

PATIENT WELCOME HANDBOOK

Prepared For Patients, Caregivers, and Their Families



**Your Health
Journey Starts Here**
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FOR ALL MEDICAL EMERGENCIES, CALL 911.

Clinicians with proper CPR training may perform resuscitative measures if there is a medical emergency in the home. Non-clinician staff will respond to medical emergencies in the home by accessing "911" services.

CONTACT INFORMATION

BUSINESS HOURS

Monday – Friday: 8:00 a.m. – 5:30 p.m. | Saturday: 9:00 a.m. – 3:00 p.m.

HOME INFUSION PHARMACY

PITTSBURGH

Toll Free: 1-800-755-4704
Local: 412-920-7500

ERIE

Toll Free: 1-888-252-0716
Local: 814-877-6144

ALTOONA

Toll Free: 1-855-349-6226
Local: 814-941-0106

SPECIALTY PHARMACY

Toll Free: 1-800-366-6020
Local: 412-920-2780

ENTERAL NUTRITION

Toll Free: 1-800-755-4704, Option 4

FILE COMPLAINTS

Chartwell has a formal complaint procedure that makes sure your concerns are reviewed and an investigation is started within 48 hours. You will be contacted within five business days with an update. Every effort will be made to resolve all complaints within 14 days. You will be informed in writing of the resolution of the complaint. You may also contact accreditation bodies and/or state boards of pharmacy if needed. You may register a complaint with Accreditation Commission for Health Care at 919-785-1214 and/or the Pennsylvania State Board of Pharmacy at 717-783-4849 and/or the Pennsylvania State Board of Nursing 717-783-7142.

PA Medical Assistance, Fee-for-Service Program (ACCESS)

The following toll-free number is available to PA Medical Assistance, Fee-for-Service Program (ACCESS) patients only: 1-833-710-0211. This number is to be used by ACCESS patients for requests for prescriptions and refills, including prescriptions for ancillary medical supplies and equipment, inquiries regarding delivery of drugs, and other inquiries and complaints.

WELCOME

Welcome to Chartwell Pennsylvania, LP. It is a privilege to serve you.

We know that hearing a diagnosis or starting a new therapy for your condition can be difficult and we want you to know that we care about your health. Our staff understands that your medical condition is complex and requires special knowledge when working with your medical provider and insurance company.

A dedicated team of professionals will be monitoring your therapy throughout your time with us to ensure you receive the best experience possible. If at any time a clinical emergency comes up, we are on-call 24 hours a day to help you.

Types of Service Available:

- Home Infusion Pharmacy
- Specialty Pharmacy
- Enteral Nutrition Therapy
- Medicare Home Infusion Therapy Supplier

Limitations of Services - Chartwell Pennsylvania is unable to provide patients with the following:

- Wound Care Supplies
- Oxygen Cylinders/Concentrators
- CPAP/BIPAP Equipment/Supplies
- Ostomy/Stoma Supplies
- Durable Medical Equipment such as but not limited to, glucose monitors, hospital beds, cane, walkers, etc.

Here are some benefits that you will be receiving while on service with Chartwell:

- Access to clinical staff 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Clinical Monitoring
- Dietary Consultation
- Co-pay Assistance
- Free Delivery
- Training and Education
- Equipment/Pump management (IV and Enteral Only)
- Refill Reminders
- Pharmacist counseling (Specialty patients only)
- Compliance Monitoring (Specialty patients only)
- Enrollment in the Patient Management Program (Specialty patients only)
 - Provides benefits such as managing side effects, increasing compliance and medication adherence to drug therapy, increasing overall improvement of health, deeming there are no limitations such as patient non-compliance and lack of willingness to follow appropriate direction from the pharmacist and any other medical provider(s) involved directly in the patient's care. The patient can either call the pharmacy directly or write an opt-out statement to let the pharmacy staff know that they are choosing to opt out of the Patient Management Program.

Visit our website www.chartwellpa.com for more information about our services.

Your experience with Chartwell is very important to us. We want you to feel comfortable letting us know how we can better serve you, without fear of reprisal, discrimination or unreasonable interruption of services. If you are not satisfied with any aspect of the service given by Chartwell, please call and ask to speak with a supervisor.

