



Patient services guide

 1.888.336.9363

 mydme@synapsehealth.com

 synapsehealth.com

How to contact us



Email

mydme@synapsehealth.com



Toll-free

1.888.33.MYDME (1.888.336.9363)

(Text-to-speech equipped at the same number)

Mon-Fri 8 AM – 8 PM EST

(After-hours, on-call support is available for urgent equipment matters)



To report concerns:

Synapse Health Customer Resolutions

1.888.33.MYDME (69363)

customerresolutions@synapsehealth.com

Synapse Health Integrity Hotline

1.833.609.5224

synapseintegrityline.com



Access Your Account:

getmydme.com

synapsehealth.com



If you are experiencing a medical emergency, dial 911

- Give the location of your emergency (full address).
- Explain what happened to the best of your ability.
- Clarify how many people need help.
- Do not hang up until help arrives.



Correspondence Address

Synapse Health Inc.
169 Madison Avenue, Suite #15752
New York, NY 10016

Headquarters

Synapse Health Inc.
3755 Chase Avenue
Skokie, IL 60076
Mon-Fri: 10 AM – 4 PM CST

Alabama Branch

Synapse Health Inc.
500 Chase Park South, Suite 102
Hoover, AL 35244
Mon-Fri: 10 AM – 4 PM CST

Florida Branch

Synapse Health Inc.
600 Northlake Blvd, Suite 145
Altamonte Springs, FL 32701
Mon-Fri: 10 AM – 4 PM EST

South Carolina Branch

Synapse Health Inc.
101 Grace Drive, Suite A
Easley, SC 29604
Mon-Fri: 10 AM – 4 PM EST

Texas Branch

Synapse Health Texas, LLC
8304 Esters Blvd, Suite 850
Irving, TX 75063
Mon-Fri: 10 AM – 4 PM CST

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Who we are

Synapse Health is here to help you get the medical equipment you need—quickly and without stress.

We work with your doctor, your insurance and the company that delivers your equipment to make the process easy for you. We take care of the paperwork, approvals, and support so everything goes smoothly.

Once your equipment is delivered, our team is here to help with:

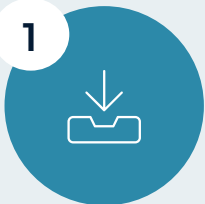
- Learning how to use your equipment safely
- Keeping your equipment in good working order
- Answering any questions you have

We're here to support you every step of the way.



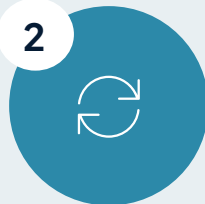
HOW WE HELP YOU

1



Your medical equipment order is placed through one of our systems.

2



Order is fulfilled by our network of medical equipment providers.

3



Your medical equipment and instructions are delivered to you.

4



Claim is filed with your health insurance and payments are finalized.



Onboarding

Thank you for allowing us to support your healthcare needs! Here are the steps to onboard with Synapse Health:

1. Register on the Patient Portal

The Patient Portal allows you to securely complete required forms, view your orders, track shipments, and more, all in one convenient location.

To register, visit getmydme.com.

2. Fill out the Patient Authorization Form

The Patient Authorization, Acknowledgment & Consent (PAAC) Form is provided with the Patient Services Guide.

The PAAC Form must be signed by you or your representative and returned. The PAAC Form:

- Provides Synapse Health with your permission to provide and bill your insurance for your equipment and supplies.
- Confirms your receipt of information detailed in this Patient Services Guide.
- Captures your communication preferences.
- Designates a caregiver or someone authorized to speak with us about your order and equipment and supplies.

The screenshot shows the Synapse Patient Portal interface for order tracking. At the top, it says "synapse PATIENT". Below that, there's a "Back to track order" link and the heading "Order tracking". The main content is divided into three sections: 1. "Estimated delivery" showing "Sunday April 06" and "Carrier Status: Out for Delivery" with "Order #: SO-B1230098". 2. "Detailed tracking" with two entries: "Friday, April 4 12:40 PM | Reedley, California Out for Delivery" and "Friday, April 4 12:35 PM | Lakewood, Colorado The shipment is on the way". 3. "Entire order status" showing "In Progress" with a progress bar and "1 or more of your items is on the way." Below this is a "Join us" section with a privacy notice and buttons for "Create an account" and "Already have an account? Login". At the bottom right, there's a "Do you have a question?" section with a contact number "1-888-33MYDME".

