We're so *swell* - you don't have to be
Compression *wear* it counts.
Specialists in Venous & Lymphatic Insufficiencies
LUNA MEDICAL, INC. · 1057 W GRAND AVENUE, SUITE 1, CHICAGO, IL 60642
PHONE (800) 380-4339 · FAX (888) 696-0299 · WWW.LUNAMEDICAL.COM · INFO@LUNAMEDICAL.COM
ACCREDITED BY THE JOINT COMMISSION · OFFICIAL LANA SPONSOR

WELCOME PACKET – LUNA MEDICAL INC

Greetings, and thank you for choosing Luna Medical to provide you with your compression garments. When it comes to Lymphedema Products and Insurance Coverage or Private Pay, Luna Medical has you Covered! We proudly take all the responsibility in advocating for insurance coverage for you. We are a licensed home medical equipment company, solely dedicated to providing medical compression products nationwide. We maintain a Medicare supplier number, national and regional IN-NETWORK insurance contracts, JCAHO accreditation and HIPAA compliancy. We retain electronic clinical records including prescriptions, measurements and order history.

OUR MISSION AND PURPOSE

Our mission is to improve the quality of life for people suffering from Lymphedema and Venous Disease by providing educational information, necessary products and ongoing support.

SERVICES THAT WE PROVIDE

- Verification of Benefits
- Obtain Certificate of Medical Necessity (CMN - Commercial) from Referring Physician
- Obtain Standard Written Order (SWO – Medicare) from Referring Physician
- Insurance Authorizations
- Order Compression Products Promptly
- Handle ALL Returns, Alterations & Replacements with NO COST to Patient File Claims to Insurance Companies and Networks
- File Appeals on Behalf of Patients Bill Flex/Health Savings Accounts Consultation with Certified Fitters Fitting Appointments
- Private Pay Pricing

To process your order request, we will require the following forms attached to be read, signed and returned to Luna Medical:

- Assignment of Benefits.
- Notice of Privacy Practices.
- Customer information, complaints, rights and responsibilities.
- Financial Responsibilities.

Authorization of Benefits Medicare

Patient Name:_____

Medicare ID: _____

I request payment of authorized Medicare benefits to me or on my behalf for any services furnished me by or Luna Medical. I authorize any holder of medical information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.

I agree to pay any co-payments and deductibles that may apply and for any charges unpaid by my benefits.

Medicare Authorization/Assignment of Benefits

I authorize the holder of medical or other information about me to be released to the centers for Medicare and Medicaid services and its agents or others, any information needed to determine these benefits or compliance with the current healthcare standards. I further authorize a copy of this agreement to be used in place of the original. And request that payment of medical insurance benefits be made on my behalf to **Luna Medical Inc** for the products and service that they have provided for me. I understand I will be responsible for my yearly Medicare Deductible and 20% coinsurance.

Furthermore, I accept responsibility for all medical equipment/supplies while in my possession.

I acknowledge that I have received the Medicare Providers Standards of care, Notice of Privacy Practices and Patient rights from **Luna Medical Inc.**

Signature: _____ **Date:** _____ **DOB:** _____

If the patient is unable to sign, please state reason: _____

If this authorization form is signed by a personal representative for the Individual Patient:

Representative's Name: _____

Date: _____ **Relationship to Patient:** _____

Address of patient: _____

City: _____ **State:** _____ **Zip:** _____

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CUSTOMER INFORMATION

Our normal business hours are 8:00 a.m. to 4:00pm CST, Monday through Friday. A voice message system will answer the Company's phones after normal business hours. However, most services will be performed during normal service hours. If your call is an emergency and cannot wait until normal business hours, it is suggested that the customer or caregiver dial "911" for professional emergency services.

CUSTOMER COMPLAINTS

Any customer who feels their rights have been denied, who desires further clarification of rights, or who desires to lodge a complaint or express contentment with any aspect of service or equipment, including concerns about patient safety and the risk of falls, should contact us through our main telephone number, without fear of reprisal by the company or by any of its employees. If the issue cannot be resolved via a telephone call with a customer service representative, the matter will automatically be forwarded to the appropriate corporate manager.

