

# Surviving a Fire in Your Home

*Take the time now to prepare — it can save lives!*

## AN OUNCE OF PREVENTION...

### Smoke Alarms

- Install a smoke alarm outside of each sleeping area and on each additional level of your home.
- Install smoke alarms INSIDE sleeping areas if people sleep with their doors closed.
- Test smoke alarms once a month by pressing test buttons.
- If an alarm fails the test or starts making beeping noises, replace batteries immediately.
- Replace ALL smoke alarm batteries at least once a year.



### Fire Extinguishers

- Consider purchasing one or more fire extinguishers to keep in your home.
- Read the instructions to understand how your fire extinguisher works, and make sure all family members understand how to use it.
- Read the instructions to find out how to check if your extinguisher is in working order, and how frequently it needs to be checked.

### Escape Ladders

- Consider installing escape ladders for upstairs rooms.
- Learn how to use your escape ladder.
- Store ladders close to windows.

### Flashlights

- Keep flashlights throughout your house and make sure everyone knows where they are located.
- Check batteries regularly.

## PLANNING CAN PREVENT PANIC

### Escape Routes

- Figure out at least two ways for escaping for every room in your home.
- Everyone living in your home should be familiar with these escape routes.

### Practice

- At least twice a year, practice using your escape plans.

- Practice crawling because you may need to escape by crawling under smoke, where the freshest air will be.

### Meeting Place

- Decide on a location where everyone will meet outside your home after escaping from a fire.
- A meeting place is important so that you can quickly see if everyone has escaped.

## IF A FIRE OCCURS...

### Making Your Escape

- If there is smoke or fire in one escape route, use another route.
- If there is no way to avoid smoke, remember to stay low and crawl under the smoke, where the freshest air will be.
- If you want to escape by opening a closed door, FIRST check to see if the door feels warm before opening it. If it is warm, do NOT open the door. Instead, use another route.

### Blocked Escape Routes

If all of your escape routes are blocked by smoke, heat or flames:

- Stay in the room and keep any doors closed.
- Keep out smoke by piling rugs, blankets or pillows along the bottom of any doors.
- If there is a phone in the room, call 911 and tell them where you are.
- Signal out a window for help using a brightly-colored cloth, sheet, towel, or flashlight.
- Stay as close to the floor as possible, near a window or door.

### After Escaping

- Go to a neighbor's house and call 911 as soon as possible.
- NEVER go back inside a burning house. Once you're outside, stay outside!
- When firefighters arrive, tell them if you think anyone is still inside.



## Tips to Avoid Falling

*Taking a tumble is the most frequently reported accident in the home.  
Reduce your chances of falling by making home improvements and changing some habits.*

### LOOK AROUND YOUR HOME

#### Floors

- Keep the areas where you walk free from clutter, electrical and telephone cords, and other small objects that might be easily overlooked.
- Secure loose rugs and mats with carpet tape or attach non-slip backing.
- For tile or wooden floors, avoid wax or use non-skid wax.
- Stairs should have flat surfaces. Repair holes or tears in carpeting and make sure it is well attached.
- Eliminate raised thresholds if possible or make them highly visible.



#### Lighting

- Make sure it's easy to turn on a light BEFORE entering every room in your home.
- Keep night lights turned on in hallways, bedrooms and bathrooms.
- Make sure you can easily turn on a light while in bed, before getting up.
- Place flashlights in convenient locations throughout your home, and check their batteries regularly.
- Light switches should be available at both the top and bottom of all stairs.
- Stairway lighting should be bright enough to clearly see all steps.

#### Bathrooms

- Tub and shower floors should have non-skid surfaces (strips or mats).
- Consider installing grab bars inside the bath or shower areas and next to the toilet.
- Consider installing a raised toilet seat.

#### Kitchen

- Frequently used items should be kept on lower shelves or other places that are easy to reach.
- You should have a sturdy step stool that is easy to use, preferably with a handrail. Do NOT stand on a chair to reach anything.

#### Stairs

- Sturdy handrails should be installed in all stairways and kept in good repair.

#### Outside Your Home

- Steps should have flat surfaces and be kept in good repair.
- All steps should have handrails, preferably on both sides of the steps.

- For better traction, steps can be painted with a mixture of sand and paint.
- During the winter, keep all entrances and sidewalks clear of snow and ice.
- All entrances should be well lit.
- Consider installing ramps (with handrails).

