



Home Infusion and Specialty Pharmacy is our business —
taking care of patients is our passion.

Patient Admission Booklet

CONTINUUM^{Rx}
A Division of Principle Pharmacy Group, Inc.



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Our mission is to provide quality healthcare services through an experienced team of professionals. ContinuumRx will pursue this mission by providing you with high-quality care in a cost-effective manner. We believe that working as a team with both you and your physician is essential in achieving our mission.



WELCOME

Principle Pharmacy Group and our ContinuumRx™ staff extend a warm welcome to you, our patient, and to your family and friends. Our services will allow you to receive necessary medical treatment in the comfort and privacy of your own home. Based on orders obtained from your doctor, we will be participating in providing you with specialized medical care at home. Your medical treatment, safety, health, and well-being are of the utmost importance to us.

Our mission is to provide quality healthcare services through an experienced team of professionals. ContinuumRx will pursue this mission by providing you with high-quality care in a cost-effective manner. We believe that working as a team with both you and your physician is essential in achieving our mission.

As a company, we believe strongly in the dignity and value of each individual. We recognize that every human being has personal rights, which must be respected and should not be violated.

In compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, this company does not discriminate against any person on the basis of race, color, religion, sex, national origin, age or disability in admission, treatment, or participation in its programs, services and activities, or in employment.

In order to ensure that you are fully informed regarding your rights and privileges, the following information is being provided to you. If you have any questions or need further information, please call us toll-free at 877-778-4300.

Sincerely,

ContinuumRx Clinical Team

CONTINUUM 



COMPANY OVERVIEW

OUR MISSION

To exceed the expectations of our patients/clients by providing healthcare services through professional excellence, integrity, and compassionate care, resulting in optimal patient outcomes.

OUR VALUES

- We hold ourselves to the highest ethical standards
- We have compassion for patients and their families
- We respect our clients and colleagues
- We have pride for our profession
- We recognize and celebrate success
- We demand open, honest, and consistent communication
- We make and keep verbal and written commitments
- We embrace innovation
- We demonstrate fiscal responsibility for our clients and our company
- We listen to understand
- We are accountable for our words and actions

OUR CUSTOMER SERVICE STANDARDS

- To greet patients, families and each other with a "Smile!"
- To present a professional image - both personally and through our physical environment
- To partner with patients and their families in the planning and delivery of care
- To respect the privacy and confidentiality of those we serve
- To respond quickly to concerns and complaints

POLICIES

This booklet contains general information regarding your rights and responsibilities. As state and federal regulations change, ContinuumRx reserves the right to revise, supplement, or rescind any information or portion of the booklet from time to time as it deems appropriate, in its sole and absolute discretion with or without notice at any time. The complete policy and procedure manual regarding the provision of our services is available upon request for viewing at our corporate offices, located at Two Perimeter Park South, Suite 230 East, Birmingham, AL 34243, during normal hours of operation.

CRITERIA FOR ADMISSION

Admission to this company can only be made upon orders by a physician,



based upon the needs of the patient, homebound status and the type of services required that this organization could effectively provide.

SERVICES

This company can provide a service or a combination of services in the home. Services appropriate to the needs of the individual will be planned, coordinated and made available under direction of the ordering doctor and qualified staff. Services offered by ContinuumRx are specialized compounded medications, infusion therapy, pain management, nutritional therapy, and associated other medical supplies. In some cases, we may provide the medications and coordinate care to provide education and/or hands-on care required. Our services include the following:

- Nutritional therapy: Enteral feeding (feeding by a tube inserted through the nose or stomach) and total parenteral nutrition (TPN) are provided by specially trained pharmacists, technicians, and patient representatives in association with a home nursing agency
- Infusion therapy: Medications and solutions for IV, SQ or epidural infusion are provided by infusion nurses and pharmacists in association with home nursing agency
- Medical supplies: All supplies medically necessary to provide IV therapy and nutritional therapy are provided to you
- If there is an emergency need for supplies or services on the equipment, please call (24 hours a day):
 - 865-525-4886 or 800-665-2850 toll-free in Knoxville
 - 800-665-2850 toll-free in Nashville
 - 901-373-5000 or 866-282-8211 toll-free in Memphis

In life-threatening situations go to the nearest hospital emergency room (ER) or call the Emergency Medical Services (EMS) number at 911 if it's available in your area.