JCAHO INFORMATION

The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1/800-994-6610 or emailing complaint@jointcommission.org.

CUSTOMER RIGHTS – YOU HAVE THE RIGHT TO:

- Be given timely, appropriate, and quality professional home care services without discrimination.
- Be provided with proper products and services as ordered by a qualified health care professional.
- Receive products in proper operating condition according to the manufacturer's specifications.
- Receive fair treatment, including honoring cultural, spiritual, and personal preferences.
- Request a detailed explanation of your bill for products and services.
- Be communicated with in a way that you can reasonably understand.
- Refuse equipment and services, accepting full responsibility for that refusal.
- Choose your provider of home care services.
- Be assured of confidentiality, to review your records, and to approve or refuse the release of records.
- Have competent and qualified people carry out the services for which they are responsible.

- Voice your grievances and recommend changes without fear of reprisal.
- Report concerns about patient safety without fear of reprisal.
- Be given reasonable notice of discontinuation of service.

CUSTOMER RESPONSIBILITIES – IT IS YOUR RESPONSIBILITY TO:

- Dial "911" whenever a life-threatening medical emergency arises.
- Provide complete and accurate information regarding your medical history and billing information.
- Comply with your physician's orders and plan of care.
- Use and care for the equipment provided and not allow use by anyone other than the authorized patient.
- Contact us about any equipment malfunction or defect, and allow our staff to correct the problem.
- Advise us of any changes in your status, including address, medical condition, and billing information.
- Assume payment responsibility for services not covered by your insurance carrier, except when not allowed by law.
- Maintain a safe home environment for the proper utilization of equipment.
- To report to us any concerns about patient safety or occurrences of patient falls.
- Pay for the replacement costs of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.

WARRANTY INFORMATION

Every product sold by Company carries a 6-month manufacturer's warranty for manufacturing defects and errors. Normal wear and tear are not a manufacturing defect. Company notifies all beneficiaries of the warranty coverage and we honor all warranties under applicable State law. Company will repair or replace, free of charge any covered item that is under warranty.

Signature: _____ Date: _____

Patient Name: _____ DOB: _____

If the patient is unable to sign, please state reason: _____

If this form is signed by a personal representative for the Individual Patient, please state below:

Personal Representative's Name: _____ Date: _____

Relationship to Individual Patient: _____

Signature of Representative: _____

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FINANCIAL RESPONSIBILITITIES

Financial Responsibility

I understand that I am responsible to Luna Medical, Inc. for all charges not covered by my insurance. I recognize that in the event that my insurance company, employer, or any other third party payer refuses to pay the rental and/or purchase price(s) of the items being provided, or delays payment beyond 90 days of my receipt of items, or in the event that I have no insurance coverage or third party payer, that I will be responsible for said payments and will make prompt reimbursement within 30 days of notification by Luna Medical, Inc. for all charges.

We file your insurance claim for you as a courtesy to you, however, our relationship is with you, not your insurance company. It is your responsibility to be knowledgeable regarding your insurance coverage and benefits. We will expect your assistance in obtaining payment from your insurance company if difficulties arise.

Assignment of Benefits

I authorize direct payment of insurance benefits by my insurance company to Luna Medical, Inc. In the event that my insurance carrier does not accept "assignment of benefits", I understand that payments may be sent directly to me and that I am obligated to endorse and directly send such payments to Luna Medical, Inc. for payment of my bill.

Release of Information

I hereby authorize release to Luna Medical, Inc. any and all of my medical records pertaining to my medical history, services rendered, or treatments received from my physician(s) or hospital. In order to process insurance claims, I also hereby authorize Luna Medical, Inc. to furnish to my insurance carrier(s), any medical history, services rendered, or treatment needed.