Chartwell looks forward to providing you with the best service possible. Thank you for choosing us.

ABOUT US

Chartwell is a licensed pharmacy with locations in Pittsburgh, Altoona, and Erie. Chartwell is dedicated to maximizing the quality of life and dignity of the patients and clients we serve.

Founded in 1991 as one of several infusion pharmacies partnered with large teaching institutions across the country, Chartwell Pennsylvania quickly garnered a reputation as the go-to pharmacy in the Pittsburgh region for patients making the transition from the hospital to the home setting. Chartwell's innovative clinicians played a key role – alongside some of the leading minds in medicine – in establishing safety protocols and patient education techniques that would ensure successful outcomes for our patients. At the time, every new therapy introduced to the home setting – antibiotics, TPN, enteral feedings, etc. – was another groundbreaking achievement for both Chartwell and our clinical partners in local hospitals, especially with the transplant population.

Chartwell now operates three infusion pharmacies throughout the western half of Pennsylvania. Our Erie and Altoona pharmacies allow us to service more than half of the state, in addition to the bordering counties in Ohio, New York and West Virginia.

In 2010, Chartwell Specialty Pharmacy was launched and has since set the standard for levels of care in the industry. Customers in all segments of the specialty industry – including Oncology, Rheumatoid Arthritis, Neurology and Orthopedics – recognize Chartwell pharmacy and insurance staff as the best in the area for patient satisfaction. We advocate for patients both financially and clinically, locating co-pay assistance programs and assuring safe and effective therapies. Chartwell Specialty Pharmacy is located at the Pittsburgh facility only.

Chartwell's oncology program was developed alongside physician leadership from the Pittsburgh Cancer Institute and UPMC Cancer Centers to speed the delivery of key medications to patients while also improving communication between the pharmacy and the physicians regarding therapy progress.

Home Infusion Pharmacy

With decades of infusion experience, we are the most clinically advanced home infusion pharmacy in the region, continually growing and expanding to serve you, the patient.

Home infusion therapy is the administration of medication through needles or catheter in a vein and is given in the home setting. Home infusion has been proven to be a safe and effective alternative to inpatient care for many conditions and therapy types.

Specialty Pharmacy

We provide the most advanced medications that treat chronic, rare, or complex conditions found within the following specialties:

- Cardiology
- Dermatology
- Endocrinology
- Enzyme Replacement
- Gastroenterology
- Gynecology
- Hemophilia
- Hepatology & Infectious Disease
- Mental Health/
Substance Abuse
- Neurology
- Oncology
- Osteoarthritis
- Osteoporosis
- Rheumatology
- Urology

Enteral Nutrition

We offer one of the largest and most extensive adult and pediatric enteral nutrition programs in the region. Enteral nutrition is prescribed for patients who are unable to maintain their nutritional needs eating a typical diet. It refers to any method of feeding that uses the gastrointestinal tract to deliver part or all the patient's caloric requirements.

Our exceptional services include a clinical intervention program led by registered dietitians, focused on evaluating the suitability of formulas and determining the correct dosage and administration frequency to ensure optimal care.

BILLING & INSURANCE

If you have any questions about your insurance benefits, network status, or out-of-pocket costs, please call and talk to an insurance verification coordinator. Please let us know of any changes in your insurance at 800-755-4704, option 3, option 6.

As a courtesy to you, Chartwell bills your insurance carrier directly for services rendered. The charges become your responsibility if your insurance carrier does not make payment. It is important that you provide accurate insurance information (including primary and secondary carriers) prior to services being rendered. Please let us know immediately if your insurance changes while you are on therapy with Chartwell.

If you have questions about claims billed to your insurance company or questions about your billing statement, please call and talk to a **billing department** team member at 800-755-4704, option 3, option 7.

PROOF OF DELIVERY

The packing slip included in your delivery package provides you with an itemized list and quantity of medication and/or supplies you have received.

The packing slip must be signed, dated, and returned to the delivery person, if delivered by a Chartwell driver. If the delivery was left at your door by a Chartwell driver, and not signed, the packing slip must be signed, dated, and returned ASAP in the self-addressed stamped envelope.