- Registered pharmacists:
 - Review and dispense all medications in accordance with physician orders
 - Clinically manage and monitor patient therapies to achieve optimal outcomes
 - Evaluate drug therapy for side effects and adverse drug reactions
 - Communicate with the patient, physician, and other care providers as appropriate
- Clinical coordinators provide education therapy, such as how to clean and maintain equipment and answer questions about your therapy
- Billing coordinators handle your billing and insurance paperwork

- Registered nurses provide education on infusion devices, troubleshooting, and other clinical questions related to our services
- Delivery personnel deliver medications and supplies to your home and rotates the stock when indicated

HOURS OF OPERATION

- Office Hours: ContinuumRx maintains business hours Monday through Friday, from 8:30 am to 5:00 pm, except during holidays. Office phone numbers are 865-525-4886 or 800-665-2850 in Knoxville and 901-373-5000 or 866-282-8211 in Memphis.
- On-Call/After Hours Coverage: Coverage is available 24 hours, 7 days a week through an answering service and on-call after normal working hours, weekends and holidays. Qualified personnel are on-call to accept patient calls, referral for service, and to respond to pharmacy, equipment, and supply needs as necessary. Pharmacists and delivery personnel are on-call 24 hours a day, 7 days a week.

EMERGENCY PREPAREDNESS

- Weather conditions: In the event of inclement weather such as snow, ice or flood, we will make every effort to provide services based on your needs and urgency of the request. Our managers monitor weather forecasts on an on-going basis and plan ahead accordingly.
- In cases of environmental disaster, emergency, or weather-related events, we have an emergency plan to facilitate continuation of necessary patient services. We will do everything possible to assure that all medical needs are met on a prioritized basis.
- In the event of an emergency, if you have not already been contacted by ContinuumRx, you should proceed to the nearest emergency medical facility.

CHARGES

Payment for services can be through Medicare, Medicaid, TennCare, Worker's Compensation, Veterans Administration insurance, private insurance and/or private pay. Insurers may require pre-certification and may limit the number and type of home health supplies that we can provide. All eligibility requirements as set forth by the companies must be met or payment becomes your responsibility.

Any charges for services not covered by the third party, or any non-reimbursable charges, will be discussed with you prior to rendering these services. Prior to, or on admission, you, a guardian, a caregiver, or family member will be given written information of all charges for services provided and methods of payment. Should any change be made in this policy regarding services

or charges, you or a responsible party will be advised. For questions about charges or insurance billing, please contact our billing coordinator.

We will not knowingly admit or continue to accommodate anyone whose needs cannot be met by our company either directly or indirectly through service agreements with other providers.

State Boards of Pharmacy rules prohibit the return of any medications and supplies once they have been delivered to the home. This is for your protection to insure that all medications and supplies used to administer infusion therapy have been stored properly and there has been no compromise in the integrity of the product. Consequently, we regret we are unable to accept unused items back for credit. However, if products or supplies have been received in error, or defective products or supplies have been received, a credit will be issued.

PATIENT SATISFACTION

Our patients are very important to us. Please ask questions if something is unclear regarding our services. We provide a Patient Satisfaction Survey and ask that it be completed and returned to us with any comments and suggestions once the therapy is completed. If there is a problem that is not resolved to your satisfaction, please contact our nearest office and ask for the Director of Pharmacy.

MEDICAL RECORDS/CONFIDENTIALITY

An individual chart is maintained for you which includes your physician's orders, clinical notes, and other medical documentation which is used by our staff to document our services. These records are kept strictly confidential by our professional staff according to state and federal regulations, CMS and HIPAA regulations and will only be made available to those who have a legal right to the information, or others that you designate in writing, including insurance carriers as relates to billing and regulatory agencies for survey purposes.

DISCHARGE FROM SERVICE

Discharge from this company may result from several types of situations including the following:

- A personal decision made by you
- A service not provided by the company
- Non-compliance with your doctor's orders
- Failure to comply with your responsibilities

You will be given timely advanced notice of discharge should it occur. If you are transferred to another organization, we will provide the necessary information pertinent for your continued care.