### RECONSIDER PERSONAL HABITS

- When walking, stay alert to unexpected obstacles — cords, furniture, pets, toys, etc.
- Avoid rushing to answer phones or the door.
- Take time to make sure your balance is steady before sitting up or standing.
- Wear shoes that are supportive and snug fitting, with low heels and non-slippery soles.
- Don't walk around with only socks on your feet.
- If carrying packages, make sure your view isn't blocked and that you have a hand free for opening doors, holding onto railings, or steadying your balance.
- Keep alert for uneven, broken or slippery pavement, sidewalks and ramps.
- Don't rush to cross streets, especially if wet or icy.
- Consider using a cane or walker.
- Find out if your medications might make you feel dizzy, drowsy or unsteady.
- If you live alone, keep in regular contact with friends, family or neighbors.



#### For Emergencies

- Keep emergency phone numbers posted where they can be easily seen. Consider whether they will be visible if you fall.
- Make sure you can easily reach a phone when in bed.

### IF YOU FALL

1. **Call 911** and other emergency contacts.
2. Stay warm by covering up with a blanket, coat, towel, rug, or whatever you can reach.
3. Consult a doctor even if you don't think you've been seriously hurt. Falling may indicate problems with medications or be a symptom of illness or a condition that needs treatment.

## PATIENT/CLIENT BILL OF RIGHTS

**As a patient/client of Apria Healthcare, you have the rights which include, but are not limited to the following:**

1. Be given information about your rights for receiving homecare services.
2. Receive a timely response from Apria Healthcare regarding your request for homecare services.
3. Be given information about Apria Healthcare policies, procedures and charges for services.
4. Choose your homecare providers.
5. Be given appropriate and professional quality homecare services without discrimination against your race, color, creed, religion, sex, national origin, sexual preference, handicap, or age.
6. Be treated with courtesy and respect by all who provide homecare services to you.
7. Be free from physical and mental abuse and/or neglect.
8. Be given proper identification by name and title of everyone who provides homecare services to you.
9. Be given the necessary information regarding treatment and choices concerning rental or purchase options for durable medical equipment so you will be able to give informed consent for your service prior to the start of any service.
10. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose in terms and language you can reasonably be expected to understand.
11. A plan of service that will be developed to meet your unique service needs.
12. Participate in the development of your plan of care/service.
13. Be given an assessment and update of your developed plan of care/service.
14. Be given data privacy and confidentiality.
15. Review your clinical record at your request.
16. Be given information regarding anticipated transfer of your homecare to another healthcare facility and/or termination of homecare service to you.
17. Voice grievance with and/or suggest change in homecare services and/or staff without being threatened, restrained, and discriminated against.
18. Refuse treatment within the confines of the law.
19. Be given information concerning the consequences of refusing treatment.
20. Have an advance directive for medical care, such as a living will or the designation of a surrogate decision maker, respected to the extent provided by the law.
21. Participate in the consideration of ethical issues that arise in your care.

## THE PATIENT'S RESPONSIBILITIES

**Apria Healthcare and its personnel have the right to expect from you, our patient, your relatives and friends, reasonable behavior which takes into consideration the nature of your illness or predicament. These responsibilities include, but are not limited to the following:**

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, and other pertinent items.
2. Assist in developing and maintaining a safe environment.
3. Inform Apria Healthcare when you will not be able to keep a homecare visit.
4. Participate in the development and update of your homecare plan of service/treatment.
5. Adhere to your developed/updated homecare plan of service/treatment.
6. Request further information concerning anything you do not understand.
7. Contact your doctor whenever you notice any unusual feelings or sensations during your plan of service/treatment.
8. Contact your doctor whenever you notice any change in your condition.
9. Contact Apria Healthcare whenever your insurance company or plan changes.
10. Contact Apria Healthcare whenever you have an equipment problem.
11. Contact Apria Healthcare whenever you have received a change in your homecare prescriptions.
12. Contact Apria Healthcare whenever you are to be hospitalized.
13. Give information regarding concerns and problems you have to an Apria Healthcare staff member.
14. Contact Apria Healthcare prior to any change of address.
15. Contact Apria Healthcare if you acquire an infectious disease during the time you are receiving services and/or care from Apria Healthcare, except where exempted by law.



Part of the Owens & Minor Family

## Apria Byram Affiliated Covered Entity NOTICE OF PRIVACY PRACTICES

### 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.

Both Apria Healthcare LLC and Byram Healthcare Centers, Inc. (“we”) are required by law to maintain the privacy of your protected health information (“PHI”), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you if a breach of your PHI occurs, in accordance with applicable law. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

This Notice applies to all the information about you that we obtain that relates to your past, present, or future physical or mental health or condition, the provision of healthcare products and services to you or payment for such services.