If packing slips are not signed and returned promptly, future deliveries will not be able to be left at the door without a signature. Someone will need to be available at the time of delivery to accept the delivery and sign the packing slip.

The packing slip also serves as proof of delivery and is included as part of your medical record in the event your insurance provider requests this information. Insurance providers can audit medical records at any time for proof of delivery and can deny reimbursement if proof of delivery is not available.

RETURN OF SUPPLIES, MEDICATION, FORMULA

Pennsylvania State Board of Pharmacy prohibits the return of any medicine, formula, or supplies to ANY pharmacy for credit and/or reuse for another patient.

Supplies sent to your home are specific to your therapy and cannot be reused. Any extra supplies can stay with you, be discarded at your home, or donated to a local hospice or nursing agency.

Thermal coolers and ice packs cannot be returned to Chartwell. Chartwell delivery staff are not allowed to remove these items from your home due to safety and infection control standards.

PUMP RETURN

Do not throw away your infusion/enteral pump or accessories.

Pumps and accessories such as power packs, IV pole clamps, etc. are loaned to you for your home infusion therapy. When you are done with the service, all equipment must be returned to Chartwell. **If you do not return these items, you may be asked to pay for them. Contact the Chartwell DME Department at 1-800-755-4704, option 2 to arrange for a pump return.**

ORDERS & REFILLS

When placing an order or refill, please let us know of any medical or insurance changes.

To obtain order status or to place an order for supplies and/or a medication or formula refill, please call and talk to a Chartwell team member. If you are unsure of which direct number to call, please refer to the front cover of this handbook to determine if you are an infusion, specialty, or enteral patient. If your prescription needs to be transferred to another pharmacy provider, Chartwell will work with you and your doctor. If you have any questions or concerns about your therapy, please call and talk to a Chartwell team member and they will connect you with one of our clinical experts.

ORDERS & REFILLS *(continued)*

Enteral Nutrition Patients

Please call and talk to a Chartwell care team member for TEAM 4 one week prior to needing formula and/or supplies. When placing your order, please factor in time for delivery. Orders generally take 3-4 business days to arrive.

PLEASE NOTE: If your formula happens to be out of stock or back-ordered, we will work with you and your doctor to provide an alternative. This is often due to manufacturer delays or supply chain issues that affect providers across the nation.

Home Infusion Patients

It is our goal to supply you with the correct quantity of supplies to administer your infusion therapy. You can help us by providing a correct count of your supplies. Your homecare nurse will teach you how to count and record your supplies each week.

Your Chartwell care team will call you prior to your delivery to confirm inventory and supplies needed for the upcoming week. Chartwell will also call you when medication, equipment and/or supplies will be delivered.

Chartwell is not permitted to automatically refill and dispense, as per regulatory requirements and best practice standards. Deliveries of medication and supplies **will not be completed** unless the patient or their personal representative is spoken with.

We MUST speak with someone before sending refills/supplies. Please be sure to return our calls.

If you have any questions or concerns about your medicine, please call and talk to a pharmacist.

CHARTWELL STANDARD SUPPLIES

STANDARD SUPPLIES

- Alcohol Wipes
- Gloves
- Syringe tip cap (end cap for syringes & tubing)
- Welcome handbook, patient education sheet for administration, and medication information
- Tubing/filters
- Pumps per therapy plan of treatment with batteries & carrying pouch for continuous infusions
- Microclave caps (IV line caps - Neutral Pressure)
- IV pole for gravity & dial-a-flow therapies
- Paper tape
- Saline & Heparin flushes per cath care protocol and patient plan of care
- Vented spike adapter for glass bottles

PERIPHERAL

- IV start kit
- 8in extension tubing (to be changed with each new IV insertion)
- IV Catheter - Insyte w/ wing notch 22gx1in/ 24gx3/4in
- Microclave caps
- (other gauges available upon request)

PICC

- Dressing change kit
- Sorbaview dressing (also a securement device)
- 12in extension tubing (to be changed with each dressing change)

CHEMO

- Chemo spill kit
- Chemo gown
- Chemo gloves
- Chemo mat
- Extra gloves
- Sharps container

PORT

- Dressing Change kit
- Safety Huber needle (no side port)
 - 22G x 3/4 in
 - 22G x 1 in