The screenshot shows the Synapse Patient Authorization, Acknowledgment & Consent form. At the top, it says "synapse HEALTH". Below that, there are fields for "Patient Name:", "DOB:", and "Patient ID:". The main heading is "PATIENT AUTHORIZATION, ACKNOWLEDGEMENT & CONSENT". Below this is a section titled "For Services Indicated on the Corresponding Delivery Ticket or Listed Here:" with a text box for "Insert List of Equipment, Supplies, or Services". The form contains three numbered sections: 1. "Provision of Prescribed Medical Equipment & Supplies Acknowledgement" detailing the patient's agreement to rent or purchase equipment. 2. "Patient Authorization & Assignment of Benefits" detailing the patient's authorization for insurance coverage. 3. "Financial Responsibilities Acknowledgement" detailing the patient's agreement to pay for services. At the bottom, there's a note: "Synapse will verify the Patient's Insurance coverage, including obtaining prior authorization from the Patient's Insurance, where applicable; however, this is not a guarantee that the Services will be covered by Insurance. The". At the very bottom, there's a footer with the text: "Prefer to complete this online? Visit our patient portal at mydme.synapsehealth.com REV_07.28.25 3755 Chase Avenue, Skokie, IL 60076 | 1.888.33.MYDME (1.888.336.9363) | synapsehealth.com Page 1 of 4".

Our products

- Bath
- Breast Pumps
- Diabetic
- Enteral Nutrition
- Gastric Suction Pumps
- Hospital Beds
- Mobility
- Negative Pressure Wound Therapy
- Ostomy Supplies
- Respiratory
- Sleep
- Surgical Dressing and Wound Supplies
- Urological Supplies

NOTE: This is not a comprehensive list of all Synapse Health products and services. Please contact us for more information about our products and services.

1.888.33.MYDME

PRODUCT EDUCATION

When your delivery arrives, you will receive information and training about how to properly use and maintain your equipment and/or supplies. Our clinicians and team members are trained to assist you and your caregiver(s) as you learn more about your items. If you have questions, call 1.888.33.MYDME (1.888.336.9363). We are available after-hours to address urgent concerns.

RETURN POLICY

Purchase Returns

We want to ensure that you receive the highest quality equipment and supplies. If you need to return items, we will accept returns within 14 days of purchase. The item(s) must be in the original, unopened and undamaged packaging. Items that are used, custom-made, worn against the body, or modified in any way are not eligible for return.

Rental Returns

Following the rental term, Synapse Health offers a three-day grace period for the return of monthly rentals and a one-day grace period for weekly rentals. Full rental charges will be incurred after the grace period.

If you enter a hospital, nursing home or hospice care, or no longer medically need the rented equipment, you must notify us immediately. Most insurance plans, including Medicare and Medicaid, do not cover medical equipment while you are under the care of a hospital, nursing home or hospice.

WARRANTY POLICY

Synapse Health honors all manufacturers' warranties for new equipment and supplies. Unless otherwise required by applicable law, items without a specific warranty will be warrantied for damage or manufacturer's defect for up to 30 calendar days from the date of purchase, as long as damage was not due to patient negligence or misuse.

Item Damage or Loss

To avoid damage to your equipment, you must be attentive to the care instructions provided with your items. Otherwise, lost, damaged or stolen items may fall outside of the warranty and may result in additional costs to you or your insurance company. Please note: Circumstances, like equipment loss due to natural disasters, will be reviewed on a case-by-case basis.



INFORMING US OF CHANGES

It is your responsibility to inform Synapse Health as soon as possible if any of the following changes occur:

Medical Insurance

If Synapse is a contracted provider with your new insurance, we will coordinate with them to confirm benefits coverage, obtain authorization and bill. If Synapse is not contracted, we will support your transition to a contracted DME supplier of your choosing. Failure to report changes to your insurance could result in costs assigned to you due to any denied claims.

Demographic Information

To ensure we continue to support your health needs, it's important that we maintain a current and valid address and phone number. In the event of a change of address, phone number, or any other key demographic information, please be sure to contact us as soon as possible.

Treating Prescriber

Synapse Health coordinates your DME care with your treating prescriber. Treating prescribers provide us with prescriptions, medical necessity documentation and other critical information required to ship and bill your equipment and supplies. If your treating prescriber changes, please make sure to let us know as soon as possible to avoid potential delays in processing your order.

PATIENT FEEDBACK & SURVEYS

We value your feedback! Patients may request a survey at the end of a call with one of our team members or during an interaction with our Intake Team. In addition, we may send you a survey following the delivery of your equipment or supplies. Your input helps us improve our service.

COMPLAINTS & GRIEVANCES

At Synapse Health, we strive to provide the highest quality of service to patients – your concerns are our concerns. Please contact us with any problem, concern or compliment. Be assured that you can share feedback without fear of discrimination, reprisal or interruption of care, treatment or service.

We appreciate your candid comments as well as your assistance in helping us continually improve our services. However, if you feel our investigation or response to your complaint was unsatisfactory, you have the right to reach out to Medicare or your insurance plan.

CONTACT US



Synapse Health Customer Resolutions
1.888.33.MYDME (1.888.336.9363)
customerresolutions@synapsehealth.com



Synapse Health Integrity Hotline
1.833.609.5224
synapseintegrityline.com

Financial

PATIENT FINANCIAL RESPONSIBILITY

When ordering your equipment or supplies, you will be provided with an estimate of your potential financial responsibility. If you wish to receive the estimate in writing, it's available upon request. This **estimate** is based on information obtained from your insurance plan, for the item(s) ordered at the time the estimate was obtained.

Once your health plan has processed the claim, they will provide you with an explanation of benefits (EOB) that will include your claim details. The EOB will include the final amount of your financial responsibility, which may be more or less than the estimate provided when ordering.

Should you have any remaining patient financial responsibility after your insurance either pays or denies your claim, Synapse Health will provide a billing statement detailing the items received and the amount you owe.

You are responsible for paying Synapse Health the outstanding balance your insurance determines is your responsibility. This can include deductibles, copays, coinsurance, non-covered items or services, and costs associated with upgraded services or equipment. Synapse Health will collect your credit card information up-front to keep on file for any future balances owed after your insurance claims are processed. If you are set up for autopayment, you will receive reminders prior to the card being charged.

DEDUCTIBLES, COPAYS & COINSURANCE

Deductible: The amount that you must pay each year before your insurance plan begins to pay for covered medical expenses.

Copayment (Copay): The fixed cost that you pay for healthcare service/item.

Coinsurance: The portion of medical cost you pay after your deductible is met. Typically, this is a percentage of the total cost. (Example: Insurance covers 80 percent and you are responsible for the remaining 20 percent.)

ABOUT YOUR STATEMENT

Synapse Health will provide you with a billing statement that outlines:

- Name of the insurance to which the claim was submitted
- Item(s) billed on the claim
- Patient financial responsibility amount owed

You will only receive a statement if you have an outstanding balance after insurance has either paid or denied the claim.

Remember, your billing statement from Synapse Health is not your explanation of benefits (EOB). An EOB is provided by your insurance plan and describes the costs they will cover.

ADDITIONAL INSURANCE COVERAGE

Synapse Health will bill your primary insurance by default. If you have additional insurance—secondary or tertiary coverage—please provide those details so that we can bill them on your behalf.

Please remember, billing these additional insurance plans does not guarantee payment. Financial responsibility may remain with you, the patient. Please contact us with any questions regarding your financial responsibility or your plan's coverage.

EQUIPMENT SALE VS. RENTAL

Most equipment or supplies that are lower cost and/or routinely purchased can be billed to insurance and become the patient's property. Other items, such as wheelchairs, hospital beds and CPAP machines may be considered rental items.

If the item is considered rental equipment, it is the property of Synapse Health, and the insurance plan is billed for the rental costs over the plan's defined rental period. At the conclusion of the established rental period, and in accordance with the insurance guidelines, the item would convert to purchase, at which time you may choose to purchase.

If you choose to purchase the equipment, the transfer of ownership can only be considered completed once payment in full is received for all rental periods,



including any patient cost-share amounts (e.g., copays, deductibles, coinsurance). Once the ownership has been transferred, then you will be responsible for arranging any necessary service or repairs.

Ventilators, some oxygen equipment and other frequently serviced products are considered rentals only and will remain the property of Synapse Health. This equipment must be returned if you discontinue use for any reason.

Traditional Medicare Capped Rentals

Traditional Medicare covers a monthly rental fee for a period of no more than 13 months (36 months for oxygen). After this period, ownership of the equipment is transferred to the patient. Once the transfer is completed, it is the patient's responsibility to arrange any required equipment service or repair. (Please note: There may be some oxygen equipment that will always remain the property of Synapse Health.)

PAYMENTS

Synapse Health accepts the following methods of payment:

- Credit Card, Debit Card, Check

To make a credit card payment:

- Use the self-serve CollectPlus Patient Portal:
allgrp.com/synapsehealth
- Call Synapse Health at 1.888.33.MYDME (1.888.336.9363)

To make a check payment, mail your check along with the payment stub from the billing statement to the address on the payment stub.

For assistance with outstanding balances, contact: 1.888.33.MYDME (1.888.336.9363) or **mydme@synapsehealth.com**

Scan here to pay



Patient rights & responsibilities

ADVANCE DIRECTIVES & EMERGENCY RESPONSE NOTIFICATION

It is your right to have an Advanced Directive and/or Living Will. The purpose of an Advanced Directive or Living Will is to tell healthcare providers how you would like to be treated in an emergency should you be unable to speak or make decisions about your treatment and care. If you have an Advanced Directive or Living Will, please let us know and place it inside your home where it can be easily accessed in case of an emergency.

If you do not have an Advanced Directive and/or Living Will and would like more information on how to get one, please contact your physician, an attorney, or a leader with your religious community. Synapse Health team members cannot provide you with this information.

Patient Rights

As an individual receiving services in your home, you have the right:

1. To choose who provides your health care, including your DME items and services, and your treating prescriber.
2. To receive information about the scope of services that Synapse Health will provide and specific limitations on those services.
3. To receive a clear explanation about your condition and why your doctor has ordered DME items and services.
4. To participate in the development and periodic revision of your plan of care.
5. To receive clear information regarding any potential costs for which you may be responsible in advance of receiving service.
6. To refuse care or treatment after the consequences of refusing care or treatment are fully presented.
7. To request and be shown legitimate identification from a team member or representative of Synapse Health entering your home.
8. To have your home and other personal property treated with respect during delivery and while receiving services.
9. To be treated with courtesy, respect and dignity free from any discrimination, including but not limited to age, gender, race, ethnic origin, religion, sexual preference and/or disability status.
10. To be free from mistreatment, neglect, or verbal, mental and physical abuse, including injuries of unknown source and misappropriation of your property.
11. To voice concerns, complaints and grievances without fear of retaliation, reprisal or interruption of your care and services.
12. To have your concerns addressed and resolved in a timely manner.
13. To expect delivery of DME items that are clean and in good condition.
14. To receive information and education on the use, care, cleaning and maintenance of your DME items.
15. To know who to contact with questions about or problems with your equipment, including but not limited to, use, care maintenance, repair replacement or malfunction.

Patient Responsibilities

As an individual receiving DME items from Synapse Health, you are responsible:

1. To provide Synapse Health complete and accurate medical and contact information.
2. To notify Synapse Health immediately of any changes to medical and contact information.
3. To submit forms that are necessary to receive services.
4. To inform Synapse Health of the name(s) any individuals who are authorized or legally responsible to make decisions on your behalf.



5. To follow your doctor's orders for use of prescribed equipment and supplies, and to understand your responsibilities for the outcomes if you choose not to follow your doctor's orders.
6. To reach out to Synapse Health when you do not understand how to use, care for, clean and disinfect, or maintain the equipment that's provided to you.
7. To plan for emergencies that may occur in your home.
8. To treat Synapse Health team members and its representatives with courtesy and respect.
9. To have someone home when your delivery is scheduled or if your mail order requires a signature.
10. To properly store and maintain your DME items.
11. To pay for any out-of-pocket costs not covered by insurance, including copayments, deductibles, and coinsurance.



Patient plan of care

As a valued patient of Synapse Health, Inc. (“Synapse Health”), we welcome you to our services. You have received delivery of your medical equipment and/or supplies, along with written and verbal education and instruction on:

- How to safely use and operate, clean, and care for your equipment
- Your prescribed usage, as ordered by your healthcare provider
- How to properly store your equipment, if applicable
- How to order replacement supplies when needed

Active participation in your Plan of Care is important to ensure the safe, effective, and successful use of the equipment and supplies provided by Synapse Health. Please take time to complete this Plan of Care for your records.

Your Name: _____

1. Equipment and/or Supplies Received

Please list the equipment and/or supplies you have received.

Examples: oxygen, CPAP, diabetic supplies, wheelchair, etc.

2. Your Health Needs and Goals:

Why are you using this equipment and/or supplies:

3. Your Personal Goals Using This Equipment and/or Supplies (check all that apply)

Improve comfort Improve mobility Improve breathing/sleep

Prevent complications Maintain independence Other: _____

4. How Will You Use This Equipment and/or Supplies

You understand when and how often to use your equipment and supplies as prescribed by your healthcare provider, which is: _____

5. Your Personal Emergency Preparation Plan Related to My Equipment and/Supplies (check all that apply)

Ensure all batteries are fully charged

Maintain an adequate supply of necessary equipment and supplies

If you use life sustaining or power dependent equipment, notify your electric utility company and enroll in local emergency services or emergency assistance registries

Keep emergency contact numbers readily available

Identify an alternate location where you can receive care or power dependent services if needed

Contact Synapse Health at **1.888.336.9363** for any assistance you need with your equipment and/or supplies. Synapse Health is available 24/7 for emergency equipment/supply related needs.



Safety

FALL PREVENTION AT HOME

Falling is a leading cause of injuries within the home. Falling can lead to injuries or other conditions that may cause you to lose your independence. We encourage you to talk with your doctor or physical therapist about your need for medical equipment or services to prevent falls.

Here are some tips you can use to prevent falls and injuries in your home:

1. Have bright lighting in your home, especially in stairways, so you can see and avoid objects that may cause you to trip and fall.
2. Use nightlights in hallways, bedrooms and bathrooms to help you see where you are going at nighttime.
3. Use professionally installed and secure handrails when climbing stairs inside and outside of your home.
4. Have secure grab bars professionally installed in your bathroom, especially in showers and bathtubs, to support you instead of using towel bars and soap dishes which may come off of the wall.
5. Secure all rugs to the floor or make sure the rugs have a non-skid backing.
6. Remove all rugs that cannot be secured to the floor, do not have non-skid backings, are worn or otherwise damaged, or have curled ends.
7. Keep or hide electrical cords away from the areas you walk inside your home, such living rooms, dining rooms and hallways. If possible, use remote controls and cordless phones.
8. Keep kitchen items you normally use in easy-to-reach places. Try to avoid storing kitchen items, such as glasses and dishes, in cabinets that are too high or too low. Use a sturdy step ladder to get items from a high cabinet above shoulder height. Be careful when bending over to get items from a lower cabinet, especially if you have high blood pressure or other health conditions.
9. Wear well-fitting shoes and boots that have a sturdy bottom and a sole with traction. Wearing loose-fitting shoes and slippers may increase your chances of tripping and/or falling.

Please talk to your doctor about what you can do to prevent falls if you have any of these health conditions:

1. Have pain, discomfort or loss of feeling such as numbness or tingling, thick toenails, calluses, or corns, which may affect your ability to walk or stand safely.
2. Take any medications that may cause you to feel dizzy, tired or have other side effects that may make you feel unsteady when standing or walking.
3. Feel dizzy when sitting up after lying down or when standing after sitting.
4. Have trouble seeing, such as double, blurred or cloudy vision, see bright flashes of light or dark spots, or any other concerns you may have about your eyes.
5. Ask your eye doctor how often your eyes should be examined and how to use different colors and contrast to help your balance at home.
6. Clean your glasses often.

If you fall at home, keep calm. Decide if you can or cannot get up:

1. If you have a life alert or other emergency device you wear, press the button, and let the operator know you fell and you may need assistance getting up.
2. If you can get up, use a sturdy piece of furniture to help you.
3. After you get up, take some time to rest.
4. Tell someone you fell.
5. Get medical help if you are injured or are not able to get up after a fall.
6. If you are alone, decide whether or not you can safely crawl to a cordless phone, a life alert or other emergency device you normally wear, or an outside door to call for help.
7. If you are alone, can decide you cannot safely crawl for help, make loud noises such as yelling or banging on an object such as a cooking pan until help arrives.

Home oxygen safety

SMOKING ISSUES

No one should smoke in your home if oxygen is in use. The fire danger is too great. You should not smoke. Your family and friends should not smoke around you. Quitting is the best thing you can do for your health and safety.

What You and Your Family Should Know

Using home oxygen increases the risk of fires and burns. When oxygen is used in the home, the amount of oxygen in the air, furniture, clothing and hair goes up, making it easier for a fire to start and spread. When more oxygen is in the air, fires will burn hotter and faster.

When using home oxygen, learn how to handle it safely- especially if you smoke. It is important to keep home oxygen and tubing 10 feet away from heat sources. Common heat sources are matches, lighters, cigarettes, candles, gas stoves, appliances, electric razors, hair dryers and heaters. Don't use flammable products such as oils, grease, petroleum products and oil-based lip balms or lotions.

Home Fire Safety

Ensure that "No Smoking" signs are clearly posted in and around your home. Your family should help make sure your home has working smoke alarms. You and your family should make and practice a home escape plan.



In an emergency, call 911 to get help quickly.

- Give the location of your emergency (full address).
- Explain what happened to the best of your ability.
- Clarify how many people need help.
- Do not hang up until help arrives.

If you have an infection, may have been exposed to an infection or are taking care of someone who has an infection, it is important to know how to keep the infection from spreading. Follow your healthcare provider's instructions and use these guidelines to help stop the spread of infection.

Infection control

PREVENTING INFECTION FROM SPREADING

Here are actions you can take to prevent the spread of infection:

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use alcohol-based hand sanitizer.
- Avoid touching your face, mouth, nose or eyes.
- Cough or sneeze into a tissue, sleeve or elbow instead of into your hand or into the air. If you cough or sneeze into a tissue, throw it away immediately and wash your hands.
- Change towels and washcloths frequently.
- Change toothbrushes often and store them separately in a clean, dry place.
- Clean and disinfect all surfaces, including the toilet, floor, tub, shower and sink.
- Wash your hands before and after preparing food and before you eat.
- Keep work surfaces clean. Disinfect them regularly.
- Wash your dishes in hot, soapy water. Air-dry your dishes or use a dishwasher.
- **Do not share** items with others such as toothbrushes, dishes, combs, etc.
- Wear gloves if laundry is visibly soiled.
- **Do not** shake soiled laundry. Doing that may send germs into the air.
- Wash laundry in hot water.
- If you cannot wash the laundry right away, place it in a plastic bag and wash it as soon as possible.

IF YOU BECOME SICK

- Stay home except to go to the doctor or get other types of medical attention. Call your doctor or healthcare provider before you see them for any special instructions they may give you.
- Ask others to get groceries, household supplies and medication and deliver the items to you.

- Avoid being in public areas, including riding public transportation like a bus or train.
- Avoid seeing friends and other visitors until you have completely recovered or until you have no symptoms of an infection such as a fever, runny nose, etc.

Avoid preparing food or caring for others. If you must prepare or serve food, or take care of someone else, wear a mask and wash your hands before and afterward

IF YOU LIVE WITH OTHER PEOPLE AND BECOME SICK

- Stay at least 3 feet away from others, if possible.
- Use a separate bathroom, if possible, or use cleaning wipes after.
- Sleep in a separate bedroom or bed to prevent infecting others.
- Avoid sharing cups, glasses, and eating utensils.
- Ask everyone you live with to wash their hands often with soap and water or use an alcohol-based hand sanitizer.

PRECAUTIONS

- Some cleaning products work better for certain germs than others. Be sure to read the product label or online resources to determine if you are using the right cleaning product for the type of germ.
- If you choose to use bleach, clean with care. Never mix bleach with any other cleaner products, especially ones with ammonia. When bleach mixes with ammonia, it can create a dangerous gas that may be deadly.
- Keep fresh air flowing into your home, especially when using cleaning products such as bleach and ammonia that can have a strong odor.
- Never pour dirty or mop water down the kitchen sink. Always pour dirty or mop water down the toilet.

Cleaning & disinfecting equipment

Keeping your equipment clean and disinfected is the best way to prevent getting sick or getting an infection. When your equipment is delivered, the technician will tell you how to correctly clean and disinfect your equipment and provide you with a copy of written instructions and/or the manufacturer's cleaning instructions.

It is very important to follow the cleaning and disinfecting instructions given to you by the delivery technician and follow the manufacturer's instructions.

Please read these instructions carefully.

If your equipment is electric, it is important to unplug the equipment before cleaning to prevent getting an electrical shock that could burn you or even result in death. Before cleaning your equipment, be sure to inspect the equipment for any cracks or breaks that may interfere with the cleaning and/or disinfecting processes.

Replace or repair any equipment that cannot be correctly cleaned and/or disinfected.

Your equipment should be cleaned and disinfected after each use in your home to remove any dirt you may see and bacteria, germs, viruses and fungus you cannot see.

To keep you safe from infection and your cleaning and disinfecting solutions free from becoming contaminated, if you mix your cleaning and disinfection solutions, please use a fresh cleaning and disinfecting solution each time you clean your equipment and dispose of the dirty cleaning and disinfecting solutions.

Please call us at 1.888.336.9363 if you have questions about how to clean and disinfect your equipment, you did not receive a copy of cleaning and/or disinfecting your equipment, or your equipment is damaged and needs to be repaired or replaced.

Disaster plan

Emergencies such as fires, and natural disasters, such as severe storms, tornadoes, hurricanes and floods happen. This is why we ask our patients and facilities to have a disaster plan in place to prepare everyone for these types of events.

We recommend patients and facilities check with their local authorities to know where to go and what actions should be taken to remain safe. Having this information before an emergency or natural disaster occurs may keep you safe. You may be directed to go to your local emergency room, hospital or another type of facility and/or pharmacy to get items and supplies. If you are asked by a local or state authority to leave your home or to go to another safe place, we ask that you do so as soon as possible for your safety. Please leave your home and take your equipment and supplies with you, even if you have a generator. If your system includes backup batteries, please make sure they are fully charged to ensure continued support in case of a power outage. These power sources may not give you the amount of power you need until the electricity is fixed.

Synapse Health has a disaster plan we follow in times of emergencies and natural disasters. These types of things happen, and Synapse Health deliveries may be delayed. Synapse Health cares about you and wants to help keep you safe during these times.

We may repair or replace your equipment as directed to do so by your insurance company, such as Medicare, Medicaid, commercial health insurance, the company that provides your equipment's patient agreements, equipment warranties or other instructions we have to follow.

If you are using equipment that is not lifesaving, we ask you to be patient with us while we are helping those who are using life-saving equipment.

Notice of Privacy Practices

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

This Notice describes how Synapse Health Inc. (the “we,” “us,” “our,” or “Synapse”) may use and/or disclose your protected health information (PHI), and the rights you have with respect to your PHI. “PHI” includes any information that (i) may identify you, (ii) is created, received, maintained, or transmitted, (iii) relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the past, present, or future payment for the provision of health care to you. We are committed to protecting the privacy of your PHI. This Notice applies to all PHI created, received, maintained or transmitted by Synapse. All employees and business associates of Synapse who may have access to your PHI are permitted to use and disclose your PHI only as set forth in this Notice.

YOUR RIGHTS

You have the right to:

- 1. Receive a Copy of Your Medical Record.** You have the right to see or obtain an electronic or paper copy of your medical record and other health information we have about you. You must submit your request in writing to Synapse’s Privacy Officer, as identified on the last page of this Notice. We will provide a copy or a summary of your medical record, usually within 30 days of your request. We may charge a reasonable, cost-based fee for providing you a copy of your medical record.
- 2. Ask Us to Amend Your Medical Record.** If you feel that information in your medical record is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to Synapse’s Privacy Officer, as identified on the last page of this Notice. We will respond to your request within 60 days. In certain circumstances, we may deny your request for an amendment. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you choose not to file a written statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your PHI.
- 3. Receive an Accounting of Disclosures.** You have the right to ask for an accounting (list) of the times we have shared your health information, who we have shared it with and why. The list will include all disclosures except for those pertaining to treatment, payment, and healthcare operations, and certain other disclosures (such as any disclosures that were made at your request). To request an accounting of disclosures, you must submit your request in writing to Synapse’s Privacy Officer, as identified on the last page of this Notice. Your request must include a time period for which you are requesting an accounting of disclosures, which may not be longer than six years prior to the date of your request. We will respond within 60 days of receiving your request. We will provide you with one accounting per year at no cost, but may charge a reasonable, cost-based fee for any additional requests for an accounting.
- 4. Request Restrictions on How We Use Your PHI.** You may ask us not to use or share certain PHI for treatment, payment or healthcare operations purposes, and may request to limit the information we share with an individual who is involved in your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide your emergency treatment or unless the information is required to be disclosed by law. If you pay for a healthcare item or service out-of-pocket in full, you may ask us not to share information regarding such item or service with your health insurance company. We will comply with your request unless the information is required to be disclosed by applicable law. To request a restriction, you must make your request in writing to our Privacy Officer, as identified on the last page of this Notice.
- 5. Request Confidential Communications.** You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will not ask you the reason for your

request and will accommodate all reasonable requests. To request confidential communications, you must make your request in writing to our Privacy Officer, as identified on the last page of this Notice. Your request must specify how or where you wish to be contacted.

6. Receive a Copy of this Notice. You may ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will promptly provide you with a paper copy. To obtain a paper copy of this Notice, contact our Privacy Officer, as identified on the last page of this Notice.

7. Choose Someone to Act for You. If you have designated a healthcare power of attorney or if someone is your legal guardian or personal representative, that person may exercise your rights and make choices about your health information. We will confirm that the person has authority to act on your behalf before we take any action.

8. File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with Synapse or the Department of Health and Human Services, Office for Civil Rights (“OCR”). To file a complaint with us, please contact our Privacy Officer as identified on the last page of this Notice. Forms and instructions for filing a complaint with OCR may be found at the following web address: hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html. You will not be retaliated against or penalized by us for filing a complaint.

YOUR CHOICES

For certain PHI, you may tell us your choices regarding what we share. In the following situations, you have the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety. We never share your information for the following purposes unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

OUR USES AND DISCLOSURES OF PHI

We typically use or share your information for the following purposes, as permitted by the Health Insurance Portability and Accountability Act (“HIPAA”):

Treatment. We may use and disclose your PHI to provide, coordinate or manage your treatment and related services. We may disclose PHI about you to doctors, nurses, technicians or other personnel who are involved in taking care of you.

Payment. We may use and disclose your PHI for the treatment and services you receive to bill, and receive payment from, an insurance company or other third party. For example, we may need to disclose information about your treatment to your health plan so it can pay us or reimburse you for the cost of that treatment.

Health Care Operations. We may use and disclose your PHI for our own healthcare operations purposes. For example, we may use PHI to review our treatment and services. We may also disclose PHI to another healthcare provider for certain health care operations of that entity, if the entity either has or had a treatment relationship with you, and the PHI pertains to such relationship.

Disclosures to Business Associates. We may disclose your PHI to third party “business associates” that perform various functions on behalf of Synapse and that have agreed to provide the same protections for your PHI.

Other Permitted Uses and Disclosures. The following are additional purposes for which we may use and disclose your PHI, as permitted by HIPAA:



- **As Required by Law.** We may share information about you if state or federal law requires it, including with the Department of Health and Human Services to show we are complying with federal privacy laws like HIPAA.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose PHI about you to organizations that handle organ or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Workers' Compensation, Law Enforcement and Other Government Requests.** We may use or share your PHI: (i) for workers' compensation claims; (ii) for law enforcement purposes or with a law enforcement official; (iii) with health oversight agencies for activities authorized by law; (iv) for special government functions such as military, national security, and presidential protective services.
- **Public Health and Safety Issues.** We may disclose PHI about you for certain situations, such as: (i) preventing disease; (ii) helping with product recalls; (iii) reporting adverse reactions to medications; (iv) reporting suspected abuse, neglect or domestic violence; and (v) preventing or reducing a serious threat to anyone's health or safety.
- **Research.** We may use or share your PHI for health research.
- **Medical Examiners and Funeral Directors.** We may share PHI with a coroner, medical examiner or funeral director if you die.
- **Lawsuits and Legal Actions.** We may share your PHI in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your PHI. We are required to provide you notice of our legal duties and privacy practices with respect to PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We must fulfill the duties and follow the privacy practices described in this Notice. We must provide you a copy of this Notice upon request.

We will not use or share your PHI other than as described in this Notice unless you give us permission in writing. Even if you give us that permission, you may change your mind at any time by letting us know in writing.

CHANGES TO THIS NOTICE

We may change the terms of this Notice at any time, and the changes will apply to all information we have about you. The revised Notice will be available upon request, in our office and on our website.

QUESTIONS ABOUT YOUR RIGHTS

For questions regarding your rights under HIPAA, contact our Compliance Hotline at **synapsehealth.ethicspoint.com**, by phone at 1.833.609.5224 or by writing to the following address:

Synapse Health, Inc.
 Attn: Privacy Officer
 3755 Chase Avenue
 Skokie, IL 60076



PROTECTED HEALTH INFORMATION (PHI)

You are releasing/disclosing your Protected Health Information (PHI) any records pertaining to your medical history for products or services rendered- to be reviewed by Synapse Health, the Centers for Medicare and Medicaid Services, your insurance carrier, or other healthcare entities/providers involved in your care, unless you refuse in writing. (See our *Privacy Notice* for full list of disclosures.)

Medicare DMEPOS Supplier Standards

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).

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 contractor 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 cannot 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 C.F.R. section 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 Medicare Beneficiary Identifier 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. A supplier 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 (unless an exception applies).
23. A supplier 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. A supplier 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 C.F.R. section 424.57(d) (unless an exception applies).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. section 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), physical and occupational therapists or DMEPOS suppliers working with custom-made orthotics and prosthetics.



Additional resources

Board of Accreditation (BOC)
1.877.776.2200

Centers for Medicare & Medicaid Services (CMS)
1.800.MEDICARE
(1.800.633.4227)

*You can also contact your insurance company using the number on the back of your insurance card.

To report abuse, neglect or exploitation:

Child:
National Child Help Child Abuse Hotline
1.800.422.4453

Alabama Department of Human Resource County Contacts
dhr.alabama.gov/county-office-contact

Florida Department of Children & Families
1.800.962.2873

Illinois Department of Children & Family Services
1.800.25.ABUSE
(1.800.252.2873)

South Carolina Department of Social Services
1.888.CARE4US
(1.888.227.3487)

Texas Department of Family & Protective Services
1.800.252.5400

Elder:
National Eldercare Locator
1.800.677.1116

Alabama Adult Protective Services
1.800.458.7214

Florida Adult Protective Services
1.800.962.2873

Illinois Adult Protective Services
1.866.800.1409

South Carolina Adult Protective Services
1.888.227.3487

Texas Department of Family & Protective Services
1.800.252.5400

PHONE 1.888.336.9363

EMAIL mydme@synapsehealth.com

WEB synapsehealth.com

By request, the Patient Services Guide is available in Spanish.