Acceptance of Services

I understand that by signing this agreement, I authorize provision of products and/or services to me by Luna Medical, Inc. I also understand that the products and services provided are prescribed by my physician and that it is necessary that I remain under the supervision of my attending physician during the course of my care.

Same or Similar Equipment

Medicare/Commercial insurance companies set limitations on items per calendar year/365 days. Please note, if you have received items of the same or similar descriptions from another company. You will be responsible for the bill, if your insurance denies the products as Maximum benefit reached for the service.

Please acknowledge if you have received same or similar equipment

☐ I acknowledge that **I have never** received the same or similar equipment regarding compression garments/accessory items, from another home medical equipment provider.

☐ I acknowledge that **I have received** the same or similar equipment regarding compression garments, from another home medical equipment provider. I understand that I may be charged for garments/accessory items that exceed the limitations per Medicare/Commercial insurance.

I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT.

Print Name: _____ Date: _____

Signature: _____ Policy ID# _____

If this authorization form is signed by a personal representative for the Individual Patient, please sign below:

Personal Representatives name: _____

Relationship to individual patient: _____

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MEDICARE PROVIDERS STANDARDS OF CARE

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. 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 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 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 and 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 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 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 in order 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 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. 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.

Rights, Responsibilities, Rental & Sales Agreement

Company when used in this agreement, refers to the company name listed on the front of this form. Patient refers to the person receiving medical equipment & supplies. TITLE to the rental equipment & all parts shall remain the Company, unless equipment is purchased & paid for in full. Patient must promptly notify Company of rental equipment malfunctions or defects & allow Company representatives to enter their premises to perform REPAIR & SERVICE. Company shall not insure or be responsible to patient or caregiver for any PERSONAL INJURY OR PROPERTY DAMAGE related to any product, including that caused by improper use or function thereof, the act or omission of any third party, or by any criminal act or activity, fire or act of God. Company may impose a monthly service charge of 1 ½% of the unpaid balance. Sales RETURNS may be accepted in unopened packages & or/salable condition within three (3) days from date of original invoice with proof of purchase. Due to health department regulations, no merchandise may be accepted for return if worn next to the skin, food product, used for sanitary or hygienic purposes or if it is disposable (electrodes, wipes, creams, batteries, etc.). Special order items will require a deposit & are nonreturnable. Company maintains 24-hour availability by telephone. Patient is responsible for monitoring supply levels. Should a life-threatening MEDICAL EMERGENCY arise, the patient or caregiver must contact their local emergency services number for assistance. Patient will be communicated with in a way they can understand. Those wishing to express their concerns or comments or review, amend, review disclosure, restrict or revoke Company services & assumes responsibility for any consequence relating to REFUSAL of any service ordered delivered to the patient by a healthcare professional. Patient may participate in all decisions regarding service, including admission, plan of service, discharge, transfer & referral & will receive experimental treatment only with a voluntary informed consent. Patient personal healthcare information listed on the reverse or same side will be kept CONFIDENTIAL by Company & only used for healthcare operations, services & payment purposes. In the interest of health & safety, Company retains the RIGHT TO REFUSE DELIVERY of service at any time, however, does not discriminate. Patient has a right to respect, dignity, privacy, choice, informed consent, special communication needs, participation in the care planning process, adequate care & services, appropriate assessment & management of pain, description & charges of those services available & payment for them. Patient agrees to NOTIFY Company of any MEDICAL STATUS change such as doctor's prescription, advance directives being in place or changed, acquiring an infection requiring hospitalization or MD visit, change of residence or insurance coverage. Company is privately owned & any financial benefits of referrals made by Company will be disclosed to the patient. Staff must always wear name tags for identification. Patient & Company agree to go to arbitration of a disagreement arises between the parties. Patient has a right to place a complaint to our Company and/or JCAHO.