AVAILABLE BY REQUEST

- Halogaurd • Statlock • Stockenette • Alcohol caps • Other size IV gauges • Dressing products for allergy and size needs
- Port Sorbaview dressing • Betadine and alcohol for chlorhexidine allergy

STORAGE OF SUPPLIES, MEDICATION, FORMULA

- Store all supplies, medication, and formula away from children and pets.
- Do not store supplies on the floor.
- Check the label on all medicine, solutions, and formula for storage instructions.
- If your medicine needs to be refrigerated, please keep it away from food and food spills.
- Refrigerated medicine should be placed in the refrigerator as soon as possible after it arrives.
- Place the new medicine behind previously delivered medicine you may still have in your refrigerator.
- Non-refrigerated items and medicine should be kept in a cool, dry place away from direct sunlight and above freezing temperatures.

Formula Storage

- Formula should be kept in a cool, dry place, away from direct sunlight and freezing temperatures.
- Refrigerate formula immediately after opening.
- Discard any open, unused formula after 24 hours.
- Hang time for formula at room temperature in bag is:
 - 8 hours for adults
 - 4 hours for pediatrics



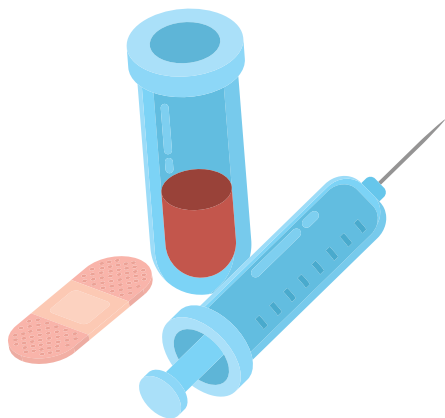
DISPOSAL OF SUPPLIES, MEDICATION, FORMULA

Do not throw away your infusion/enteral pump or accessories.

Pumps and accessories such as power packs, IV pole clamps, etc. are loaned to you for your home infusion therapy.

Contact the Chartwell DME Department or call 1-800-755-4704, option 2 to arrange for a pump return.

- Discard all used needles and syringes with needles in a puncture-resistant, hard plastic or metal container. An empty coffee can or empty detergent bottle with a screw-on cap can be used.
 - Close the container with its original lid and secure with heavy duty tape.
 - Place the tightly sealed container in a paper bag and throw it away with your household trash.
 - If you are provided a red sharps container, discard all used needles and syringes with needles in the red sharps container.
- If you are on a chemotherapy medication: Dispose of all gloves, gowns, and used medication containers in the provided yellow sharps container.
- Once your sharps container is 3/4 full (red or yellow), place it in the original paid postage box and take it to your local post office. The box will be shipped to the proper disposal site.
- Discard all drugs, used medication bags/cassettes, syringes without needles, tubing, soiled dressings, bandages, and gloves that were not used for chemotherapy in double-bagged household trash.
- If you need to dispose of any oral medications you received from us that you no longer need, call our specialty pharmacy at 1-800-366-6020. We will mail you a pre-paid envelope to ship your medications to a disposal site to be properly destroyed.



SHARPS Disposal



Always Use A Sharps Container

Used sharps are hazardous waste. When not discarded properly, they can cut and infect others. Protect your community by always discarding your used sharps in a sharps disposal container. FREE sharps containers may be available from your doctor, hospital, health insurance, or medication supplier. You can also buy a sharps container from your pharmacist or online.



If You Cannot Get An FDA-Cleared Sharps Container, Follow These Guidelines:

Use an empty household container with these features:

- Stays upright
- Made of heavy-duty plastic
- Tight-fitting lid that cannot be punctured
- Does not leak



DO NOT USE: milk containers, water bottles, glass containers, or soda cans. These containers can break or puncture easily. **Discarding a household container:**

1. Close lid and tape shut. Label container.
2. Bring container to a sharps disposal program.

If you cannot find a disposal program, put container in center of full trash bag and discard in regular trash.*

*In some areas, it is illegal to dispose of sharps in the trash. **Please follow your community guidelines.**



Always Remember

- **DO NOT** throw loose sharps in trash
- **DO NOT** put sharps in recycling
- **DO NOT** flush sharps down toilet
- **KEEP OUT** of reach of children

For information about rules and laws in your community, contact the Coalition for Safe Community Needle Disposal at: 800-643-1643.