PRIVACY

We fully recognize your rights to respect, dignity, and individuality, including privacy in treatment and in care of your personal needs.

COURTESY

As a matter of routine courtesy, all of our patients/clients will be addressed as Mr., Mrs., or Ms., as the case may be, unless it is otherwise requested that another name be used.

PROBLEM-SOLVING PROCEDURE

It is our desire to assist you in returning to your maximum level of functionality and to provide all services possible to help you stay at home and be in your usual customary surroundings. We are committed to assuring that no infringement of your rights occurs from our company. Should you feel that our staff has failed to live up to our policies or has any way denied your rights, or if you have any concerns about the safety of your therapy or equipment, please follow these steps without fear of discrimination or reprisal:

- First talk with the infusion nurse at 865-525-4886 or 800-665-2850 in Knoxville, 800-665-2850 in Nashville or 901-373-5000 or 866-282-8211 in Memphis. Most problems can be solved at this level.
- If problem is still not solved, call the Director of Pharmacy at 865-525-4886 or 800-665-2850 in Knoxville, 800-665-2850 in Nashville or 901-373-5000 or 866-282-8211 in Memphis.
- If satisfaction has still not occurred with the resolution of the complaint/issue, please call the Medicare Carrier at 803-691-4300. If insurance coverage through a private insurance company or Medicaid is present, please contact that carrier, and we will be happy to discuss the issue with them.
- If concerns are still present about the safety of the home therapy or equipment, please call the Accreditation Commission for Health Care, Inc. (ACHC) at 919-785-1214.

MEDICATION, TREATMENT & SERVICES

Medication/treatments and services are ordered by and given under the general supervision of the attending physician. We do not participate in any experimental research connected with your care, except under the direction of your physician and with your written consent.

We encourage your participation, or if you are unable, that of your caregiver or family member, in the planning and revision of your medical treatment and plan of care. While you have the right to refuse any medication or services, such refusal may require us to secure a written statement releasing us and our



staff from all responsibility resulting from such action. Should this situation arise, we encourage you to discuss the matter with your physician for advice and guidance.

Medications and solutions will be delivered to you in individual dosage units. Please be certain to read and follow all label directions carefully. Make sure the label contains your correct name, dose, and date.

STORAGE

Store your medications as directed on labels in a clean, dry area out of reach of children. Use a thermometer to check the operation temperature of the refrigerator if refrigeration is required. All supplies should remain in the original packaging until used.

Room Temperature: 59 to 86 degrees F (15 to 30 degrees C)	Refrigerated: 36 to 46 degrees F (02 to 08 degrees C)	Frozen: -4 to 15 degrees F (-10 to -20 degrees C)
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- Refrigerated doses should be stored in an area separated from food. Remove doses from refrigerator approximately one hour prior to infusion and allow to stand at room temperature.
- Inspect all bottles and/or bags for visible signs of contamination, such as cracks, chips, tears, cloudiness, discoloration, leaks, damaged caps, or solids floating in the solution. If any of these situations are found, notify the pharmacist at 865-525-4886 or 800-665-2850 in Knoxville, 800-665-2850 in Nashville, or 901-373-5000 or 866-282-8211 in Memphis.
- Pay particular attention to expiration dates on medication labels. Use all medication on a first-in, first-out basis. (Do not begin using a new supply until the previous supply is completely used.)
- Observe all doses for appropriate color, clarity, and absence of foreign particulate matter (dirt, specks, objects, etc.).
- Observe all containers for integrity (lack of cracks or leaks).
- A drug sheet specific to your ordered medication will be provided to you.

EQUIPMENT/PRODUCT RETURN POLICY

When the therapy prescribed by the ordering doctor is completed, please contact our office for notification. The following information is a guide to help in returning rental equipment.

- Disconnect any disposable single-patient-use accessories, and discard properly.

- Wipe the equipment with a clean, damp cloth using an all-purpose cleaning agent (mild soap and water, 409, Lysol, Fantastic, etc.) and place in a plastic bag.
- Place equipment in box (if one was provided upon delivery) and seal with tape securely.