Patient Health Information-Privacy Notice

Please note that we maintain electronic files that may contain private information about you that may include, but are not limited to your name, address, phone number, contact person, height & weight, diagnosis, prognosis, physician(s), prescriptions, dates of service, etc. We release, transfer & disclose the above information to third parties to facilitate appropriate provision & review of services and billing for our clients of record. These files are legal documents & are also used for education, evaluating the performance of our organization, marketing & planning purposes. We have measures in place to protect patient health information as required by law. These measures include, but are not limited to, security precautions being in place in our buildings, vehicles, billing software, transactions with government entities, vendors, consultants, surveyors, your family or appointed representative & other appropriate parties, transmission of data to third parties, telephone & wireless communications, maintenance, retention & destruction of data, etc. You have the right to amend, restrict, revoke consent to release, examine or obtain copies of the data that we have in our file & have released to others upon request. If you have questions concerning any of the above, please contact the Company at the number shown on this form. Effective 01/04/21.

Patient Name:_____ DOB:_____

Signature:_____ Date:_____

If this form is signed by a personal representative for the Individual Patient, please sign above and print name and relationship to patient below:

Personal Representatives name:_____

Relationship to individual patient:_____

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NOTICE OF PRIVACY PRACTICES

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

Commitment to Privacy:
Luna Medical, Inc. is dedicated to maintaining the privacy of your healthcare information and we are required by law to maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization. The Health Insurance Portability and Accountability Act (HIPAA) obligates Luna Medical, Inc. to provide you with a copy of our Privacy Notice, outlining our privacy practices and how we safeguard your health information. Luna Medical, Inc. abides by the terms of the Privacy Notice currently in effect, and reserves the right to revise or amend the notice, as needed.

Your Health Information Rights:
Although your health record is the physical property of the healthcare facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information;
- Obtain a paper copy of the notice of privacy practices even if you have agreed to receive the notice electronically;
- Inspect and copy your health care record;
- Obtain an accounting of disclosures of your health information;
- Request confidential communication methods between yourself and Luna Medical, Inc.;
- Amend your healthcare record;
- File a complaint if you believe your privacy rights have been violated;
- Choose another person to act on your behalf;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:
Luna Medical, Inc. is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Mitigate, to the extent practicable, any harmful effect we learn was caused by a breach of privacy;
- Accommodate reasonable requests you may have to communicate health information by alternative means.

Luna Medical, Inc. reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to your address on file. We will not use or disclose your health information without your authorization, except for treatment, payment, and healthcare operations.

HITECH Amendments
Luna Medical, Inc. is including HITECH Act provisions to its Notice as follows:
HITECH Notification Requirements
Under HITECH, Luna Medical, Inc. is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:
(1) Contain a brief description of what happened, including the date of the breach and the date of discovery if known;
(2) A description of the types of unsecured PHI involved in the breach (e.g., full name, social security number, date of birth, etc.);
(3) The steps the individual should take to protect themselves from potential harm resulting from the breach;
(4) A brief description of what Luna Medical, Inc. is doing to investigate the breach, mitigate losses, and to protect against further breaches;
(5) Provide individuals with contact procedures to ask questions or learn information about the breach, which must include a toll-free telephone number, an e-mail address, website, or postal address.

Business Associates
Effective September 2013, Luna Medical, Inc.'s Business Associate Agreements have been amended to provide that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, documentation requirements, and the Omnibus Rule apply directly to the business associate.

Cash Patients/Clients
HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

Access to E-Health Records
HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct Luna Medical, Inc. to send the e-health record directly to a third party. Luna Medical, Inc. may only charge for labor costs under the new rules.