Information gathered from FDA.GOV.

MEDICATION SAFETY

As a patient and/or family member, you are part of the health care team. Your pharmacists, care team members and delivery driver, along with you and/or your family member(s), play a key role in making sure your therapy is successful. Here are some important things to remember:

- Our pharmacists can help with any medication questions. Never hesitate to call with any questions or concerns.
- With the delivery of each new medication shipment, open the box and look at each dose to ensure the correct product and correct patient name is on the product. Be sure to store all medications as directed on the label and packaging.
- **You are our last quality check to ensure the highest level of patient safety.**

Before taking a dose of medication:

- Always wash your hands before getting your medication ready. See info on next page for more details on how to properly wash hands.



Turn on clean running water and wet your hands. Hot water may cause skin irritation, if you wash your hands often. Apply enough liquid soap to cover the whole surface of your hands and fingers.



Rub hands together to form a lather. Wash hands for at least 30 seconds. Make sure to thoroughly clean front & back of hands, fingers, and fingernails. Rinse the soap off completely with clean running water.



Dry your hands completely with a new unused paper towel. Cloth and reusable towels may harbor germs. Use your used paper towel to turn off the faucet and open the door before discarding.

- Keeping hands clean through proper hand hygiene is one of the most important steps you can take to avoid getting sick and spreading germs to others. Many illnesses and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not available, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that has at least 60% alcohol.
- Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do NOT eliminate all types of germs and are NOT effective when hands are visibly dirty. Proper hand washing includes scrubbing the backs of your hands, between fingers, and under nails.

MEDICATION SAFETY



- Read the label and any information you have been given. Make sure that the medication you have is the one that your doctor ordered.
- If any of the information you have does not reflect what your doctor has told you, call your pharmacist.
 - For example: Your doctor told you to take your medication 1 time daily but the label says to take it 2 times daily -- call your pharmacist.
- Check the product for any leakage, change in color or change in appearance. All IV solutions should be free of floating particles.
- Injection caps should always be prepped with alcohol or povidone iodine prior to accessing the catheter, as taught by your nurse.
- If your medication has been stored improperly for any length of time, call one of our pharmacists for further instructions.

Taking an active role in safe medication use has many advantages. Not only will it help prevent medication errors, it will also make you a more informed health care consumer. Chartwell welcomes your involvement in your care. With teamwork, we hope to give you the best experience possible.

INFECTION CONTROL

It is important to notice problems as soon as possible to prevent complications. You should look at your IV or insertion site daily for signs of infection and report any suspected infection to your nurse immediately.

Signs of infection include:

- Pain
- Redness
- Swelling
- Warmth
- Drainage where the catheter or tube enters your skin

Never use medicine, formula or supplies if there is evidence of damage, leaks, discoloration, visible particulate matter or if medicine or formula is past the expiration date on the label.

Injection caps should always be prepped with alcohol or povidone iodine prior to accessing the catheter, as taught by your nurse.

If your IV catheter or feeding tube becomes loose, unsecured or moves its position, this can lead to complications or an infection. Contact your nurse right away.



TROUBLESHOOTING

If you have any problems or concerns about your therapy, please call and talk to a Chartwell team member and they will connect you with one of our clinical experts.

We have step-by-step education videos and teaching guides available on our website at www.chartwellpa.com under the Patients tab dropdown box. Please note that not all therapies and pumps are covered in these videos. We are continually adding education videos, but please only use them if they pertain to your therapy and/or pump.

If you have any questions about our teaching guides and/or videos, contact your Chartwell nurse.

Scan the QR codes below with a smartphone or visit the URLs to access teaching guides and step-by-step videos.

HOME INFUSION PHARMACY	ENTERAL NUTRITION
<div><div>Guides</div><div><div>https://www.chartwellpa.com/patients/patient-teaching-guides.asp</div></div></div> <div><div>Videos</div><div><div>https://www.chartwellpa.com/patients/infusion-teaching-videos.asp</div></div></div>	<div><div>Guides</div><div><div>https://www.chartwellpa.com/patients/enteral-teaching-guides.asp</div></div></div> <div><div>Videos</div><div><div>https://www.chartwellpa.com/patients/enteral-teaching-videos.asp</div></div></div>

TROUBLESHOOTING INFUSION THERAPY

Central Venous Catheter Associated Complications

There are different types of venous access, such as a PICC (peripherally inserted central catheter), the Hickman (tunneled central catheter), ports, midlines, and peripheral lines. Your home care nurse will check your IV line and teach you how to care for it. Depending on the type of line you have, it may also be used to get blood samples for lab studies. As with any type of treatment, there are certain problems that can happen.

PROBLEM	POSSIBLE CAUSE	WHAT TO DO
Accidental removal of the catheter from the chest	The catheter is no longer in place. THIS REQUIRES AN EMERGENCY RESPONSE.	Apply firm pressure to the exit site and chest area above it with a gauze dressing or clean washcloth. Call 911.
Shortness of breath, coughing, fast heart rate	These are signs of a possible blood clot or pulmonary embolus. THIS REQUIRES AN EMERGENCY RESPONSE.	Make sure the catheter is clamped. Lie down on your left side with head flat and feet up. Stay in this position while your caregiver calls 911.
Swelling or pain in your neck, shoulder, face or arm on the side of the catheter	THIS REQUIRES AN EMERGENCY RESPONSE.	Stop using your catheter and make sure the catheter is clamped. Call 911 and your nurse or doctor right away.
Accidental catheter movement or complete removal from the arm	The catheter may be displaced if it appears longer or if a "cuff" is visible at the exit site or catheter is not working.	Do not use the catheter. Tape the catheter to your skin if it seems loose. If bleeding or catheter is completely out of the arm, apply clean gauze and pressure to the site. Call your nurse or doctor right away.
Pain, redness, warmth, swelling or pus-like drainage where catheter enters your skin	These are signs of an infection.	Stop infusion or do not start infusion. Call your nurse or doctor right away.
Unexplained fever and/or chills	This is a sign of a possible infection or a drug reaction.	Stop infusion or do not start infusion. Call your nurse or doctor right away.
Leaking of fluid from catheter or at intravenous site	There may be a loose connection or there may be damage to the catheter, such as a hole or crack.	Check and tighten connection. Clamp the catheter as close as possible to the insertion site. If necessary, pinch or fold it to clamp it. Some catheters can be repaired. Cover the hole or crack with sterile gauze. Call your nurse or doctor right away. Never use scissors or sharp objects near the catheter.
Blood in catheter or tubing	Some amount may be normal. There may be a loose connection; the IV bag may not be high enough.	Check and tighten connections. Raise the bag. Call your nurse if the tubing or catheter does not flush easily, medication does not infuse, or blood does not clear the line. DO NOT infuse until you talk to your nurse.
Difficulty flushing the catheter	The catheter may be clamped or your catheter could have a blood clot; this can be treated.	Make sure the catheter is not clamped. Change your position by raising your arms, lying down, coughing or taking a deep breath. If you still cannot flush, stop using the catheter and call your nurse. Never use force to flush the catheter.
Skin rash or itching. There may be swelling of face, hands or eyelids and wheezing or shortness of breath may occur. You may also have a fever.	These are signs and symptoms of an allergic reaction.	Stop infusion, clamp the catheter, and do not restart infusion. If severe reaction or if symptoms worsen, call 911. Otherwise, call your nurse or doctor immediately.

TROUBLESHOOTING ENTERAL THERAPY

Feeding Tube Associated Complications

A variety of feeding tube types and sizes are used, and are classified by site of insertion and intended use. Feeding tubes are usually made of polyurethane or silicone and are placed so that the tube tip is located in the stomach. You will either have a nasogastric tube (NG tube), which is passed through the nostril and down the esophagus into the stomach, or a gastrostomy tube (GI tube).

The amount of care needed for a feeding tube varies among patients. Your home care nurse will check your feeding tube and teach you how to care for it. As with any type of treatment, there are certain problems that can occur.