Note: A delivery person may be arranged to pick up any equipment. Directions will be given as to what process to follow for any returns.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) DMEPOS SUPPLIER STANDARDS (Updated: Effective October 1, 2009)

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

ContinuumRx abides and conforms to CMS' Medicare standards as follows:

1. A supplier must be in compliance 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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, or any state healthcare programs, or from any other federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law, and repair or replace free of charge Medicare-covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.

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 or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge, or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership or financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.

22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). *Implementation Date – October 1, 2009*
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R.424.57(c).
Implementation date – May 4, 2009

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

As home care providers, ContinuumRx has an obligation to protect the rights of our patients and explain these rights to them before the service begins. The patient's family may exercise these rights for them in the event that they are not competent to exercise their own rights.

The patient and the caregiver have the right not to be discriminated against based on race, color, religion, sex, national origin, age or disability. Both patients and caregiver have a right to mutual respect and dignity, including respect for property. The ContinuumRx staff is prohibited from accepting gifts or borrowing from the patient.

As a patient of ContinuumRx, you have rights which include, but are not limited to, the following:

1. Our ethical standards and conduct: to have a relationship with ContinuumRx staff that is based on honesty and ethical standards of conduct.
2. Lodging complaints: To be informed of the procedure to lodge complaints about the care that is – or should have been – furnished, and regarding a lack of respect for property. You also have the right to know about the results of such complaints.
3. No reprisals: To voice grievances without fear of discrimination or reprisal for having done so.

4. State hotline: To be advised of the telephone number and hours of the state's home care "hotline," which receives complaints concerning the implementation of advance directive requirements. Hotline hours are 8:00 am to 4:30 pm Central Time, Monday through Friday, at 1-800-541-7367.
5. Information about your care: To be notified about the care that is to be furnished, the types (disciplines) of the caregivers who will furnish the care, and the frequency of the visits that are proposed to be furnished.
6. Notification of changes in your care: To be advised of any change in the plan of care before the change is made.
7. Planning your care: To participate in the planning of your care and in planning changes in the care, and to be advised that you have the right to do so.
8. Choice of provider: You have the right to choose your healthcare provider in order to receive the needed services in your home.
9. To accept or refuse treatment: To be informed in writing of your rights under state law to make decisions concerning medical care, including your right to accept or refuse treatment and the right to formulate advance directives.
10. To implement advanced directives: To be informed in writing of policies and procedures for implementing advanced directives, including any limitations, if we cannot implement an advanced directive on the basis of conscience.
11. To have healthcare providers comply with your your advance directives in accordance with state laws.
12. To receive care without conditions or discrimination based on the execution of advance directives.
13. To participate in discussions concerning ethical issues related to the services and care.
14. To refuse services without fear of reprisal or discrimination. However, should you refuse to comply with the plan of care and the refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to refer you to another source of care or home healthcare provider.
15. Confidentiality: The confidentiality of your medical records as well as information about your health, social and financial circumstances, and what takes place in your home.
16. Respect and privacy: You have the right to have your property and

person treated with dignity, consideration, respect, and privacy.

17. To authorize release of information: You have the right to expect ContinuumRx to release information written about you only as required by law or your authorization, and to be informed of procedures of disclosure.
18. Insurance information: You have the right to be informed of the extent to which payment may be expected from Medicare, or any other payers known to us.
19. Medicare charges: You have the right to be informed of all charges that will not be covered by Medicare, and fees for which you are liable.
20. Receipt of information: You have the right to receive information orally and in writing, before care is initiated and within thirty (30) calendar days of the date the home healthcare provider becomes aware of any changes in charges.
21. Access to billing: You have the right to have access, upon request, to all bills for services you have received, regardless of whether the bills are paid out-of-pocket or by another party.
22. High-quality care: You have the right to receive the highest quality of care and to be provided equipment and services in a timely manner from the staff when assistance is needed.
23. Timely responses: You have the right to a timely response regarding requests or concerns related to your care or services.
24. Admission: You have the right to have a qualified staff member assess your needs in order for admission. If you require care or services that ContinuumRx does not have the resources to provide, information of alternative services will be provided.
25. Emergency instructions: For office equipment, supplies or medication, you may contact our offices in case of emergency, but for medical emergencies, you will need to call 911.
26. Physician's orders: You have the right to have your physician's orders followed. All home healthcare services are provided in accordance with your physician(s) and that plan of care specifies the services, the frequency, and the duration.
27. Provider qualifications: You have the right to know the name and qualifications of the personnel providing the services.

Your rights as stated above may be denied for good cause only by the patient's attending physician.

ContinuumRx and its staff have the right to expect from our patients, their relatives and friends, reasonable and responsible behavior which takes into consideration the nature of the patient's illness or particular situation.

PATIENT RESPONSIBILITIES

- **Changes in supplies, medication or equipment:** It is your responsibility to inform ContinuumRx if extra equipment, medications or supplies will be needed or if equipment/services are no longer needed so that returns may be arranged.
- **Changes in patient's condition:** It is your responsibility to inform ContinuumRx of changes in your condition (e.g., hospitalization, changes in the plan of care and physician's orders).
- **Plan of care/physician's orders:** It is your responsibility to remain under a physician's care and to follow the plan of care and accept responsibility for any refusal of treatment.
- **Equipment maintenance:** It is your responsibility to care for and maintain rental equipment and to return the equipment in good working condition.
- **Scheduling, insurance and benefit changes:** It is your responsibility to notify ContinuumRx if your visit schedule needs to be changed, or if you will not be available for scheduled services/visits. If you travel while receiving therapy, ContinuumRx will need notification at least two weeks before traveling. ContinuumRx must be informed of any changes in insurance coverage or benefits.
- **Problems:** It is your responsibility to notify ContinuumRx of any problems with equipment or dissatisfaction with the services provided.
- **Safe environment:** It is your responsibility to provide a safe environment for care and services to be provided.
- **Consent:** It is your responsibility to sign all consents and releases for billing insurance.

EQUIPMENT LEASE AGREEMENT

In order for ContinuumRx to rent your medical equipment, the following terms and conditions must be accepted:

- **Insurance Claims**
 - ContinuumRx will submit the proper claim forms to your health insurance carriers for all rental fees under this agreement. If the insurance carrier(s) do not pay all charges due, you or a responsible party will be responsible for any balance within thirty (30) days of receipt of invoice or statement.

- **Ownership and Use of Equipment**
 - ContinuumRx owns any equipment that is leased to its patients. You have the right to use the equipment for its normal use during the term of the lease.
 - All leased equipment will be marked by labels, plaques or stencils with ContinuumRx identification and must not be removed.
 - You are not authorized to allow anyone to place a lien, claim, levy or encumbrance on any equipment leased through ContinuumRx. If any legal action is taken concerning our equipment, you or a responsible party must notify us immediately.
 - Leased equipment may not be used by anyone but you, the designated patient, and must not be removed from your home without the expressed written consent of ContinuumRx.
 - You must operate the equipment in accordance with the vendor’s or manufacturer’s instructions. Equipment must be operated by competent and qualified persons.
- **Repairs and Replacements**
 - You must keep all equipment in good condition and return it to ContinuumRx at the end of the lease in the same condition that it was received, except for reasonable wear and tear. ContinuumRx will make all repairs and provide all maintenance to leased equipment at the company’s expense.
- **Insurance**
 - ContinuumRx will be responsible for maintaining hazard insurance on all leased equipment at the company’s expense and shall bear the risk of loss.
- **Indemnity**
 - You or a responsible party must assume liability for and shall indemnify ContinuumRx against all losses, damages, penalties or legal actions in any way relating to the lease or use of all equipment.
- **Inspection**
 - ContinuumRx may inspect the equipment at your premises at any reasonable time to verify the manner in which it is being used. You agree to allow ContinuumRx or a designated agent access to perform these inspections.
- **Breach**
 - If you default on paying the equipment rent or any of the other terms of this agreement, then ContinuumRx will have the right



- to immediately terminate this lease and take possession of all leased equipment.
- If you declare bankruptcy, or if insolvency proceedings are begun against you, ContinuumRx will have the right to immediately terminate this lease without prior notice, but this will not release you from the payment of damages that ContinuumRx sustains.
 - If upon termination, you refuse to deliver the equipment to ContinuumRx, the Company has the right to enter your premises, or any other premises where the leased equipment is housed and remove it without a court order. You release ContinuumRx from any claim or action for trespass or damages as a result of recovering the Company's equipment.
 - If ContinuumRx must take legal action against you due to a breach of this lease, you agree to pay all attorney fees and other costs associated with the breach.
- **Invalidity**
 - Any provision of this Agreement which is found to be invalid or prohibited by law shall be ineffective to the extent of such prohibition without invalidating the rest of this Agreement.

This Agreement will be construed under the laws of Tennessee and will be binding upon the heirs and assigns of the parties.

This Agreement represents the entire Agreement between the parties with respect to its subject matter and may not be modified or terminated except in writing, signed by the parties and by any proper sublessee or assignee. By signing the attached Admission Consent Form, the patient agrees to the terms as stated above.

EQUIPMENT WARRANTY

ContinuumRx extends the same warranty as the equipment manufacturer on all new equipment. This warranty is usually one (1) year and proof of purchase receipt is needed for warranty work.

ContinuumRx extends no warranty on used equipment unless it is given in writing at the time of purchase or as specified in Medicare lease-purchase guidelines.

ContinuumRx will always provide instructional literature where applicable on the operation of the equipment and instruction by a qualified technician (i.e., how to turn on and operate equipment normally) but will stop short of actually administering care to the patient.

In the event that equipment is purchased by (Medicare, TennCare and/or other insurance) please note the following:

ContinuumRx maintains a staff of qualified technicians to assist the patient with equipment repair and replacement parts at a reasonable charge. If repairs cannot be done in-house due to manufacturer recommendation, we will assist in sending equipment that is still under warranty back to the manufacturer. Equipment that is no longer under warranty will be the financial responsibility of the patient. All shipping and handling charges, whether under warranty or not, will be passed on to the patient.

EQUIPMENT SAFETY

Manufacturers' instructions for specialized equipment should be kept with or near the equipment. You or your caregiver are responsible that:

- Routine and preventative maintenance is performed according to the manufacturer's instructions.
- Phone numbers are available in the home so that you can notify ContinuumRx and obtain necessary assistance in case of equipment problems or equipment failure. However, for medical emergencies, you should call 911, not ContinuumRx.
- You or your caregiver follow the manufacturer's instructions for providing a proper environment for appropriate equipment.
- Adequate electrical power is provided for IV pumps, enteral pumps and other equipment as appropriate.
- Equipment batteries are checked regularly.
- Electrically-powered IV pumps are equipped with a battery back-up to keep the pumps operating in case of temporary power failure. Should you experience such a power failure, you should contact the home healthcare provider or on-call personnel for further instructions.

FIRE SAFETY PRECAUTIONS

- All family members and caregivers should be familiar with emergency 911 procedures.
- Smoking should never occur in bed or when oxygen equipment is being used.
- Know fire escape routes and have two exit plans. If the exit door is through the ground floor, it should open easily.
- Apartment dwellers need to know the location of the exit stairs.
- Hallways should be kept clean and elevators should never be used in the event of fire emergency.
- In the event the fire escape is cut off, the door should be closed and all

cracks should be sealed to hold back smoke. Help should be signaled from a window.

- The fire department number should be posted at all times for easy viewing.

HOME INFECTION CONTROL

Every year, Americans use over one billion sharp objects as part of their home healthcare treatments. These “sharps” which include lancets, needles, syringes, razor blades, dressings or even surgical gloves can pollute the environment as well as spread infection. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with contaminated materials.

Universal Blood and Body Fluid Precautions are practiced on all patients receiving injections, intravenous therapy, or open wounds. This is done not only to prevent the transmission of HIV/AIDS, but also to prevent other diseases such as Hepatitis.

YOU CAN HELP CONTROL INFECTION BY FOLLOWING THESE GUIDELINES:

- **Hand washing:** Hands should be thoroughly washed after handling any type of equipment, sharps, soiled laundry or contaminated materials.
- **Disposable items and equipment:** Items that should be disposed of that are not sharp may include, but are not limited to: paper cups, tissues, dressings, bandages, plastic equipment, urinary/suction catheters, disposable diapers, chux, plastic tubing, etc. These items should be disposed of in waterproof (plastic) bags. The bag should be fastened securely and placed in a waste receptacle.
- **Non-disposable items and equipment:** Items that should not be disposed of may include, but are not limited to: dishes, thermometers, commodes, walkers, wheelchairs, bath seats, suction machines, infusion pumps, oxygen equipment, mattresses, etc.
- **Soiled laundry:** Soiled laundry should be washed apart from other household laundry in hot, soapy water. These items should be handled as little as possible to avoid spreading germs. Household liquid bleach should be added if viral contamination is present.
- **Equipment:** All equipment utilized by the patient should be cleaned daily. Small items should be washed in hot soapy water and dried with clean towels. Household cleaners such as diluted bleach may be used to wipe off equipment. Equipment cleaning instructions should be followed and any questions should be directed to the home healthcare staff for clarification. Infusion pumps should be wiped off with an all-purpose cleaner when visibly dirty.

- **Thermometers:** Thermometers should be wiped with alcohol before and after each use.
- **Liquids:** Liquids may be discarded in the toilet and the container cleaned with hot, soapy water or rinsed with boiling water and allowed to dry.
- **Sharp objects:** All sharp objects should be placed directly into a clean, rigid container, with a resealable lid. A hard plastic or metal container, such as a coffee can, should be used and the lid reinforced with heavy-duty tape. The container should never be over-filled and all needles should be recapped once used. Glass or clear plastic containers should never be used to discard sharps, and sharps should never be placed in a container to be recycled. The container should be sealed with tape and disposed of according to area regulations.
- **Spills in the home:** Blood or body substance spills should be cleaned by using gloves and soaking the fluid up with paper towels. A cleaning solution of household bleach and water (1 cup of bleach to 10 cups of water) should be used to wipe the area again. Paper towels and gloves should be discarded by double-bagging and discarding in a waste receptacle.

AUTHORIZATION AND CONSENTS

As part of the admission process, ContinuumRx asks that you authorize the Company to treat you, release information relative to your care and allow for the collection of payments directly from your insurer. You or your legal representative must sign this consent before admission can take place.

- **Authorization for treatment and services**

ContinuumRx requires your permission before any treatment is given. The treatments that are provided will be prescribed by your physician(s) and carried out by professional healthcare workers. Without your authorization, treatment may be refused by ContinuumRx. You may refuse treatment at any time. However, if you refuse treatment, it will be documented in your medical record and may result in discharge from the company.

- **Release of information**

The patient's medical record is strictly confidential and protected by federal law. We cannot release any information contained in the medical record without permission. In order for ContinuumRx to communicate with your physician(s), hospital(s), and other agencies (including regulatory agencies for survey purposes) involved in your medical care, ContinuumRx requires your permission to release and receive information from them by various means, including telephone, mail, fax, etc.

- **Authorization for payment**

ContinuumRx will directly bill your insurer for the services which are provided. This authorization allows ContinuumRx to release necessary medical information to your insurer and to collect payments on your behalf.

- **Educational materials**

ContinuumRx or the home healthcare nurse will provide you with educational materials and demonstrate the safe operation of all equipment, basic operating instructions, troubleshooting, safety precautions, maintenance and storage of equipment.

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

Date of Federal Notice: April 1, 2003

Section A: Uses and Disclosures of Protected Health Information

- Under applicable law, ContinuumRx is required to protect the privacy of the patient's individual health information (information we refer to in this notice as "Protected Health Information"). We are also required to provide the patient with this Notice regarding our policies and procedures regarding their Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.
 - We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent information in a patient's records that may assist us in managing the patient's medication therapy or overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of a patient's providers, such as when the pharmacist consults with the patient's physician or a specialist regarding the patient's medications, treatment or condition.
 - For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services, such as when the patient's case is reviewed to ensure that appropriate care was rendered. For reimbursement purposes, Protected Health Information may be disclosed to one or several intermediaries employed by the patient's plan sponsor, including but not limited to, insurers, pharmacy benefits managers, claims administrators and computer switching companies.

- For healthcare operations purposes, such use and disclosure will take place in a number of ways, including quality assessment and improvement; provider review and training; underwriting activities; reviews and compliance activities; and planning, development, management and administration. Information could be used, for example, to assist in the evaluation of the quality of care that was provided.
- We store some Protected Health Information in electronic computer files. We back up our electronic records daily and store backups off-site, and employ other precautions to safeguard the integrity of Protected Health Information. In spite of these precautions it is possible, but unlikely, that a computer crash or other technological failure could cause the loss of data. In addition, reasonable safeguards are employed to protect any Protected Health Information stored on electronic media.
- In addition, we may contact the patient to provide refill reminders or other health-related benefits and services. We may also disclose health information to the patient’s plan sponsor, or we may contact the patient for the purpose of fund-raising activities.
- We may use and disclose Protected Health Information without authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose Protected Health Information if we are contacted by another pharmacy who states they have the patient’s request and consent to transfer pharmacy records to them.
- From time to time we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create Protected Health Information. Business associates are required to comply with all the privacy regulations on the patient’s behalf.
- We may disclose Protected Health Information without authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities, and as required by law.
- Other uses and disclosures will be made only with written authorization, and the patient may revoke their authorization by notifying us as described in Section B.
- The patient may ask us to restrict uses and disclosures of Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members,



relatives, friends, or other persons identified by the patient who are involved in their care or payment for their care. However, we are not required to agree to the request.

- The patient has the right to request the following with respect to Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of

ContinuumRx

Attn: Billing Coordinator
2210 Sutherland Ave., Suite 112
Knoxville, TN 37919
Phone 800-665-2850 toll-free
Phone 865-525-4886 local
Fax 865-934-0249

ContinuumRx

Attn: Pharmacy Operations Manager
8765 Chaffee Drive, Suite 102
Arlington, TN 38002 (Memphis)
Phone 866-282-8211 toll-free
Phone 901-373-5000
Fax 901-386-4889

this information by us (we are not required to account to the patient for disclosures made for treatment, payment, operations, disclosures to the patient, disclosures to caregivers, for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require the patient to pay for this request to cover our costs of copying, labor and postage.

- In addition, the patient may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request, please contact us in writing at:
- We may use the patient's name to reference prescriptions and pharmaceutical care services. The patient may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this Notice and the disclosure of Protected Health Information as outlined herein. This information may be disclosed by us to other persons who ask for the patient or the patient's prescriptions by name. The patient may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of restriction or prohibition. We are not required to honor those requests. We are able to provide treatment services even if the patient objects to signing the acknowledgment of the receipt of this Notice, or if we decide not to honor a request regarding the information in this document. In the event of an emergency or incapacity, we will do in our reasonable judgment what is consistent with the patient's known preference, and what we determine to be in their best interest. We will inform the patient of any such uses or disclosures if uses and disclosures would require a signed authorization under such circumstances and give the patient an opportunity to object as soon as practicable.

- We may disclose to a family member, relative, close personal friend, or to any other person identified by the patient, Protected Health Information that is directly relevant to the person's involvement with the patient's care or payment related to the care. In addition, we may use or disclose the Protected Health Information to notify, identify, or locate a member of the family, personal representative, another person responsible for care, or certain disaster relief agencies of the patient's location, general condition, or death. If the patient is incapacitated, there is an emergency, or the patient objects to this use or disclosure, we will do in our judgment what is in the best interest of the patient regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with the patient's healthcare. We will also use our judgment and experience regarding the patient's best interest in allowing people to pick up filled prescriptions, or other similar forms of Protected Health Information.
- We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. The patient may receive a copy of this Notice by contacting us as outlined in Section B or upon the receipt of pharmacy care services.
- If the patient believes that their privacy rights have been violated, they may complain to us at the location described in Section B, or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. Retaliation against the patient for filing a complaint will not occur.

Section B: Contact ContinuumRx

To contact us for further information:

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 Knoxville, TN 37919
 Phone 800-665-2850 toll-free
 Phone 865-525-4886 local
 Fax 865-934-0249

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