Accounting of E-Health Records for Treatment, Payment, and Health
Luna Medical, Inc. does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the Act will require Luna Medical, Inc. to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

Disclosure for Treatment, Payment, and Healthcare Operations:
We will use your health information for treatment. Information obtained by our company will be documented in your healthcare record and will be used to provide you with durable medical equipment and/or supplies. The prescription that your physician has ordered will be part of the record and will determine the equipment and supplies that you receive.
We will use your health information for payment. In order to determine your eligibility for equipment and/or supplies, Luna Medical, Inc. may contact your insurance company and disclose healthcare related information. Also, Luna Medical, Inc. will bill you or a third-party payer for services that you receive from our company. The health information that identifies you, your diagnosis, equipment, and supplies may be included on this bill.
We will use your health information for healthcare operations. Luna Medical, Inc. may use your health information to evaluate the quality of care you receive from us, to conduct cost management assessments, and to plan business activities. This information is used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Other Uses or Disclosures:
Business Associates: There are some individuals who are under contract with Luna Medical, Inc. and, from time to time, are engaged in the improvement or financial enhancement of our business. So that your health information is protected, however, we require any business associate to appropriately safeguard your information.
Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.
Health Oversight Activities: We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections.
Worker's Compensation: We may release your health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
For More Information:
Please contact Luna Medical's Privacy Officer, at (800) 380-4339, if you require additional information and/or want to pursue your rights, including but not limited to:

- Requesting restrictions;
- Inspecting and copying your record;
- Securing an accounting of disclosures;
- Requesting additional disclosures;
- Revoking authorizations at any time;
- Filing a complaint

If you believe your privacy rights have been violated, you may contact our company's General Manager. You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights). There will be no retaliation for filing a complaint.

YOU HAVE A RIGHT TO HAVE A COPY OF THIS FORM AFTER YOU SIGN IT

Patient's Name:_____ Patient's Signature:_____ Date:_____

If this authorization form is signed by a Personal Representative for the individual patient:

Representative's Name: _____Representative's Signature:_____ Date: _____

Relationship to Patient:_____

PATIENT SAFETY IN THE HOME

The Keys to Safe and Sensible Home Care Include:

- ✓ Safety Improvements . . . . . In and Around the Home
- ✓ Emergency Planning . . . . . Always Important, Now more than Ever
- ✓ Patience and Understanding . . . Take the Time to Change and Adjust

Adapt the Home

- In the Kitchen
  - Set utensils, food, and other items at a convenient height.
  - Install grab bars on the walls.
  - Mount foil, wraps, and paper towels at a convenient height on the wall.
  - Storage heavy items at waist height or close to the floor.
- In the Bathroom
  - Install grab bars on the wall, near the toilet and shower.
  - Install a raised toilet seat.
  - Use a hand-held shower head.
  - Replace bar soap with liquid soap in plastic dispensers.
  - Ensure that towel bars are easy to reach.
- On the Stairs
  - Build ramps, as necessary.
  - Secure railings or install new.
  - Repair or replace steps.
- Throughout the Home
  - Maintain clean, bright surroundings.
  - Use steady, sturdy furniture.
  - Take care with electricity.
  - Lower water temperature to avoid burns
  - Avoid smoking in the home.
  - Install smoke detectors.
  - Clean and maintain heating systems.
  - Install a carbon monoxide detector.
  - Prepare a fire escape plan
  - Keep safety first.

Guard Against Slips, Trips, and Falls

- Clear Walking Areas
  - Keep hallways free and clear.
  - Remove cords from traffic areas.
- Keep Stairways Well Lit
  - Replace burned out bulbs.
  - Ensure that switches work at both the top and the bottom of the stairs.
- Secure Area Rugs
  - Keep area rugs in place with tape, non-slip pads, or tacks.
  - Remove throw rugs from the bathroom and kitchen.
- Free Flooring of Obstacles
  - Repair any holes in the carpeting.
  - Fix floors that are warped or buckled.
- Install Non-Skid Treads
  - On slippery stairs, as needed.
  - In the shower or bathtub
- Use Night Lights
  - Place in the bedroom, bathroom, and hallways.
  - Ensure nighttime vision.

Emergency Preparedness

- List Emergency Numbers
- Keep Emergency Supplies on Hand
- Register with Your Local Utility.
- Be Prepared

Patient Name: Patient Signature: Date:

If this authorization form is signed by a personal representative for the Individual Patient, please sign above and print name and relationship to patient below:

Personal Representatives name:

Relationship to individual patient: