or present in person to the LUX Infusion Corporate office with a complaint or grievance.
    a. All compliments, concerns, or complaints submitted in writing can be mailed to:
        i. LUX Infusion Compliance Officer: 855 SW 78th Ave, Suite C200, Plantation, FL 33324
        ii. To report suspected Medicaid fraud, please call toll-free (844) 599-8791 (Ethics & Compliance Hotline)
6. Additional resources for reporting witnessed events of fraud, waste, or abuse include the following:
    - Florida Department of Health
        a. (Online) Florida Health Care Complaint Portal: https://complaint-portal.mqa.flhealthsource.gov/business
        b. (Email) MQA.ComsumerServices@FLHealth.gov
        c. (Mail) Florida Department of Health, 4052 Bald Cypress Way, Bin C75, Tallahassee, FL 32399-3275
    - Florida Agency for Health Care Administration:
        a. (Online) https://apps.ahca.myflorida.com/mpi-complaintform
    - Florida Department of Financial Services, Division of Public Assistance
        a. (Phone) 866-762-2237
    - Florida Department of Children and Families, Office of Public Benefits Integrity
        a. (Online) https://www.myflfamilies.com/services/public-assistance/public-benefits-integrity

7. To file a complaint against your home health agency reference the state specific information below:

New York Department of Health – 800-628-5972
By fax: 518-408-1157
By mail: Division of Home and Community Based Services – CCIP
875 Central Avenue
Albany, NY 12206
By email: HomeHospiceCCIP@health.ny.gov

Texas – Texas Health and Human Services 800-458-9858.
By Email: Send details to ciicomplaints@hhs.texas.gov.
By Mail: Send a written description to Texas Health and Human Services Commission, Complaint and Incident Intake, Mail Code E-249, P.O. Box 149030, Austin, TX 78714-9030

Ohio – Ohio Department of Health 1-800-669-3534.
Email: Send details to HCComplaints@odh.ohio.gov.
Mail: Send written documentation to the Ohio Department of Health Complaint Unit, 246 North High Street, Columbus, OH 43215.

New Jersey – New Jersey Department of Health By Phone (24/7 Hotline): Call 1-800-792-9770
By Mail: Send written details to:
New Jersey Department of Health
Division of Health Facility Survey and Field Operations
PO Box 367
Trenton, NJ 08625-0367

Nevada – Bureau of Health Care Quality and Compliance - By Email: Send completed documentation to HCQCComplaint@health.nv.gov. ·

Northern Nevada Office (Carson City):
Address: 727 Fairview Drive, Suite E, Carson City, NV 89701
Phone: 775-684-1030

Southern Nevada Office (Las Vegas):
Address: 4220 S. Maryland Pkwy, Ste 810, Bldg D, Las Vegas, NV 89119
Phone: 702-486-6515

Section 13: Making Your Own Choices–A Patient Guide to Advance Directives

This guide is to help you learn how you can make your own choices about health care. You have the right to make choices about your health care. The Patient Self Determination Act of 1990 states that most hospitals must tell you about "Advance Directives."

This guide gives you some facts about advance directives. It will explain:

- What advance directives are
- Why advance directives are important
- How you make advance directives
- What to include in your advance directives

What Are Advance Directives?

If you are ever unable to make your own health care choices or to communicate what you want to do, other people will have to make choices for you. Advance Directives are a way to let your family, friends, and health care providers know your wishes to receive (or not to receive) medical care and treatment. An advance directive protects your right to make your own choices. It gives you the power to control your own care.

Making Your Advance Directive

To make sure that your family, friends, and health care providers understand your choices, it is important to have your advance directives in writing. There are two common types of advance directives. One type is called a "living will." The second type is called a "durable power of attorney for health care." Both are legal pieces of paper that allow you to state your wishes in writing.

Living Will: This explains your wishes about health care and treatments. It is used only if you become terminally ill, if you are in an accident and have permanent brain damage, or if you are in a permanent coma.

Durable Power of Attorney for Health Care: This names another person to make choices for you if you cannot make choices for yourself. This person is called your "agent" or your "proxy." It is a good idea to name a second person to make decisions for you in case your first choice is not available for some reason. Your agent should be someone whom you know and trust. It is particularly important to talk about your feelings and choices about health care and treatment with your agent. To make sure your choices are clearly known, it is best to write them down. It is helpful to be as clear as possible so that your agent(s) understand what you would want. Any advance directive can be changed or canceled by you at any time.

Advance Directive Checklist:

- Sign your name and put the date on the advance directive. It is best to do this in front of a notary public
- Give a copy of your advance directive to your doctor to put it in your medical file
- Give a copy of your advance directive to each of the people you have asked to be your agent(s)
- Put a card in your wallet that says you have an advance directive (and where to find it)
- Review your advance directive often. Make sure it expresses your wishes clearly

Why Advance Directives Are Important

The purpose of an advance directive is to help other people make choices for you if you cannot make your own choices. You want them to make the same choices that you would make. Your advance directive guides other people to follow your wishes. Prepare advance directives while you can make your own health care choices.

YOU ARE NEVER TOO YOUNG OR TOO HEALTHY TO HAVE AN ADVANCE DIRECTIVE. A TIME MAY COME WHEN AN ACCIDENT OR ILLNESS, WILL KEEP YOU FROM BEING ABLE TO MAKE OR COMMUNICATE YOUR OWN HEALTH CARE CHOICES.

Examples of when you may not be able to decide for yourself would be if you are:

- Permanently unconscious: This means there is no chance that you will become conscious (in permanent coma)
- Irreversible brain damage: This can affect your ability to think or communicate
- Brain dead: This means all brain functions have stopped permanently and will not return

What to Include in Your Advance Directive

What you choose to write in your advance directive depends on things that are most important to you. These things are your beliefs and values.

The beliefs and values that may influence your health care choices may include what you think or feel about:

- Being independent and having control
- Making your own decisions
- Pain and suffering
- Being with your loved ones at death
- What makes you happy and sad
- Where you live
- Your religious background and beliefs
- Your finances
- Your health care providers
- Your health care relationships
- Prolonging life
- Donating parts of your body

What Are Your Choices?

Before you make an advance directive, it is important to think about what you might feel if you were near death. It is helpful to express your feelings about having or not having certain forms of medical treatment.

Some of the medical treatments that you may have to make choices about are:

- Life sustaining treatment/extraordinary care: This is any treatment that keeps you alive longer and delays death
- Cardiopulmonary resuscitation (CPR): This is a method that will attempt to restore stopped breathing and/or heart
- Code: This means calling a special team of doctors and nurses to start CPR when your heart stops beating, or you stop breathing
- Do not resuscitate (DNR) “no code”: This is a doctor’s order that lets other staff known that you do not want to receive CPR
- Intravenous (IV) therapy: This is when thin tubes are put in your vein to give you food, water, and/or medicine

- Feeding tubes: This is when tubes are put in your mouth, nose, or stomach to give you liquid food if you cannot eat normally
- Respiratory or ventilator: This is a machine that breathes for you or helps you breathe. A tube is put in through your mouth, nose, or a hole in your neck. This tube goes into your lungs and is attached to the machine
- Dialysis: This means using a machine to remove waste products from your blood if your kidneys do not work correctly

An advance directive lets you make choices about future medical care and treatments under various circumstances. You can ask your doctor or nurse to help explain the pros and cons of the different types of medical treatments. If you make choices while you are able, your wishes about the end of your life will be honored.

Sharing Your Beliefs

Talk about your beliefs and values with the people who may have to make choices for you in the future. It is hard to think about many of these issues. But, if you talk about your wishes when you are able, the people who will have to make difficult choices for you will feel relieved that they know what you would have chosen. Even if you do not know exactly how you feel about certain types of treatments, share your feelings with your family, friends, doctor, nurse, or spiritual leader.

REMEMBER, ADVANCE DIRECTIVES LETS YOU MAKE YOUR OWN CHOICES

For More Information

Laws for advance directives are different in each state. Sample forms and more information is available from a hospital, home health service, hospice, lawyer, or your state medical society.

Legal Hotline for Older Americans
429 4th Avenue, Suite 1706
Pittsburgh, PA 15219
(800) 262-5297

Choice in Dying
200 Varick Street
New York, NY 10014
(212) 366-5540

Legal Counsel for the Elderly
(Associated with AARP)
601 E. Street NW
Washington, D.C. 20049
(202) 434-2120

ADDITIONAL INFORMATION MAY BE AVAILABLE TO YOU THROUGH YOUR STATE AND LOCAL HEALTH DEPARTMENTS

See the attached brochure, "**The Patient's Right to Decide**," for additional Florida-specific guidance on advance directives.

NEW YORK STATE'S PROXY LAW - APPOINTING YOUR HEALTH CARE AGENT

A new law called the New York Health Care Proxy Law allows you to appoint someone you trust - for example, a family member or close friend - to decide about treatment if you lose the ability to decide for yourself. You can do this by using a Health Care Proxy form to appoint your "health care agent." This law gives you the power to make sure that health care professionals follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agents decisions as if they were your own. You can give the person you select, your health care agent, as little or as much authority

as you want. You can allow your agent to decide about all health care or only certain treatments. You may also give your agent instructions that he or she will follow.

Why should I choose a health care agent?

If you become too sick to make health care decisions, someone else must decide for you. Health care professionals often look to family members for guidance. But family members are not allowed to decide to stop treatment, even when they believe that is what you would choose or what is best for you under the circumstances. Appointing an agent lets you control your medical treatment by:

- Allowing your agent to stop treatment when he or she decides that is what you would want or what is best for you under the circumstances.

- Choosing one family member to decide about treatment because you think that person would make the best decisions or because you want to avoid conflict or confusion about who should decide.

- Choosing someone outside your family to decide about treatment because no one in your family is available or because you prefer that someone other than a family member decide about your health care.

Section 14: Infection Control Guidelines

Stay clean and use good hygiene to help stop the spread of infection. Items used in healthcare, such as bandages or gloves, can spread infection and harm the environment. They can harm trash handlers, family members and others who touch them if they are not disposed of properly. Be careful when you handle them.

Some illnesses and treatments (such as chemotherapy, dialysis, AIDS, diabetes, and burns) can make people more at risk for infection. Your nurse will tell you how to use protective clothing (such as gowns or gloves) if you need it. Please tell your doctor or a homecare staff member if you notice any of the following signs and symptoms of infection:

- Pain, tenderness, redness, or swelling
- Inflamed skin, rash, sores, or ulcers
- Pain when urinating
- Confusion
- Nausea, vomiting, or diarrhea
- Fever or chills
- Sore throat or cough
- Increased tiredness or weakness
- Green or yellow pus

Wash Your Hands

Wash your hands frequently and correctly, even if you wear gloves. It is the single most important step in controlling the spread of infection.

Always wash hands before:

- Tending to a sick person
- Treating a cut or wound
- Touching or eating food

Always wash hands after:

- Tending to a sick person
- Treating a cut or wound
- Using the bathroom
- Touching animals or their waste
- Touching garbage
- Changing diapers
- Coughing, sneezing, or blowing your nose

If you have visibly dirty hands, or they are contaminated or soiled in any way, wash them with soap (liquid soap is best) and warm running water. Remove jewelry, apply soap, wet your hands, and rub them together for at least 20 seconds. Wash all surfaces, including wrists, palms, back of your hands, between fingers, and under nails. Rinse off the soap and dry your hands with a clean towel that has not been shared. If one is not available, air-dry your hands. Use a towel to turn off the faucet. If you used paper towels, throw them in the trash. To avoid dry or chapped hands, pat them dry and use lotion after washing.

If you do not have visibly dirty hands, use an alcohol-based hand rub to clean them. Use a rub with 60 to 90% ethyl or isopropyl alcohol. Open the cap or spout and apply a dime-sized amount (or the amount recommended on the label) in one palm, then rub hands vigorously, covering all surfaces of the hands and fingers, until they are dry.

Cover Your Cough

Cover your mouth and nose with a tissue when you cough or sneeze. If you do not have a tissue, cover your mouth with your upper sleeve, not your hands. Throw your used tissue in the trash. You may be asked to wear a mask to protect others.

Disposable Items and Equipment

Some items that are not sharp: paper cups, tissues, dressings, bandages, plastic equipment, catheters, diapers, Chux, plastic tubing, gloves, etc. Store these in a clean, dry area. Throw away used items in waterproof (plastic) bags. Fasten the bags securely and throw them in the trash.

Non-Disposable Items and Equipment

Some items that are not thrown away: dirty laundry, dishes, thermometers, toilets, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc. Wash dirty laundry separately in hot, soapy water. Handle it as little as possible so you do not spread germs. If the patient has a virus, add a mix of 1 part bleach and 10 parts water to the load. Clean equipment as soon as you use it. Wash small items (not thermometers) in hot, soapy water, then rinse and dry them with clean towels. Wipe thermometers with alcohol before and after each use. Store them in a clean, dry place. Wipe off equipment with a normal disinfectant or bleach mix. Follow the cleaning instructions that came with the item and ask your nurse or therapist if you have questions. Clean their containers with hot, soapy water, then rinse them with boiling water and let them dry.

Body Fluid Spills

Patients and family members who care for patients receiving home intravenous therapies should be careful when handling blood and body fluids. Examples of body fluids are:

- Saliva
- Semen
- Sputum
- Vomit
- Blood
- Mucus
- Stool
- Urine
- Vaginal secretions
- Blood specimens
- Draining skin lesions
- Wound drainage

Put on gloves and wipe the fluid with paper towels. Use a solution of 1 part bleach to 10 parts water to wipe the area again. Double bag used paper towels and throw them in the trash.

Chemotherapy Spills

Patients receiving certain kinds of medications will receive a Chemo Spill Kit for use in clean-up of any spills associated with those medications. It is important to carefully follow the directions contained in this spill kit. Please notify one of our professional staff members of any chemotherapy spills as soon as they occur for further instructions.

Preparing Your Work Area

Germs can be found in all areas of your home. Germs can also be found in the air and on your skin, especially your hands. Most of the germs that live in the air or on your skin will not hurt you. Some germs, if allowed to enter the bloodstream, could cause an infection or serious illness. A few ways a germ could enter your bloodstream include a cut or opening in the skin, your IV catheter exit site and the opening at the end of your IV catheter. It is important to use only sterile supplies when touching these openings and caring for your IV catheter.

All supplies used for your home therapy should be in sealed packages to prevent contamination. Needles and the end of the tubing will have protective covers which will keep them sterile when handing your supplies.

The following steps will help you learn techniques to prevent contamination of sterile solutions and supplies. You should not allow a sterile item to touch a non-sterile item or surface. If this happens, new sterile supplies should be used.

Wash your hands:
Although your hands may look clean, it is always important to wash your hands to remove invisible germs. Always wash hands before gathering supplies and before beginning preparation of the medication for administration.

Selecting your work area:

1. Select an area in your home that is free from drafts, visible dirt, dust, and clutter
2. Select a smooth table, countertop or tray that can be cleaned with rubbing alcohol
3. Select an area that has enough space and good light in which to work
4. Select an area that is close to all your supplies

Preparing your work area:

1. Pour a small amount of rubbing alcohol onto your work area
2. Wipe dry with a clean cloth or paper towel
3. Your work area has now been prepared for your supplies. If you contaminate your work area during use, re-clean with rubbing alcohol and a clean cloth or paper towel

Section 15: Emergency Preparedness, Safety, and Travel

Emergency Preparedness Plan

In the case of inclement weather, our team will monitor weather forecasts and plan accordingly. Every effort will be made to ensure that you have adequate medication, supplies and nursing care prior to snow, ice, flooding or other weather-related events. LUX Infusion has an emergency plan to continue all necessary services in the event of environmental disaster, emergency, or weather-related event. Every effort will be made to ensure that your medical needs are met, on a prioritized basis.

In the event of an emergency/disaster and you have not been contacted, call the pharmacy number located on the "Welcome" sheet at the beginning of this booklet. If you do not reach a clinician immediately, calls will be automatically sent to an answering service, and the appropriate clinician will be contacted to return your call.

Please take time to review the following for more information on emergency preparedness/disaster planning:

- If you are unable to reach our clinical staff and you need medical care, you should call 9-1-1 or proceed to the nearest medical facility
- If you are safe and not in need of medical care, please keep updated on current conditions with local radio and/or TV stations
- If you evacuate to another location, hospital, or emergency shelter, please notify our office when you are able
- If possible, have an emergency generator available. Follow the manufacturer's instructions for testing and usage
- If you need replacement medication/supplies, contact the pharmacy. Our staff will obtain the necessary prescription(s) and overrides. Emergency deliveries can be made to an alternate address.

Power Outage

If you need help in a power outage and our phone lines are down:

- Call 9-1-1 or go to the emergency room if you have an emergency
- Call your closest relative or neighbor if it is not an emergency

Lightning

If you are inside:

- Avoid tubs, faucets and sinks because metal pipes conduct electricity
- Stay away from windows
- Avoid using phones with cords except in emergencies

If you are outside:

- Avoid natural lightning rods such as tall trees in open areas
- Stay away from anything metal

Flood

Be aware of flood hazards, especially if you live in a low-lying area, near water or downstream from a dam. Flooding can take days to happen, but flash floods produce raging waters in minutes. Six inches of moving water can knock you off your feet. Avoid moving water if you must walk in a flooded area. Use a stick to test if the ground is firm enough to walk on. Be ready to evacuate if a flood watch is issued. Move important items upstairs. Fill a clean bathtub with water in case water becomes contaminated or is shut off. Turn off your utilities at the main valves if you are instructed to do so. Do not touch electrical equipment if you are wet or standing in water.

Tornado

As soon as a tornado is sighted, go to the lowest floor, and find an interior room. Good shelters are basements, rooms and halls with no outside walls, bathtubs, and spaces under stairs. Many public buildings have designated shelter areas. Stay away from windows, doors, and outside walls. Get under a sturdy item, such as a table, and protect your head. Stay until the danger passes. If the patient is bedbound, move the bed as far from the windows as you can. Use heavy blankets or pillows to protect the head and face. If you are in a vehicle, trailer, or mobile home, get out immediately and go to a sturdy structure. If there is not one close by, lie flat in the nearest ditch and cover your head. Do not try to out-drive a tornado. They are erratic and move swiftly.

Hot Weather

There is a higher risk for heat-related illness in the summer.

When it is hot out:

- Never leave anyone sitting in a closed, parked car
- Drink lots of water even if you are not thirsty. Avoid alcohol and caffeine
- Eat small, frequent meals
- Stay inside and out of the sun. Stay on the lowest floor, pulling shades over the windows and use fans if you do not have air conditioning
- Mist or sponge yourself frequently with cool water
- Use sunscreen
- Wear hats and clothes that are loose and lightweight. Clothes with light colors will deflect the sun's energy
- Talk to your doctor about how sun and heat exposure will affect you if you take drugs such as diuretics or antihistamines
- Move to a cool place at the first sign of heat illness (dizziness, nausea, headache, cramps). Rest and slowly drink a cool beverage. Seek medical attention immediately if you do not feel better

Winter Storm

Heavy snowfall and extreme cold can immobilize a region, resulting in isolation. Icy and/or blocked roads and downed power lines can happen any time it is cold or snowy. Wear layers of loose, lightweight, warm clothes, rather than one heavy layer. Wear hats and outer layers that are tightly woven and water repellent. Mittens will keep your hands warmer than gloves.

Emergency Kit for the Home

Severe weather can be dangerous, so be prepared.

Keep a kit with these items in case you have a weather emergency:

- Battery-powered radio
- Lamps and flashlights
- Extra batteries
- Food you do not have to cook
- Manual can opener
- Utensils, cups, and plates
- Medications
- Extra blankets
- Water in clean milk or soda bottles
- Rock salt or sand for walkways
- Extra fuel
- Shelter Supplies

The following is a list of what to bring to an emergency shelter during an evacuation:

- Two-week supply of all medications
- Medical supplies and oxygen
- Wheelchair, walker, cane, etc .
- Specialty dietary foods/can opener
- Air mattress/cot and bedding
- Lightweight folding chair
- Extra clothing, hygiene items, glasses
- Important papers/documents
- Valid ID with current name and address
- Home care folder with medication list and equipment/supply orders

Most shelters have electric power from a generator. If you evacuate to a shelter, bring your electrical devices (such as an oxygen concentrator with the oxygen delivery supplies and/or infusion pump). (See the "Additional Resources" section at the end of this booklet for an expanded emergency shelter evacuation list.)

Special Needs Registry

If you are on a medication that should not be interrupted, or have special equipment that requires continuous electricity, it is important to register with your local county before an emergency occurs. Registering ahead of time lets local emergency responders and utility companies know that you need top priority when they are responding to emergency calls and outages, and helps shelters prepare for the number of residents they will be serving.

Although special needs shelters do their best, they may not be able to offer services equal to what is received in your home.

Communication During & After Emergencies

Your care team will make every effort to contact you during and after weather emergencies, but if your contact information or location changes, be sure to notify the pharmacy as soon as possible.

Emergency Preparedness and Pets

When disaster strikes, the same rules that apply to people apply to pets – if it is not safe for you, it is not safe for them. Planning can make all the difference in whether your pet will survive a disaster. Plan to take your pets with you in an evacuation. Most emergency shelters do not allow pets, so know in advance which hotels or relatives will allow you to bring pets.

Put together a disaster kit for your pet:

- Food & water for at least (5) days; Feeding schedules
- Manual can opener
- Bowls
- Pet carriers
- Leashes & harnesses
- Cat litter box
- Litter & scoop
- Paper towels & garbage bags
- Current photos of you with your pets
- Medications & medical records including vaccination schedules
- Medical conditions & behavior issues

Home Safety

All patients need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by eliminating hazards. This list will help you find potential hazards in your home. Take note of each statement that you need to work on to make your home safer. Please speak with your nurse/ therapist or call the agency at any time if you have any concerns or questions about patient safety.

Preventing Falls

At least half of all falls happen at home. Each year, thousands of older Americans experience falls that result in serious injuries, disability and even death. Falls are often due to hazards that are easily overlooked but easy to fix. Review the list of risk factors below that could apply to you and your home. The more factors that apply to you, the higher your risk for falling.

Risk Factor Self-Assessment:

- History of Falling – 2 or more falls in the last 6 months
- Vision Loss – changes in ability to detect and discriminate objects; decline in depth perception; decreased ability to recover from a sudden exposure to bright light or glare
- Hearing Loss – may not be as quickly aware of a potentially hazardous situation
- Foot Pain / Shoe Problems – foot pain; decreased sensation/feeling; skin breakdown; ill-fitting or badly worn footwear
- Medications – taking four or more medications; single or multiple medications that may cause drowsiness, dizziness, or low blood pressure
- Balance and Gait Problems – decline in balance; decline in speed of walking; weakness in lower extremities
- High or Low Blood Pressure – may cause unsteadiness
- Hazards Inside Your Home – tripping and slipping hazards; poor lighting; bathroom safety; spills; stairs; reaching; pets that get under foot
- Hazards Outside Your Home – uneven walkways, poor lighting, gravel, or debris on sidewalks; no handrails; pets that get under foot; hazardous materials (snow, ice, water, oil) that need periodic removal and clean up

Review each of the following safety tips and note the ones you need to work on:

- Keep emergency numbers in large print near each phone
- Put a phone near the floor in case you fall and cannot get up
- Wear shoes that give good support and have thin, non-slip soles. Avoid wearing slippers and athletic shoes with deep treads
- Remove things you can trip over (such as papers, books, clothes, and shoes) from stairs and places where you walk
- Keep outside walks and steps clear of snow and ice in the winter
- Remove small throw rugs or use double-sided tape to keep them from slipping
- Ask someone to move any furniture so your path around the house is clear
- Clean up spills immediately
- Be aware of where your pets are always
- Do not walk over or around cords or wires (i.e.: cords from lamps, extension cords, or telephone cords). Coil or tape cords and wires next to the wall so you cannot trip over them. Have an electrician add more outlets if needed

- Keep items used often within easy reach (about waist high) in cabinets
- Use a steady step stool with a hand bar. Never use a chair as a step stool
- Improve the lighting in your home. Replace bulbs as needed. Lamp shades or frosted bulbs can reduce glare
- Make sure stairways, halls, entrances and outside steps are well lit. Have a light switch at the top and bottom of the stairs
- Place a lamp, flashlight, and extra batteries within easy reach of your bed
- Place night lights in the bathrooms, halls, and passageways so you can see where you are walking at night
- Make sure the carpet is firmly attached to every step. If not, remove the carpet and attach non-slip rubber treads on the stairs. Paint a contrasting color on the top front edge of all steps so you can see the stairs better
- Fix loose handrails/put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs
- Fix loose or uneven steps
- Install grab bars next to your toilet and in the tub or shower
- Use non-slip mats in the bathtub and on shower floors
- Use an elevated toilet seat and/or shower stool, if needed
- Exercise regularly. Exercise makes you stronger and improves your balance and coordination. Talk to your doctor about what exercise is right for you
- Have your nurse, doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling
- Get up slowly after you sit or lie down
- Use a cane or assistive device for extra stability, if needed
- Consider wearing an alarm device that will bring help in case you fall and cannot get up

Fire Safety/Burn Precautions

- Make sure the patient has easy access to a telephone and post the fire department number on every telephone. All family members and caregivers should be familiar with emergency 9-1-1 procedures
- Notify the fire department if a disabled person is in the home
- Do not smoke (including e-cigarettes) in bed or where oxygen is being used. Never leave burning cigarettes unattended
- Do not empty smoldering ashes in a trash can. Keep ashtrays away from upholstered furniture and curtains
- Install smoke detectors on every floor of your home, including the basement. Place smoke detectors near rooms where people sleep. Test smoke detectors every month to make sure they are working properly
- Install new smoke detector batteries twice a year or when you change your clocks in the spring and fall
- Fire extinguishers should be checked frequently for stability
- Make a family fire escape plan and practice it every six months. Plan at least two different escape routes from each room for each family member. If your exit is through a ground floor window, make sure it opens easily
- If you live in an apartment building, know where the exit stairs are located. Do not use an elevator during a fire emergency
- Designate a safe place in front of the house or apartment building for family members to meet after escaping a fire

- If your fire escape is cut off, remain calm, close the door, and seal cracks to hold back smoke. Signal for help at the window
- Evacuate a bedbound patient to a safe area by placing him or her on a sturdy blanket and pulling or dragging the patient out of the home
- Avoid excess clutter of newspapers, magazines, clothing, etc. These piles can become a fuel source for potential fires
- Remember, life safety is first, but if the fire is contained and small, you may be able to use your fire extinguisher until the fire department arrives
- Have your heating system checked and cleaned regularly by someone qualified to do maintenance
- Wood-burning stoves should be professionally installed. The chimney should be inspected and cleaned by a professional chimney sweep. Trash should not be burned in the stove because it could overheat. Gasoline or other flammable liquids should never be used to start wood stove fires
- Keep portable electric or kerosene heaters out of high-traffic areas. Operate them on the floor at least three feet from upholstered furniture, drapes, bedding, and other combustible materials, and turn them off when family members leave the house or go to sleep. Use kerosene heaters only in well-ventilated rooms. Store kerosene outside in a tightly sealed, labeled container
- Make sure electrical appliances and cords are clean, in good condition and not exposed to liquids
- Electrical outlets should be grounded and outlets with several plugs should not be used
- Keep cooking areas free of flammable objects (potholders, towels, etc.)
- Keep storage area above the stove free of flammable/combustible items
- Wear short or tight sleeves while cooking; do not reach over stove burner
- Do not leave the stove unattended when cooking, especially when the burner is turned to a high setting
- Turn pan handles away from burners and the edge of the stove
- Avoid cooking on high heat with oils and fat
- Puncture plastic wrap before heating foods in the microwave
- Never place hot liquids/solids at the edge of the counter
- Place layered protection between skin and heating pad
- Keep electrical appliances away from the bathtub or shower area
- Never leave patient alone in the shower/tub
- Set water heater thermostat below 120°F to prevent accidental scalding
- Store flammable liquids in properly labeled, tightly closed, non-glass containers. Store away from heaters, furnaces, water heaters, ranges, and other gas appliances. Make sure the garage is adequately ventilated

Medication Safety

- Do not take medications that are prescribed for someone else
- Create a complete list of current medications (including prescription and over-the-counter medications, herbal remedies and vitamins), and keep this list with you in emergencies. Review the list for discrepancies and make changes immediately as they occur. Show the list to your doctor or pharmacist to keep from combining drugs inappropriately

- Know the name of each of your medications, why you take it, how to take it, potential side effects and what foods or other things to avoid while taking it
- Report medication allergies or side effects to your healthcare provider
- Take medications exactly as instructed. If the medication looks different than you expected, ask your healthcare provider or pharmacist about it
- Drug names can look alike or sound alike. To avoid errors, check with your healthcare provider if you have questions
- Do not use alcohol when you are taking medicine
- Do not stop or change medicines without your doctor's approval, even if you are feeling better. If you miss a dose, do not double the next dose later
- Use a chart or container system (washed egg carton or med-planner) to help you remember what kind, how much, and when to take medicine
- Take your medicine with a light on so you can read the label
- Read medicine labels (including warnings) carefully and keep medicines in their original containers
- Store medications safely in a cool, dry place according to instructions on the label of the medication
- Keep medicines away from children and confused adults
- Federal disposal guidelines for medications: Follow any specific disposal instructions on the prescription drug labeling or patient information insert. Do not flush medications down the sink or toilet unless this information specifically instructs you to do so. If your community has a pharmaceutical take-back program, take your unused drugs to them for proper disposal. If no such program is available, remove drugs from their original containers and mark out any identifying information on the original containers. Mix the drugs with an undesirable substance like coffee grounds or kitty litter. Place the mixture in a sealed bag, empty can or other container and place it and the empty, original containers in the trash

Hazardous Items and Poisons

- Know how to contact your poison control
- Carefully store hazardous items in their original containers
- Do not mix products that contain chlorine or bleach with other chemicals
- Purchase insecticides for immediate need only and store excess properly
- Keep hazardous items, cleaners, and chemicals out of reach of children and confused or impaired adults
- Dispose of hazardous items and poisons only as directed

Medical Equipment Safety

- Keep manufacturer's instructions with or near specialized medical equipment. Perform routine and preventative maintenance according to the instructions
- Keep phone numbers available in the home to obtain service in case of equipment problems or equipment failure
- Have back up equipment available, if indicated
- Provide adequate electrical power for medical equipment such as ventilators, oxygen concentrators or other equipment

- Test equipment alarms periodically to make sure that you can hear them
- Have equipment batteries checked regularly by a qualified service person
- Have bedside rails professionally installed and use only when necessary. Do not use bed rails as a substitute for physical protective restraint
- If bed rails are split, remove, or leave the foot end down so the patient is not trapped between the rails
- The mattress must fit the bed. Add stuffers in gaps between the rail and mattress or between the head and foot board and mattress to reduce gaps
- Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator

Oxygen Safety

- Use oxygen only as directed. Oxygen creates an elevated risk for fire because it causes an acceleration of flame in the presence of flammable substances and open flames
- Do not smoke around oxygen. Post "No Smoking" signs inside and outside the home
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat
- Keep oil/petroleum products (such as Vaseline®, oily lotions, face creams or hair dressings), grease and flammable materials away from your oxygen system. Avoid using aerosols (such as a room deodorizers) near oxygen
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material
- Keep open flames (such as gas stoves and candles) at least 10 feet away from the oxygen source
- Always keep at least 6 inches of clearance around an oxygen concentrator. Plug it directly into a wall outlet and limit the use of extension cords
- Have electrical equipment properly grounded and avoid operating electrical appliances such as razors and hairdryers while using oxygen. Keep any electrical equipment (including e-cigarettes) that may spark at least 10 feet from the oxygen system
- Use 100% cotton bed linens and clothing to prevent sparks and static electricity
- Place oxygen cylinders in an appropriate stand to prevent tipping or secured to the wall or placed on their side on the floor
- Store in a well-ventilated area and not under outside porches or decks or in the trunk of a car
- Have a backup portable oxygen cylinder in case of a power or oxygen concentrator failure
- Alert property management of oxygen use when living in a multi-dwelling residence

Patient Travel Assistance

One of the benefits of home infusion therapy is the increased mobility and freedom you gain as a patient. This includes the ability to travel away from home, either on business or for a vacation. If you are traveling away from your home, our company can help in arranging for your medical needs. We can arrange services on your behalf with a healthcare company at your destination. Please allow at least two weeks advance notification before your departure date so that we can make appropriate arrangements. Early planning and careful preparation are the keys to a safe and enjoyable trip. We encourage you to be actively involved in your travel arrangements. Thank you for your cooperation in this matter and for helping us to help you.

Section 16: Returned Goods Policy

LUX Infusion policies and governing state law prohibits the restocking and subsequent reselling of any returned goods to include specialty drugs, ancillary medicines, and supplies. At LUX Infusion, we carefully follow your prescription for specialty medications. In most cases you will be unable to return or exchange your medications and supplies once they have been delivered to you unless the medication is recalled or defective in some way. You will be notified by us if your medication is recalled. You will be given instructions on what to do. Please be sure to keep us informed about the exact amount of medication and supplies that you have on hand when you are scheduling your next refill/delivery. In addition, we are unable to give you credit for medications that go unused. It is critical that you communicate continuously with us and follow the medication regimen designed and prescribed for you by your prescriber to maximize effectiveness and minimize waste. Credit will be applied to your account only if: a shipment was made without the customer's authorization or order; incorrect items were shipped; or if defective items were shipped.

The practice of reselling returned medical goods is illegal in most states. The U.S. Food and Drug Administration (FDA) "generally discourages the reuse of drugs that leave the control of the pharmacy." "A pharmacist should not return drug products to his stock once they have been out of his possession. It could be a dangerous practice for pharmacists to accept and return to stock the unused portions of prescriptions that are returned by patrons, because he would no longer have any assurance of the strength, quality, purity, or identity of the articles."

In the event you find that you have medical products or supplies you will not use, contact your LUX Infusion representative who can provide information on charities who may accept donated medication or supplies.

Section 17: Important Phone Numbers and Community Resources

Police.....911
Ambulance.....911
Fire.....911
Local Hospital_____
Local Doctor_____
Local Pharmacy_____

Poison Control.....(800) 222-1222
LUX Infusion.....(877) 337-3002
My Electric Company_____
My Phone Company_____
My Water Company_____
My Nursing Agency_____

Other Important Resources

American Red Cross.....(800) 733-2767
Elder Abuse (NCEA).....(800) 677-1116
Domestic Violence.....(800) 962-2873
FDA.....(800) 216-7331
Florida Relay (Voice).....(800) 955-8770
Florida Relay (Spanish).....(877) 955-8773

Center for Disease Control.....(800) 232-4636
Florida Child/Adult Abuse.....(800) 962-2873
Suicide Prevention Lifeline.....988Lifeline.org/chat
Florida Suicide Prevention.....9-8-8
Florida (TTY).....(800) 955-8771
Florida Relay.....7-1-1

Frequently Asked Questions

How Do I Contact the Pharmacy?

- Call us at the number on the provided location sheet. A pharmacist is available 24/7/365.
- Our business hours are listed on the location sheet as well.
- We are closed major holidays.
- Call 911 if you have a medical emergency.
- In case of an emergency/disaster, lost medication/supplies, or a need for your medication early/prior to travel, call the pharmacy immediately.
  - Requests can be made to your insurance company for emergency approvals.
  - Requests can be made to your prescriber for an emergency prescription.
  - Emergency deliveries can be made to an alternate address.
- Pharmacists are available for emergency and clinical situations (side effects, medication assistance, complaint resolution). Pharmacists cannot answer questions about order and copay status, claims, and benefit coverage. You may be directed to a resource who can support the inquiry.

How Do I Update My Prescription?

- Your prescriber can electronically prescribe or fax your prescription to the pharmacy listed on the location sheet
- If mailing a prescription, be sure to include:
  - First and last name
  - Address
  - Date of birth
  - Phone number
  - Known allergies
  - Other medications (including OTCs and herbals)
  - A list of diseases / conditions according to your doctor
- Your prescription may be filled with a generic equivalent or biosimilar based on state law, FDA equivalency rating, and company policy.
- A pharmacy team member will let you know if we are unable to fill your prescription. Information on medication availability will be given upon request.

How Long Does It Take to Receive My Prescription?

- We will call you to plan deliveries.
- Once your prescription is ready, we ship via FedEx, UPS, or United States Postal Service as required for the stability of your medication.
- **NOTE:** Drug shipment containers use packaging that keeps the drug within the required temperature range during shipment for 48 hours or more. Packaging may include frozen ice packs in summer and unfrozen packs in the winter to control temperature changes.
- **NOTE:** For refrigerated products, it is useful to save the foam boxes and ice packs in case you lose electrical power. Keep ice packs frozen.
- An employee will let you know if your delivery will be delayed. Some reasons for delays are product availability, prior authorizations required, or a quantity limitation imposed by your insurance company. We will work with you and your doctor to get prior authorizations completed as quickly as possible. If your insurance company will not allow a quantity override due to unforeseen circumstances, we will help you determine the best way to get your medication.

How Do I Refill My Prescription?

- We will contact you one week before your refill is due. You may contact us at any time regarding your refill.
- Have your prescription number(s) nearby to place your order.
- Advise the pharmacy regarding any changes to your health insurance.
- Do not worry about ordering your refill too soon. We will hold your prescription until your insurance covers it.
- Tell us if your directions have changed. Tell us if your prescriber has advised any changes with your therapy.
- If you need your prescription immediately, let us know so your order can be expedited.
- You may also opt in to receive a text message to remind you of your upcoming refill.

How Much Will My Prescription Cost?

- This depends on your insurance. Drug cost changes frequently. Once your claim is processed, we will provide you with your co-pay cost.
- We will help you identify co-pay assistance, patient assistant programs, or other support/charitable organizations if you cannot afford the cost of your medication.
- Call the Member Services phone number on your prescription card. They can let you know which specialty pharmacies are in or out of network and any price difference between in and out of network pharmacies.
- If you have Medicare Part D drug coverage, the cost of your prescription will change quite a bit depending on your plan benefit stage.

How Does the Insurance Billing Process Work?

- We will file claims with your insurance company on your behalf.
- We will call your insurance company to learn what is covered and any required paperwork. If a claim is denied, we will work to get it approved. This may require assistance of both you and your physician.
- If a member of the pharmacy team asks you to call your insurer, please complete this task as quickly as possible.

How Do I Know My Prescription Cost? How Do I Make a Payment?

- A service representative will help you plan your payment.
- Medical billing patients: We will let you know when your claim response is received and inform you of any balance due.
- We will provide you a patient statement to show the activity on your account upon request.
- Your insurer may also provide you with an Explanation of Benefits (EOB) report to describe which services were covered and how much was paid as well as the remaining balance.
- If you have any questions, please get in touch with a member of our pharmacy team.
- We accept all major credit cards, check, cash, or money orders. If mailing payment, please do not mail cash.
- You must give your consent to the amount paid, and the method of payment.

What Should I Do If My Insurance Changes?

- If you have a change in your insurance, please call our pharmacy as soon as you can to inform them of these changes.
- They will check your benefits and any resulting changes under your insurance plan.
- Many insurance companies need to give their approval in advance. This can take as long as 30 days. Please be sure to let our pharmacy know as soon as possible to avoid a delay in getting your medication.

How Can I Safely Dispose of Medications?

- This website contains information about safely disposing of medication. You may also call the pharmacy for guidance: http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm
- If your medication is not on this list, call the pharmacy for information.
- You will be notified by us if your medication is recalled. You will be given instructions on what to do.

What Is the Patient Management Program?

- The Patient Management Program is included at no cost to you. You are automatically enrolled. You may opt out at any time. Pharmacists will work with you on any medication related concerns or questions.
- The potential benefits of this program are:
  - Managing side effects
  - Improved overall health
  - Additional disease and medication information for you
  - Ensuring medications are taken as prescribed
  - Coordination of care with your physician.
- The potential limitations of this program are dependent on you, the patient. You must be willing to:
  - Follow the directions of your physician and pharmacist
  - Be compliant with taking your medication, and
  - Discuss the details of your disease, medical history and activities of daily life with your pharmacist.
- Please let your physician know that you are enrolled in our Patient Management Program. A good relationship between your physician and your pharmacist will benefit you.

What States Do You Service?

LUX Infusion is capable of servicing all 50 US States, Washington DC, Puerto Rico, and the US Virgin Islands.

What Are Your Complaints/Concerns and Comments Procedures?

- Any concerns, complaints, or comments will be handled with discretion, and your confidentiality will be maintained.
- We want to provide you with good service, and your concerns, complaints, suggestions and compliments will help us provide you better service.
- Use the number on your location sheet and request to speak with a supervisor or pharmacist for concerns or complaints regarding services.
  - If a supervisor is not able to resolve your complaint, request to speak with the Pharmacist in Charge (PIC).
- You and your family will not be penalized, nor will your healthcare be adversely affected by filing a complaint or concern
- If you decide to file a formal complaint, please address the complaint letter to the Pharmacist in Charge, or note it during your call.
  - The Pharmacist in Charge will then:
    - Acknowledge receipt of your complaint within five (5) days
    - Investigate your complaint
    - Offer to meet with you to discuss the matter in more detail
    - Offer a full, written explanation within fourteen (14) days. If for any reason we are unable to obtain all the necessary information within that time, we will inform you of the reasons for delay
- Time Limits:
  - Made within 6 months of the event, or
  - Made within 6 months of the patient realizing they had a complaint or concern, as long it is not more than 12 months after the event.
- You may contact our accrediting organizations: URAC, via the website, https://www.urac.org/complaint/ or ACHC at 855-937-2242 for any unresolved concerns.
- You may contact your state's Board of Pharmacy for any unresolved pharmacy concerns.

FLORIDA RESIDENT SUPPLEMENT

Health Care Advance Directives: The Patient's Right to Decide

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. Only your primary physician can determine if you are incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death. Additionally, the law states that you do not have to be incapacitated to elect a health care surrogate to make your decisions.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

Questions About Health Care Advance Directives

What is an advance directive?

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advance directives are:
• A Living Will
• A Health Care Surrogate Designation
• An Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

What is a living will?

It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes elect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

What is a health care surrogate designation?

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

Which is best?

Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

What is an anatomical donation?

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

Am I required to have an advance directive under Florida law?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend.

The person making decisions for you may or may not be aware of your wishes. When you make an advance directive and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

Must an attorney prepare the advance directive?

No, the procedures are simple and do not require an attorney, though you may choose to consult one.

However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

Where can I find advance directive forms?

Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

Can I change my mind after I write an advance directive?

Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

What if I have filled out an advance directive in another state and need treatment in Florida?

An advance directive completed in another state, as described in that state's law, can be honored in Florida.

What should I do with my advance directive if I choose to have one?

- If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.
- Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.
- Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

More Information on Health Care Advance Directives

Before making a decision about advance directives you might want to consider additional options and other sources of information, including the following:

- As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes.

If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.

- If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the DOH website or www.MyFlorida.com (type DNRO in these website search engines) or call (850) 245-4440.

  When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.

- If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at (800) 628-2594 or https://anatbd.acb.med.ufl.edu/.

- If you would like to learn more on organ and tissue donation, please visit the Joshua Abbott Organ and Tissue Donor Registry at www.DonateLifeFlorida.org where you can become organ, tissue and eye donors online. If you have further questions about organ and tissue donation you may want to talk to your health care provider.

- Various organizations also make advance directive forms available. One such document is "Five Wishes" that includes a living will and a health care surrogate designation. "Five Wishes" gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things. You can find out more at:

  Aging with Dignity
  www.AgingWithDignity.org
  (888) 594-7437

Other resources include:

American Association of Retired Persons (AARP)
www.aarp.org
(Type "advance directives" in the website's search engine)

Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.

Brochure: End of Life Issues
www.FloridaHealthFinder.gov
(888) 419-3456

Health Care Advance Directives Downloadable Forms
To download the individual forms click the following:

- Living Will
- Designation of Health Care Surrogate
- Designation of Health Care Surrogate for a Minor
- Donor Form
- Wallet Card about your Advance Directive

Produced and distributed by the Florida Agency for Health Care Administration. This publication can be copied for public use. To view or print other publications from the Agency for Health Care Administration please visit www.FloridaHealthFinder.gov.

FLORIDA RESIDENT SUPPLEMENT

Emergency Planning: Special Needs Shelters

Using a Special Needs Shelter

The special needs shelter is available for patients who need to evacuate their homes during disasters when no other options remain. These shelters aim to provide access to electricity for those reliant on it to power life-sustaining equipment or other devices needed for the continuous or intermittent treatment of acute or chronic medical conditions. Although these shelters work hard to accommodate the needs of patients within the community, they may not be able to provide the same level of care you receive at home due to limited resources and staff. Shelters can also bring with them an added layer of stress due to the constant noise, unfamiliarity of the environment, and the change in normal routine, so use of shelters should be limited to a "last resort" option when possible.

The Role of the Caregiver

All patients who have a caregiver, must be accompanied by that caregiver to the special needs shelter. Patients requiring a caregiver cannot be housed at a shelter independently due to limited staff and resources, so caregivers are required to stay at the shelter with the patient at all times. Patients requiring caregiver assistance may be transported to a local hospital if they are not accompanied by their caregiver when arriving to the shelter.

Evacuation List for Special Needs Shelters

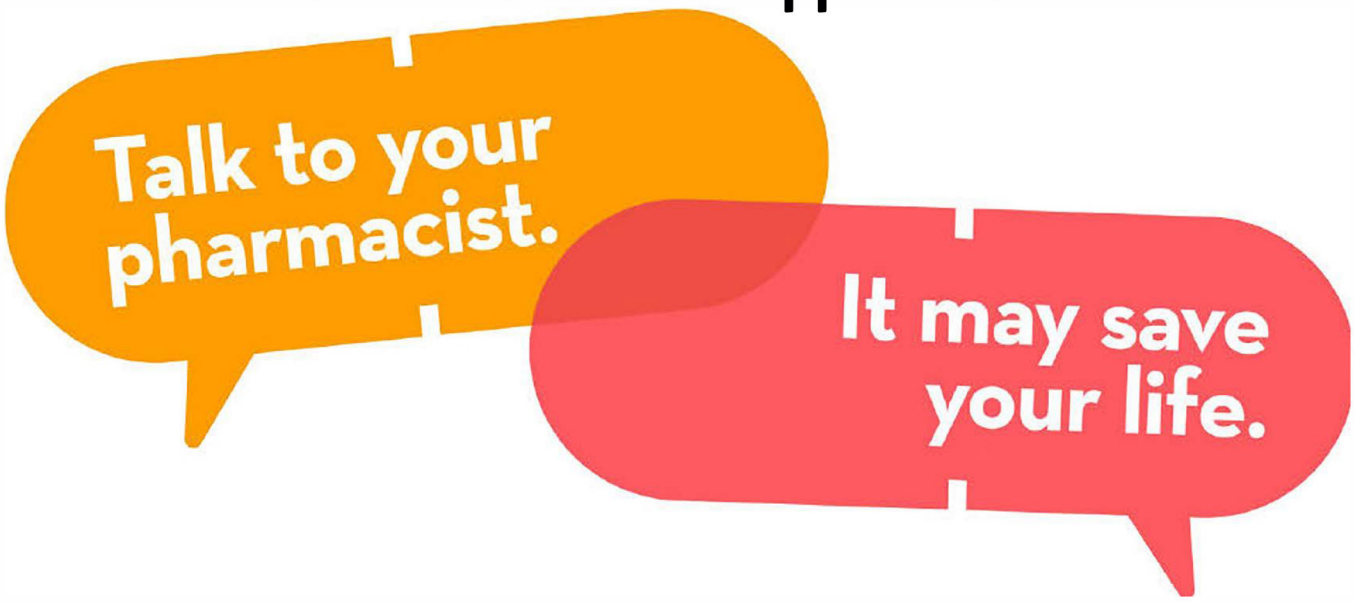
The following items should be brought with you during an emergency evacuation to a special needs shelter:

- Medication, supplies and equipment list supplied by the home health agency;
- Prescription and non- prescription medication needed for at least 72 hours;
- Supplies and medical equipment for the patient's care;
- Oxygen for 72 hours, if needed;
- The phone and emergency numbers for the patient's physician, pharmacy and, if applicable, oxygen supplier;
- Identification and current address;
- Name and phone number of the patient's home infusion company;
- A copy of the patient's plan of care;
- Do Not Resuscitate (DNRO) form, if applicable;
- Folding lawn chair;
- Air mattress;
- Bedding- Sheets, blankets, pillow;
- Special diet items, non-perishable food for 72 hours, and personal snacks
- 1 gallon of water per person per day;
- Glasses, hearing aids, and batteries, prosthetics and any other assistive devices;
- Personal hygiene items for 72 hours;
- Extra clothing for 72 hours;
- Flashlight and batteries;
- Self-entertainment, like books and magazines.

Florida Residents: State and Local Resources

- **Florida Special Needs Registry:**
  - (Online) https://snr.flhealthresponse.com/
  - (Phone) Application Request (Broward County) (954) 831-3902
- **Emergency Shelters: (by county)**
  - (Online) https://www.floridadisaster.org/planprepare/shelters/
  - (Phone) Emergency Hotline (Broward County) 311 or (954) 831-4000
  - (Online) Hurricane Shelters List (Broward County) https://www.broward.org/Hurricane/Pages/Shelters.aspx
- **Emergency Planning**
  - Family Plan -
    - https://www.floridadisaster.org/family-plan/
    - https://www.floridadisaster.org/planprepare/disability/personal-and-family-plans/
  - Disaster Supply Kit Checklist - https://www.floridadisaster.org/planprepare/hurricane-supply-checklist/
  - Florida Hurricane Guide - https://www.floridadisaster.org/planprepare/florida-hurricane-guide/
  - Preparing for Hurricanes - https://www.floridadisaster.org/planprepare/preparing-for-hurricane-season/
  - Emergency Management by County - https://www.floridadisaster.org/planprepare/counties/
  - Evacuation Routes and Zone Maps - https://www.floridadisaster.org/planprepare/disaster-preparedness-maps/

Illinois Resident Supplement



Illinois law requires the pharmacist talk to you about any new or changed prescriptions.

Education ensures safe and effective use of your medications, reducing the chances of a serious interaction.

If you receive prescriptions by mail, you may contact the pharmacist at the number provided on your order.

If the pharmacist fails to discuss any new or changed prescriptions with you, please contact the state regulatory authority.

Department of Financial and Professional Regulation
Division of Professional Regulation
Complaint Intake Unit
555 West Monroe Street, 5th Floor
Chicago, IL 60661
https://IDFPR.illinois.gov/admin/DPR/DPRcomplaint.asp

California Resources

Kings County

Area Agency on Aging:
5957 South Mooney Boulevard
Visalia, CA 93277
Contact Us: 559.624.8000
Website: www.ktaaa.org/

Center for Independent Living:
Resources for Independence Central Valley (RICV) - offers core services including information and referral, advocacy, independent living skills training, peer counseling, transition/diversion services, and youth services.
3636 North First Street, Suite 101
Fresno, CA 93726
Service hours: Monday through Friday, 8:30am to 5:00pm.
Contact Us: 559.221.2330 | info@ricv.org
Website: https://ricv.org/

Protection and Advocacy Agency:
Kings-Tulare AAA
3500 West Mineral King, Suite C
Visalia, CA 93291
Contact Us: 800.321.2462 | ktaaa@tularehhsa.org
Website: www.ktaaa.org/

Kern County

Area Agency on Aging:
5357 Truxtun Avenue
Bakersfield, CA 93309
Contact Us: 800.510.2020
Website: www.kerncounty.com/government/aging-adult-services

Center for Independent Living:
5251 Office Park Drive, Suite 200
Bakersfield, CA 93309
Contact Us: 661.325.1063 | TTY: 661.369.8966 | Toll Free: 800.529.9541 |
info@ilcofkerncounty.org
Website: www.ilcofkerncounty.org/

Aging and Disability Resource Center:
5251 Office Park Drive, Suite 200
Bakersfield, CA 93309
Contact Us: 661.868.1000
Website: www.kerncountyadrc.org

Protection and Advocacy Agency:
Greater Bakersfield Legal Assistance
615 California Avenue
Bakersfield, CA 93304
Service Hours: Monday – Friday, 8:30am – 5pm
Contact Us: 661.325.5943
Website: www.gbla.org

Los Angeles County

Area Agency on Aging:
510 S. Vermont Ave., 11th Fl.
Los Angeles, California 90020 (Physical)
Service hours: Monday through Friday, 8:00am to 5:00pm.
Website: ad.lacounty.gov
Contact Us: 888.202.4248 | 24/7: 877.477.3646

Center for Independent Living:
107 Spring Street
Claremont, California 91711 (Physical)
Service hours: Monday through Friday, 8:00am to 4:30pm.
Contact Us: 909.621.6722 | TDD: 909.962.7065 | Intake: 800.491.6722
Website: www.scil-ilc.org

Protection and Advocacy Agency:
801 North Brand, Suite 240
Glendale, California 91203 (Physical)
Contact Us: 213.389.2077
Website: www.mhas-la.org/contact-us

Aging and Disability Resource Center:
510 South Vermont Avenue
11th Floor
Los Angeles, CA 90020
Service hours: Monday through Friday, 8:00am to 5:00pm.
Website: www.lascadrc.org/
Contact Us: 213.627.0477 | Info: 800.510.2020 | info@calif-ilc.org

---

Orange County

Area Agency on Aging:
1300 South Ground Avenue, Building B, 2nd Floor
Santa Ana, CA 92705-4434
Contact Us: 714.480.6450
Website: www.officeonaging.ocgov.com/

Center for Independent Living:
Dayle McIntosh Center for Independent Living
501 North Brookhurst Street, Suite 102
Anaheim, CA 92801
Contact Us: 714.621.3300 | receptionist@daylemc.org
Website: www.daylemc.org/

Aging and Disability Resource Center:
501 North Brookhurst Street, Suite 102
Anaheim, CA 92801
Contact Us: 714.621.3300
Website: www.adrcoc.org

Protection and Advocacy Agency:
Orange County Patient's Rights Advocacy Services
600 West Santa Boulevard, Suite 805
Santa Ana, CA 92701
Contact Us: 714.276.8145 | 800.668.4249 | mhspras@turbbhs.org

---

Riverside County

Area Agency on Aging:
3610 Central Avenue, Suite 102
Riverside, CA 92506
Contact Us: 951.867.3800
Website: www.rcaging.org/

Center for Independent Living:
6848 Magnolia Avenue, Suite 150
Riverside, CA 92506
Contact Us: 951.274.0358 | TTY: 951.274.0834 | nettec1@alcac.org
Website: www.ilcac.org/

Aging and Disability Resource Center
3610 Central Avenue, 3rd Floor
Riverside, CA 92516
Contact Us: 877.932.4100 | rcaging@rivco.org
Website: www.rcaging.org/

Protection and Advocacy Agency:
Inland Counties Legal Services
1040 Iowa Avenue, Suite 109
Riverside, CA 92507
Service Hours: Monday – Friday, 8:30am – 5pm
Contact Us: Intake 888.245.4257 | Senior Line: 800.977.4257
Website: www.inlandlegal.org

San Bernardino County

Area Agency on Aging:
784 East Hospitality Lane
San Bernardino, CA 92415
Service Hours: Monday through Friday, 8:00am – 5:00pm
Contact Us: 909.891.3900
Website: www.hss.sbcounty.gov/daas/

Center for Independent Living:
1955 Hunts Lane, Unit 101
San Bernardino, CA 92408
Contact Us: 909.890.9516
Website: www.rollingstart.com/

Aging and Disability Resource Center
1955 Hunts Lane, Unit 101
San Bernardino, CA 92408
Website: www.adrc.sbcounty.gov/

Protection and Advocacy Agency:
Inland Counties Legal Services
1040 Iowa Avenue, Suite 109
Riverside, CA 92507
Service Hours: Monday – Friday, 8:30am – 5pm
Contact Us: Intake 888.245.4257 | Senior Line: 800.977.4257
Website: www.inlandlegal.org

San Diego County

Area Agency on Aging:
5560 Overland Avenue, Suite 310
San Diego, CA 92193-3217
Contact Us: 858.495-5885
Website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais.html

Center for Independent Living:
885 Rio San Diego Drive, Unit 135
San Diego, CA 92108
Contact Us: 619.293.3599 | info@accesstoindependence.org
Website: www.accesstoindependence.org

Protection and Advocacy Agency:
5151 Murphy Canyon Road, Suite 100
San Diego, CA 92123
Contact Us: 858.565.8772
Website: www.elaca.org/medicare-health0insurance-support/

San Luis Obispo County

Area Agency on Aging:
Central Coast Commission for Senior Citizens
528 South Broadway
Santa Maria, CA 93454
Contact Us: 805.925.9554
Website: www.centralcoastseniors.org/

Center for Independent Living:
51 Zaca Lane, Unit 140
San Luis Obispo, CA 93401
Contact Us: 805.462.1162 | info@accesscentralcoast.org
Website: www.accesscentralcoast.org/

Aging and Disability Resource Center
528 South Broadway
Santa Maria, CA 93454
Contact Us: 800.510.2020
Website: www.centralcoastseniors.myresourcedirectory.com/

Protection and Advocacy Agency:
Patients' Rights Advocate
2180 Johnsons Avenue, San Luis Obispo, CA 93401
Contact Us: 805.781.4738 | pavm@jfssd.org

Santa Barbara

Area Agency on Aging
Central Coast Commission for Senior Citizens
528 South Broadway
Santa Maria, CA 93454
Contact Us: 805.925.9554
Website: www.centralcoastseniors.org/

Center for Independent Living:
423 West Victoria Street
Santa Barbara, CA 93101
Contact Us: 805.963.0595 | info@accesscentralcoast.org
Website: www.accesscentralcoast.org/

Aging and Disability Resource Center
528 South Broadway
Santa Maria, CA 93454
Contact Us: 800.510.2020
Website: www.centralcoastseniors.myresourcedirectory.com/

Protection and Advocacy Agency
Legal Aid Foundation of Santa Barbara County
123 West Gutierrez Street
Santa Barbara, CA 93101
Contact Us: 805.965-1001
Website: www.fsacares.org/

Tulare County

Area Agency on Aging
5957 South Mooney Blvd
Visalia, CA 93277
Contact Us: 800-321-2462 | ktaaa@tularehhsa.org
Website: https://ktaaa.org/

Aging and Disability Resource Center:
Community Services Employment Training (CSET) – operates 8 senior centers providing meals, classes, and social activities.
312 NW 3rd Avenue
Visalia, CA 93291-3626
Service hours: Monday through Friday, 8:00am to 5:00pm.
Contact Us: 800.321.2462 |CSETseniorservices@cset.org | info@cset.org
Website: https://www.cset.org/

Center for Independent Living:
Resources for Independence Central Valley (RICV) - offers core services including information and referral, advocacy, independent living skills training, peer counseling, transition/diversion services, and youth services.
425 East Oak Avenue, Suite 102
Visalia, CA 93291
Service hours: Monday through Friday, 8:30am to 5:00pm.
Contact Us: 559.221.2330 | info@ricv.org
Website: https://ricv.org/

Protection and Advocacy Agency:
Kings-Tulare AAA
3500 West Mineral King, Suite C
Visalia, CA 93291
Contact Us: 800.321.2462 | ktaaa@tularehhsa.org
Website: www.ktaaa.org/

County of Ventura

Area Agency on Aging:
4651 Telephone Road
Ventura, CA 93003
Service hours: Monday through Friday, 8:00am to 5:00pm.
Contact Us: 805.477.7300
Website: https://vcaaa.org

Aging and Disability Resource Center
646 County Square Drive
Ventura, CA 93003
Website: https://vcaaa.venturacounty.gov/our-services/adrc/

Center for Independent Living:
Access Central Coast
702 County Square Drive, Unit 105
Ventura, CA 93003
Contact Us: 805.650.5993 | info@accesscentralcoast.org
Website: www.accesscentralcoast.org/

Protection and Advocacy Agency:
Grey Law of Ventura County
266 Mobil Avenue, Suite 108A
Camarillo, CA 93010
Contact Us: 805.658.2266 | msw98488@gmail.com
Website: www.greylaw.us/

Quality Improvement Organization:
Commence Health
Service Hours: Monday – Friday, 9am – 5pm | 24-hour voicemail available
Contact Us: 877.588.1123
Website: Commence Health BFCC-QIO - California

California Hotline for Agency Complaints:
The patient has the right to be advised of the availability of the applicable toll-free home health agency hotline in the state. The purpose of the hotline is to receive complaints or questions about local home health agencies.

Kern County Complaints:
Bakersfield District Office
4540 California Avenue, Suite 200
Bakersfield, CA 93309
Phone: 661.336.0543 | 866.222.1903
Email: CDPH-LNC-BAKERSFIELD@cdph.ca.gov

Kings Canyon Complaints:
Fresno District Office
285 West Bullard, Suite 101
Fresno, CA 93704
Phone: 559.437.1500 | 800.554.0351
Email: CDPH-LNC-FRESNO@cdph.ca.gov

Los Angeles Complaints:
Los Angeles Specialty Offices
3400 Aerojet Avenue, Suite 323
El Monte, CA 91731
Phone: 626.312.1220 | 800.228.1019
Email: CDPH-LNC-LOSANGELES@cdph.ca.gov

Orange County Complaints:
Orange County District Office
681 South Parker Street, Suite 200
Orange, CA 92868
Phone: 714.567.2906 | 800.228.5234
Email: CDPH-LNC-ORANGECOUNTY@cdph.ca.gov |
OrangeDOPublicMail@cdph.ca.gov

Riverside County Complaints:
Riverside District Office
625 East Carnegie Drive, Suite 280
San Bernardino, CA 92408
Phone: 909.388.7170 | 888.354.9203
Email: CDPH-LNC-RIVERSIDE@cdph.ca.gov

San Bernardino County Complaints:
San Bernardino District Office
464 West Fourth Street, Suite 529
San Bernardino, CA 92401
Phone: 909.383.4777 | 800.344.2896
Email: CDPH-LNC-SANBERNARDINO@cdph.ca.gov

San Diego County Complaints:
San Diego District Office
7575 Metropolitan Drive, Suite 104
San Diego, CA 92108-4402
Phone: 619.278.3700 | 800.824.0613
Email: CDPH-LNC-SANDIEGO@cdph.ca.gov

San Luis Obispo County Complaints:
Ventura District Office
1889 North Rice Avenue, Suite 200
Oxnard, CA 93030
Phone: 805.604.2926 | 800.547.8267
Email: CDPH-LNC-VENTURA@cdph.ca.gov

Santa Barbara County Complaints:
Ventura District Office
1889 North Rice Avenue, Suite 200
Oxnard, CA 93030
Phone: 805.604.2926 | 800.547.8267
Email: CDPH-LNC-VENTURA@cdph.ca.gov

Tulare County Complaints:
Bakersfield District Office
4540 California Avenue, Suite 200
Bakersfield, CA 93309
Phone: 661.336.0543 | 866.222.1903
Email: CDPH-LNC-BAKERSFIELD@cdph.ca.gov

Ventura County Complaints:
Ventura District Office
1889 North Rice Avenue, Suite 200
Oxnard, CA 93030
Phone: 805.604.2926 | 800.547.8267
Email: CDPH-LNC-VENTURA@cdph.ca.gov

Notice of Privacy Practices (NPP)

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

This Notice of Privacy Practices ("Notice") describes the privacy practices of LUX Infusion, LLC., including but not limited to its subsidiaries and affiliated entities (collectively, "LUX Infusion"). This affiliated group of pharmacies, infusion centers and infusion suites treats itself as a single entity for the purposes of using and disclosing health information about you. For a full listing of all subsidiaries, divisions, or affiliated business units, please visit: https://www.luxinfusion.com/patients/newpatient-welcome-packet.

LUX Infusion wants you to know that nothing is more central to our operations than maintaining the privacy of your personal health information ("PHI"). PHI is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and other basic contact information and information about your health, medical conditions, and prescriptions. We take our responsibility to protect this information very seriously.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We are required by law to protect the privacy of your health information and to provide you with this Notice explaining our legal duties and privacy practices regarding your health information. We are also required to notify you if your PHI is breached. Our pharmacy staff is required to protect the confidentiality of your PHI and will disclose your PHI to a person other than you or your personal representative only when permitted under federal or state law. This protection extends to any PHI that is oral, written, or electronic, such as prescriptions transmitted by facsimile, model, or other electronic devices. This Notice describes how we may use and disclose your PHI. In some circumstances, as described in this Notice, the law permits us to use and disclosure your PHI without your express permission. In all other circumstances, we will obtain your written authorization before we use or disclose your PHI. This Notice also describes your rights and the obligations we have regarding the use and disclosure of your PHI. Under federal and applicable state law, we must follow the terms of the Notice in effect. We are required to follow state privacy laws when they are stricter or more protective of your PHI than the federal law.

USE AND DISCLOSURE OF YOUR PHI WITHOUT YOUR AUTHORIZATION

Below are examples of how Federal law permits use or disclosure of your PHI without your permission:

Treatment: We will use and disclose your PHI to provide treatment to you. For example, PHI will be used by your pharmacist to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you. We may contact you to provide treatment-related services, such as refill reminders, treatment alternatives, and other health- related benefits and services that may interest you.

Payment: We may use and disclose your PHI to obtain payment for health care services provided to you. For example, we may contact your insurer to determine whether it will authorize payment for your prescription and to determine the amount of your co-payment or coinsurance. We may bill you or your insurer for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking. In the event coverage for a particular prescription is denied, we may contact your physician or insurer to obtain a prior authorization or confirm medical necessity.

Health Care Operations: We will use and disclose your PHI to carry out our general business operations as a health care provider. We may use your PHI to monitor the effectiveness and quality of our health care services, to provide customer service, and to resolve complaints. For example, we may use information in your health record to monitor the performance of the pharmacist's providing treatment to you.

Business Associates: We will share your PHI with third party business associates that perform various activities for us. These contractors are required by law and their agreements with us to protect your PHI in the same way we do.

As Required by Law: We must use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability. These activities may include the following: disclosure to report reactions to medications or other products to the U.S. Food and Drug Administration("FDA") or other authorized entity; disclosure to notify individuals of recalls, exposure to a disease, or risk for contracting or spreading a disease or condition.

Worker's Compensation: We may disclose PHI to the extent authorized and necessary to comply with laws relating to worker's compensation or similar programs established by law.

Law Enforcement: We may disclose your PHI to a law enforcement official for law enforcement purposes as follows: as required by law including laws that require the reporting of certain types of wounds or other physical injuries; pursuant to court order, court-ordered warrant, subpoena, summons, administrative request or other similar process; for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime; when we locate a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime; when we suspect that the information relates to criminal conduct that occurred on our premises; to alert law enforcement officials regarding a death; and in an emergency to report a crime.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

Judicial and Administrative Proceedings: We may disclose PHI about you in response to a court or administrative order, subpoena, discovery request, or other lawful process.

To Avert a Serious Threat to Health and Safety: We may use and disclose PHI 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. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual

To Coroners, Funeral Directors, and for Organ Donation: We may disclose your PHI to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, consistent with applicable law, to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed to facilitate cadaveric organ, eye, or tissue donation.

Research: Under certain circumstances, we may use and disclose your PHI for medical research purposes. However, before disclosing your PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to protect your PHI.

Military and Veterans: If you are a member of the armed forces, including a foreign military, we may use and disclose PHI about you as required by military command authorities.

National Security, Intelligence Activities, and Protective Services for the President and Others: We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President or other authorized persons or foreign heads of state, to conduct special investigations, and other national security activities authorized by law.

Correctional Institution: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official PHI necessary for the provisions to you of health care services, your health and safety, the health and safety of others, law enforcement on the premises of the correctional institution and the administration and maintenance of the safety, security, and good order of the correctional institution.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

Fund raising: As permitted by applicable law, we may contact you to provide you with information about our fundraising programs. You have the right to "opt out" of receiving these communications and such fundraising materials will explain how you may request to opt out of future communications if you do not want us to contact you for further fundraising efforts.

Accrediting Organizations: We may share your PHI with employees of the agency accrediting us. Federal law prohibits employees of the accrediting body from giving your protected health information to anyone else.

Disclosures to You or for Compliance Investigations: We may disclose your PHI to you or to your personal representative and we are required to disclose your PHI in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. We must also disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary to investigate our compliance with the privacy regulations issued under HIPAA (Health Insurance Portability and Accountability).

OTHER USES AND DISCLOSURES THAT MAY BE MADE WITHOUT AUTHORIZATION

We also may use and disclose your PHI in the three instances below without getting your authorization under the HIPAA Privacy Rules, although you may in certain circumstances agree or object to these uses and disclosures. If you are not present or able to agree or object to the use or disclosure of the PHI, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Communicate with Individuals Involved in Your Care or Payment for Your Care: We may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI related to that person's involvement in your care or payment related to your care. Additionally, we may disclose PHI to your "personal representative." If a person has the authority by law to make health care decisions for you, we will regard that person as your "personal representative" and treat him or her the same way we would treat you with respect to your PHI.

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, condition, or death.

Disaster Relief: We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless we determine that doing so would impede our ability to respond to emergency circumstances.

USES AND DISCLOSURES OF PHI THAT REQUIRE AUTHORIZATION

We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable state/federal laws allow such use or disclosure without your authorization.

Other Uses and Disclosures: We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already acted in reliance on the authorization.

USE AND DISCLOSURE OF HIGHLY SENSITIVE HEALTH INFORMATION

HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information have special confidentiality protections under applicable state and federal law. These records cannot be used in civil, criminal, administrative, or legislative proceedings without your consent or a court order.

YOUR HEALTH INFORMATION RIGHT

You have the following rights with respect to PHI about you:

Obtain a Paper Copy of the Notice Upon Request: You may request a copy of this notice from us at any time, even if you have agreed to receive it electronically. To obtain a paper copy of this notice, contact our Privacy Officer at the contact information below.

Right to Request a Restriction on Certain Uses and Disclosures of PHI: You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.

Right to Inspect and Obtain a Copy: With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must send a written request to the Privacy Officer. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy, in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.

Request an Amendment of PHI: If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Officer. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.

Receive an Accounting of Disclosures of PHI: Apart from certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Officer. Your request must specify a time.

Request Communications of PHI by Alternative Means or at Alternative Locations: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the Privacy Officer. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Notification of a Breach: You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with state/federal applicable laws.

Right to File a Complaint: 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 file a complaint please contact our Privacy Officer as described below. You will not be retaliated against for filing a complaint.

Contacting the Privacy Officer: You may contact the Privacy Officer at:

855 SW 78th Ave., Suite C200, Plantation FL 33324
(855) 359-9679 ext. 2233

All requests relating to PHI must include the patient's full name, date of birth, and address.

Effective Date of This Notice: The effective date of this notice is January 1, 2020.

Changes to this Notice: We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we maintain and any PHI we receive in the future. We will post a copy of the current notice on our website. You may also request a copy of the current notice at any time.

For More Information or to Report a Problem: Information regarding your privacy protections under State law can be found on our website. If you have questions or would like additional information about our privacy practices, you can contact the Privacy Officer as described above.

Patient Agreement and Acknowledgment ("Agreement")

1. Consent to Receive Services and Acknowledgments: I understand I have the right to choose the pharmacy I use to receive my prescriptions and professional services. I agree to the provision of products and/or services, which may include pharmacy and nursing services, to me by LUX Infusion, LLC, including any subsidiary, division or affiliated business units under common control or ownership. For a full listing of all subsidiaries, divisions, or affiliated business units, please visit: https://www.luxinfusion.com/patients/new-patient-welcome-packet.

You authorize Pharmacy to work with your other health care providers while providing services to you.

I acknowledge that:

- I have received a copy of the patient handouts that contain Patient Rights and Responsibilities, DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies) Supplier Standards, and Emergency Information. I have received the product monograph and instructions to follow up with the Pharmacy if needed. I have had the opportunity to ask any questions that I have regarding these documents and the services that I will be receiving in general.
- I understand that state law prohibits reuse or resale of prescription items once they are dispensed. Therefore, products cannot be returned for credit.
- I understand that I may lodge a complaint without concern for retaliation, reprisal, discrimination, or un-reasonable interruption of service.
- I understand that it is my responsibility to use the products furnished as prescribed by my physician and to contact the Pharmacy or my physician with any questions.
- I understand that it is my responsibility to inform the Pharmacy of any changes to my personal information such as address, phone number, etc.
- I understand I am required to notify the Pharmacy if there are any changes to my insurance such as termination of coverage, change of benefits, change of payer, or any notifications I receive regarding non-payment of claims.

2. Notice of Privacy Practices Acknowledgment: I acknowledge that I have received a copy of the Notice of Privacy Practices outlining the possible uses and disclosures of my private health information or "PHI" and privacy rights. I can review the NPP at any time by visiting: https://www.luxinfusion. com/about/new-patient-welcome-packet

3. Assignment of Benefits: I hereby assign and transfer to Pharmacy any and all rights to receive payment of insurance benefits. The assignment of benefits includes pharmaceuticals, durable medical equipment, home health care, nursing and other benefits which are otherwise payable to me for products or services provided by Pharmacy. This assignment covers all benefits under Medicare, other state and federal government-sponsored programs, private insurance and any other health plans. I understand this document constitutes a legal binding assignment and is not a mere authorization to collect benefits on my behalf. I authorize and direct my insurance carrier(s) or payer to furnish an agent of Pharmacy any and all information pertaining to my insurance benefits and the status of claims submitted by Pharmacy. I understand payments may be sent by my insurance provider directly to me; however, I agree that when I receive such payments I will promptly submit them to Pharmacy for payment of my bill.

4. Financial Responsibility. I understand that my insurance coverage may only cover a portion of the total bill or no coverage may exist. I further understand that I am responsible for all charges not covered or denied, whether services were rendered before or are rendered after the date this Agreement was signed. I agree that if a claim is denied I will take full responsibility for the submitted charges. If I fail to take responsibility for such charges or fail to remit payment as I have agreed, any amounts due and owing to Pharmacy may be turned over to a collection agency. I understand and agree that I may also be subject to a finance charge of 18% per year or the maximum amount allowed by applicable law, whichever is lower; legal fees; and any other fee(s) incurred attempting to collect such payment. I authorize, designate, and assign to Pharmacy as my (or the Patient's) personal representative to pursue all claims arising under State and Federal law (including claims arising under the Employee Retirement Income Security Act of 1974 (ERISA)) and further assign all rights and privileges afforded under my (or the Patient's) health benefit plan regardless of the payer source. I understand that this assignment of rights, benefits and claims does not relieve me (or the Patient) of my obligations to pay Pharmacy for any charges not covered by this assignment or not paid by insurance or health care benefits. I understand and acknowledge that whether I sign as a representative or am the Patient, I am responsible for and guarantee payment of any charges incurred for medications, supplies or services provided by Pharmacy. I authorize Pharmacy and its assignees to order a consumer credit report from one or more consumer credit reporting agencies and verify other credit information. Pharmacy and its assignees may use the credit report for any purpose that would be authorized by applicable law in connection with any charges I incur, including without limitation (i) for authenticating my identity; and (ii) to make credit decisions. I understand that if my balance becomes seriously past due, Pharmacy may have to take action to assist in the management of my account. This includes using a collection agency and possibly the termination of services. Pharmacy is sensitive to my needs and the increasing cost of prescription medications. Pharmacy encourages me to contact one of its Collection Specialists if I am experiencing payment problems at 877-337-3002, option 5.

I also acknowledge:

- I agree to participate and assist Pharmacy and its designated representatives with any administrative appeal and/or litigation process necessary to exercise the rights granted herein, including but not limited to collection of payment for treatment and services rendered from any third-party payer.
- I appoint Pharmacy with a limited power of attorney to act as my representative and on my behalf in any proceeding that may be necessary to assert my rights including, but not limited to, seeking payment from, or against any third party Payor arising under State or Federal law (including an ERISA claim) relating to all medical treatment and that I (or the Patient) have or will receive from the Pharmacy.
- Should there be an overpayment on my account, a refund check will be mailed to the payer that submitted the overpayment.
- Pharmacy shall be entitled to the full amount of its charges without offset or reduction.

- I understand and agree this authorization will have continuing effect from my (or the Patient's) initial medical treatment for so long as I am being treated or cared for by the Pharmacy and will constitute a continuing authorization, maintained on file with the Pharmacy, which will authorize and allow for direct payment to the Pharmacy of all applicable and eligible insurance benefits for all subsequent and continuing treatment, services, or supplies and/ or care provided to me by the Pharmacy and grant all such further rights as provided herein.
- A copy of this authorization will be sent to the Centers for Medicare and Medicaid Services, my insurance carrier(s), or other medical entity, if requested. The original authorization will be kept on file by the Pharmacy.

5. Form of Payment: Payment of deductibles, copayments and coinsurance is due at the time the services are rendered unless other arrangements are made in advance. The Pharmacy accepts cash, checks, Visa, MasterCard, American Express, debit cards and direct bank drafts. There will be a service charge for all returned checks of $25.00. If the amount of the check plus the service charge is not paid within 30 days of receipt of notification, your account will be subject to additional collection fees, subject to state allowable interest rates and or penalties.

6. Lost or Damaged Shipments: Notification of all claims for a lost or damaged shipment must be made to the Pharmacy within one business day of the shipping date and/or receipt of delivery. Original shipping carton and contents of a damaged shipment must be retained for inspection.

7. Indemnification: Patient agrees to indemnify the Pharmacy for any costs, finance charges, collection cost, legal fees, filling fees, court cost, including attorneys' fees, and credit reporting fees which the Pharmacy incurs in pursuant of collection from the Patient because of default of its obligations described in this Agreement.

8. Choice of Law; Venue; and Personal Jurisdiction: To the extent permitted by state or federal laws, this Agreement, its validity, performance, and all other disputes arising hereunder shall be governed and determined by the laws of the State of Florida, excluding its conflict of law's provisions. I irrevocably consent to the jurisdiction of any court of competent jurisdiction in Broward County, Florida as the forum for resolution of any claims or actions arising out of or relating to this Agreement or the products and services described herein, and hereby waive objections to venue in such a court, to the defense of an inconvenient forum in such court, and to the defense of lack of personal jurisdiction of such court unless, at the Pharmacy's option, it chooses to pursue legal remedies in the court of competent jurisdiction and venue in the state and county the Patient is residing or has received services from the Pharmacy. **The Pharmacy's goal is to provide pharmaceutical care in such a way as to avoid any such dispute. We know that most problems begin with communication. Therefore, if you have any questions about your care, please ask us.**

9. CMS Medicare DMEPOS Supplier Standards: If applicable, I acknowledge receipt of the Medicare Supplier Standards and was given an opportunity to ask questions and voice concerns. I have been advised that I may rent or purchase inexpensive or routinely purchased durable medical equipment, and the purchase option for capped rental equipment (where 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 equipment is transferred to a Medicare beneficiary, it is my responsibility to arrange for any required equipment service or repair.) As a Medicare beneficiary (if applicable) I have been notified of warranty coverage. The Pharmacy will honor all warranties under applicable State law, and repair or replace free of charge Medicare covered equipment that is under warranty.

10. Educational Material: I acknowledge receipt of educational materials, which have been explained, and all equipment, medication, and supplies provided by the Pharmacy. If applicable, a home safety assessment was conducted during the admission process and applicable safety precautions materials were given to me.

11. Pharmacy Consultation: I understand a pharmacist may be contacting me to discuss my drug therapy. I further understand that a pharmacist familiar with my therapy services is available to me 24 hours a day if I have any questions and can be reached by calling the phone number on the enclosed pharmacy contact sheet.

12. After Hours/Emergency Information: I understand that I should call 911 for all medical emergencies. I was told how to contact the Pharmacy after hours if I have questions regarding my prescription.

13. Advance Directives: An advance directive is your way of letting health care providers and your family know your decisions about healthcare and the right to accept or refuse services. I understand that the Federal Patient Self-Discrimination Act of 1990 requires that I be made aware of my right to make healthcare decisions for myself. I understand that I may express my wishes in a document called an Advance Directive so that my wishes may be known when I am unable to speak to myself. If you have an Advance Directive, please provide it to the Pharmacy.

Review the NPP at any time by visiting this link: https://www.luxinfusion.com/about/new-patient-welcome-packet

Signature of Patient (if over 18 years of age) or Legal Representative

TCPA Consent & Privacy: By providing my telephone number and signature below, I authorize Pharmacy and its agents, representatives, affiliates, or others calling on Pharmacy's behalf to deliver or cause to be delivered to the number I entered above telephonic sales calls, voice messages and text messages. This includes the use an automated system for the selection and dialing of telephone numbers, automated voice calls, or the playing of a recorded message when connection is completed to my number, or the transmission of prerecorded voicemails. These calls and messages may concern my prescription, including reminders, billing, collections, shipping, logistics, patient satisfaction, and other pharmacy related messages, and other information related to my health, which may include marketing and promotional calls or messages. I further consent to automated or prerecorded messages being played when the telephone is answered whether by me or someone else. Telephone calls may be monitored or recorded for quality and other purposes. Consent to such calls and text messages is not a condition of receipt of services. I further understand standard

message and data rates apply to such calls and messages. I agree to promptly alert Pharmacy whenever I stop using a particular telephone number. Reply STOP to opt out of text messaging. I am not required to directly or indirectly sign this written agreement or to agree to enter into such an agreement as a condition of purchasing any property, goods, or services.

Please make a selection: Opt-In ☐ Opt-Out ☐

E-mail. I want to receive communications via e-mail from Pharmacy. By providing my email address I (1) consent to Pharmacy sending me communications by email that may contain protected health information, and (2) acknowledge and accept that email communications are not secure and there is a risk that they may be intercepted or viewed by unauthorized parties.

Please make a selection: Opt-In ☐ Opt-Out ☐

Email Address:_____

By signing below, I certify that I am the patient, guardian, or authorized representative for the patient, Pharmacy has provided me with the above disclosures and I agree and consent to receive services from Pharmacy In accordance with the terms In this Agreement.

Print Patient (if over 18 years of age) or Legal Representative Name:_____

Relationship of Representative to Patient:

☐ Self (patient over 18 years of age) ☐ Parent ☐ Legal Guardian ☐ Next of kin/executor of deceased ☐ Activated POA for Health Care

Is Patient a Minor? ☐ Yes ☐ No

_____

Signature of Patient (if over 18 years of age) or Legal Representative

LUX INFUSION

AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION FOR MARKETING

We understand that information about you and your health is personal and we are committed to protecting the privacy of that information. We must obtain your special authorization before we may disclose your protected health information for the purpose described below.

I, the undersigned, authorize LUX Infusion, LLC, along with its subsidiaries and affiliates), to use and disclose my health information, including protected health information ("health information") for the purpose identified below as required by the Health Insurance Portability and Accountability Act ("HIPAA") and other state and federal privacy laws.

INFORMATION TO BE USED AND DISCLOSED, RECIPIENT AND PURPOSE

I authorize Pharmacy to use and disclose my prescription information, contact information, personally identifiable information, medical expense summaries, prescription claims information, financial information regarding my services, and information within a Designated Record Set (entire medical record maintained by the Pharmacy) for the purpose of marketing for which Pharmacy may receive direct or indirect payment from a third-party.

EXPIRATION OF AUTHORIZATION

My authorization to permit the use or disclosure of my health information will be effective on the date of signature, below and will expire one year from the date of my last receipt of services from Pharmacy, unless an earlier termination is required by law.

- I understand that signing this form is voluntary and I have the right to revoke this authorization, except to the extent Pharmacy has already used or disclosed by health information in reliance of this authorization. I understand that I may revoke my authorization at any time by giving ***written notice*** of my revocation to the Pharmacy at ATTN: Privacy Officer, 855 SW 78th Ave, #C200; Plantation, FL 33324.
- I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether or not I sign this authorization.
- I understand that the health information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of my health information and may no longer be protected by state or federal privacy regulations.
- I will be provided with a copy of this authorization upon request. I may request a copy of this authorization by submitting the request in writing to the Pharmacy ATTN; Privacy Officer, 855 SW 78th Ave, #C200; Plantation, FL 33324.

Please make a selection: Opt-In ☐ Opt-Out ☐

Draw your signature into the box below.

Print Patient (if over 18 years of age) or Legal Representative Name: _____