Upon request, you may obtain a paper copy of this Notice even if you have agreed to receive it electronically.

#### Uses and Disclosures Without Your Written Authorization.

Except as otherwise described in this Notice, we may use and disclose PHI without your authorization, in order to treat you, obtain payment for equipment and services provided to you, and conduct our “healthcare operations,” as well as for the other purposes described below:

- **Treatment.** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, office staff, or other personnel who are involved in your care or healthcare decisions. For example, information provided by your physician or other member of your healthcare team will be recorded in your record and used to determine the equipment, supplies or services that should work best for you, and we routinely disclose information to your healthcare providers to assist them in making decisions related to and coordinating your care. In addition, we may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Payment.** We may use and disclose your PHI to obtain payment for equipment and services that we provide to you. For example, we disclose PHI to make a claim and obtain payment from your health insurer or other company that arranges or pays the cost of some or all of your healthcare (“Your Payor”). We may also use and disclose your PHI to verify that Your Payor will pay for healthcare, including disclosures to Your Payor’s eligibility database.
- **Healthcare Operations.** We may use and disclose your PHI in order to run our business (i.e., for our healthcare operations) and to help ensure that you and our other customers receive quality and cost-effective care. In some instances, third party companies help us operate our business and we may disclose your PHI to such companies, subject to contract provisions that protect your PHI.

For example: We may use your PHI to contact you to help ensure the quality of our service. We may use or disclose your PHI to conduct cost-management and business planning activities for our company.

We may also disclose your PHI to other HIPAA-covered entities that have provided services to you so that they can improve the quality and effectiveness of the healthcare services that they provide. We may also use your

health information to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

**Disclosures to Friends and Family Members.** Upon your agreement, including agreement by reasonable inference under the circumstances, or if you are not available to agree, in our professional judgement, we may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you that is involved in your care or payment for your care. We may only disclose PHI that is directly relevant to their involvement in your care or payment for that care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death. Such disclosure of your PHI may include to a disaster relief organization, for purposes of coordinating notification efforts.

**Disclosures for Public Health Activities.** We may disclose your PHI for public health purposes, including (i) reports to public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability, (ii) to report child abuse and neglect to the appropriate authorized authorities; (iii) reports to the U.S. Food and Drug Administration, such as to report adverse events; and (iv) reports to employers for work-related illness or injuries for workplace safety purposes.

#### Other Uses and Disclosures Without Your Authorization. We may use or disclose your PHI:

- To make reports on abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.
- To health oversight agencies or authorities for health oversight activities, such as auditing and licensing.
- In the course of a judicial or administrative proceeding in response to a legal order or other lawful process, in accordance with applicable law.
- To law enforcement authorities for law enforcement purposes as required or permitted by applicable law, including in response to a court order, grand jury subpoena, and investigative demand.
- To a coroner, medical examiner, and funeral director, as authorized by law and as necessary to carry out their duties.
- To organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- For research purposes, if certain special protections and approval processes by an Institutional Review Board or Privacy Board are followed.
- To prevent or lessen a serious and imminent threat to a person’s or the public’s health or safety.
- To units of the government with special functions, such as the U. S. military or the U.S. Department of State under certain circumstances.
- As authorized by and to the extent necessary to comply with state law relating to workers’ compensation or other similar programs.
- When required to do so by federal, state or local law.

#### Specific Uses or Disclosures Requiring Authorization.

We will obtain your written authorization prior to using or disclosing your PHI (i) for marketing activities, and (ii) in exchange for payment, except in

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## NOTICE OF PRIVACY PRACTICES *(Continued)*

limited circumstances where applicable law allows such uses or disclosure without your authorization.

**Other Uses and Disclosures Requiring Authorization.** All other uses and disclosures other than those described in this Notice or otherwise permitted by law, will be made only with your written authorization.

You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

**Uses and Disclosures of Your Highly Confidential Information.** There are federal and state laws that provide special protection for certain kinds of health information, including that related to sexually transmitted diseases, HIV, and other communicable diseases, drug and alcohol abuse, mental health and developmental disabilities, genetic testing, abuse, sexual assault, and family planning services, including abortion. These laws may further restrict us from making uses and disclosures of those categories of health information without your explicit written authorization. We will abide by these more protective laws, to the extent they are applicable.

### **Your Rights Regarding Your PHI.**

You have certain individual rights related to your PHI, as described below. You may exercise any of these rights by submitting your request in writing to:

Apria Healthcare LLC  
Physician and Patient Relations Department  
7353 Company Drive  
Indianapolis, IN 46237  
Telephone Number: (800) 260-8808  
Facsimile Number: (949) 587-0089

or

Byram Healthcare  
Attn: Privacy Compliance Officer  
120 Bloomingdale Rd., Ste. 301  
White Plains, NY 10605  
Telephone: (877) 902-9726 ext. 62016

**Right to Request Restrictions.** You may request, in writing, restrictions on how we use and disclose your PHI for certain purposes. We will consider but are not legally required to accept most requests. After careful review of your request, we will notify you of our determination in writing. We must accept your request only if the request is to restrict the disclosure of PHI to a health plan for the purpose of carrying out payment or health-care operations (unless such use or disclosure is required by law), and the restricted information pertains to an item or service for which you paid in full out-of-pocket.

**Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations, such as using an alternative mailing address, e-mail address, or telephone number.

**Right to Inspect and Copy Your Health Information.** With a few exceptions, you have the right to request in writing, access to and to obtain a paper or electronic copy of the PHI that we maintain about you and to direct us to send your PHI to a third party. Under limited circumstances, we may deny your request for access to your PHI. In some instances, if you are denied access to your PHI, you may request that the denial be reviewed. We may charge a reasonable, cost-based fee.

**Right to Amend Your Records.** You have the right to request in writing that we correct information in your record that you believe is incorrect or add information that you believe is missing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

**Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during the six-year period prior to the date of your request. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

**For Further Information; Complaints.** If you have questions about this Notice, desire further information about your privacy rights, would like to request a written copy of the current notice, or are concerned that we have violated your privacy rights, you may contact us as set forth below. If you would like to file a complaint, we may request that you file the complaint in writing.

Apria Healthcare LLC  
Physician and Patient Relations Department  
7353 Company Drive  
Indianapolis, IN 46237  
Telephone Number: (800) 260-8808  
Facsimile Number: (949) 587-0089

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120 Bloomingdale Rd., Ste. 301  
White Plains, NY 10605  
Telephone: (877) 902-9726 ext. 62016

You also may file a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. See [www.hhs.gov/hipaa/index.html](http://www.hhs.gov/hipaa/index.html) for information on how to file a complaint with the Office for Civil Rights.

We will not retaliate against you if you file a complaint.

**Changes to this Notice.** We may change the terms of this Notice at any time. The new Notice will be effective for all PHI that we maintain, including any information created or received prior to the date of the new Notice. The revised Notice will be posted at our places of service and on our Web site at [www.ByramHealthcare.com](http://www.ByramHealthcare.com) and [www.Apria.com](http://www.Apria.com).

**Effective Date:** May 2, 2022

## Medicare DMEPOS Beneficiary Statement

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 (supplier legal business name or DBA) 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>. Select Title 42: Public Health in the drop down box. Then browse Parts 414–429, Part 424, Subpart 424.57(c).

Upon request we will furnish you a written copy of the standards.

## Interpretation Service Available

**English translation:** Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

<b>Arabic</b>  عربي أشر إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم الفوري مجاناً.	<b>Korean</b>  한국어 귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.
<b>Armenian</b>  Հայերէն Տոյց տուէք ո՞ր սէկ լեզուն կը խօսիք՝ Թարգմանիչ սը կամ չե՛ք կը տամք. Թարգմանիչը կը տրամադրուի անվճար.	<b>Laotian</b>  ພາສາລາວ ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້. ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.
<b>Cantonese</b>  廣東話 請指認您的語言，以便為您提供免費的傳譯服務。	<b>Mandarin</b>  國語 請指認您的語言，以便為您提供免費的口譯服務。
<b>French</b>  Français Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.	<b>Polish</b>  Polski Proszę wskazać swój język i wezwiemy tłumacza. Tłumacza zapewnimy bezpłatnie.
<b>German</b>  Deutsch Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird gerufen. Der Dolmetscher ist für Sie kostenlos.	<b>Portuguese</b>  Português Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.
<b>Hindi</b>  हिंदी अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबन्ध आप पर बिना किसी खर्च के किया जाता है।	<b>Russian</b>  Русский Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.
<b>Hmong</b>  Hmoob Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.	<b>Spanish</b>  Español Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.
<b>Italian</b>  Italiano Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.	<b>Tagalog</b>  Tagalog Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.
<b>Japanese</b>  日本語 あなたの話す言語を指して下さい。無料で通訳を提供します。	<b>Thai</b>  ไทย ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน การล่ามไม่ต้องเสียค่าใช้จ่าย
<b>Khmer (Cambodian)</b>  ខ្មែរ (កម្ពុជា) សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន។ អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។	<b>Vietnamese</b>  Tiếng Việt Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.