PROBLEM	POSSIBLE CAUSE	WHAT TO DO
Pain, redness, warmth, swelling or pus-like drainage where the tube enters your skin	These may be signs of an infection.	Call your nurse or doctor right away.
Unexplained fever and/or chills	This is a sign of a possible infection or a drug reaction.	Call your nurse or doctor right away.
Leaking of fluid from tube or feeding tube entry site	There may be a loose connection or there may be damage to the tube, such as a hole or crack. Never use scissors or sharp objects near the tube.	Check and tighten connections. Clamp the tube between the hole and your abdomen. If necessary, pinch or fold it to clamp it. Call your nurse or doctor right away.
Blocked/obstructed tube	Your tube is not being flushed properly (every 4-6 hours if on continuous feedings and at least daily if not in use) or formula is not being given properly. Thick or powdered formula that has not been blended properly can cause tube occlusion.	Check to see if tube is kinked. Make sure the tube clamp is open. Place flushing syringe into tube end and gently pull back on plunger to dislodge clog. If blockage remains, do not administer feeding/ formula. Call your nurse if tube does not flush easily. Never put soda or other carbonated beverages in the tube.
Displaced tube	Tube is not adequately secured. Accidental or excessive pulling of the tube. The balloon under your skin has deflated or burst.	Stop feeding. Call your doctor right away or go to the emergency room to have the tube replaced.
Nausea and vomiting, bloating, cramping, or abdominal distress	The formula may be going in too fast, or is too concentrated. You may have intolerance to the formula. Contaminated or expired formula are possible causes. The tube may not be in the correct position. Constipation or bowel obstruction are possible.	Stop feeding. Flush the tube with water to make sure it is not blocked. If you continue to feel nauseous, vomit, or have abdominal distress, call your nurse or doctor right away.
Diarrhea, abdominal pain or cramping with frequent, loose and/or watery stool	The formula may be going in too fast. You may have intolerance to the formula. Contaminated or expired formula are possible causes. Bowel inflammation or bowels not functioning properly are possible.	Decrease the volume or rate of tube feeding. Call your nurse or doctor if you experience a noticeable change in bowel movements for 24 or more hours. Call your doctor right away if you see bright red blood in the stool or have black stools.

HOME SAFETY

Emergencies and environmental disasters can happen at any time. Chartwell will make every effort to continue services without interruption and to let you know where your delivery is during these emergencies. Listen for local television and radio emergency information/instructions, weather updates and alerts. Consider downloading mobile APPS with local alert functions.

For more information visit: www.fema.gov/mobile-app or www.redcross.org/prepare/mobile-apps or www.weather.com/apps.

Go to www.ready.gov for more detailed emergency preparedness information.

Become familiar with your evacuation zone, the evacuation route, and shelter locations. Practice a communication and evacuation plan with everyone in your family. Keep your gas tank full.

Home Environment Related Safety

- Torn, worn, or frayed carpeting should be removed or repaired. Rugs, runners, and mats should be secured to the floor with double-sided adhesive, rubber matting or rubber backed.
- Handrails and hand grips should be secure.
- Store household chemicals away from children and pets.
- Place night lights between your bedroom and bathroom. Turn on lights before using the stairs.
- Use nonslip mats or stickers in your bathtub or showers. Consider installing grab bars in your shower and tub.
- Use extreme caution with ladders and step stools. Never use a chair as a step stool.
- Keep stairways and walkways well-lit and clear of boxes, furniture, electrical/phone cords, etc. Do not block exit points of your home with boxes or furniture.
- Have a key accessible near deadbolt locked doors.

Fire & Electrical Safety

- Install a smoke alarm on every level of your home, including the basement. Replace the batteries twice a year unless you are using 10-year lithium batteries.
- Create and practice a fire escape plan. Keep a fire extinguisher available.
- Electrical outlets should be grounded. Do not use an outlet if it sparks or if smoke appears, or if it is very warm to the touch. Immediately shut off, then professionally replace, light switches that are hot to the touch and lights that flicker.
- Cords should not be placed under furniture and rugs. Replace worn, old or frayed cords.
- Extension cords and outlets should not be overloaded. Multiple outlet adapters should not be used on electrical outlets.
- Chimneys should be inspected annually for damage or obstructions.
- Kerosene heaters, wood stoves, fireplaces and portable space heaters should not be left unattended while in use.

HOME SAFETY

Weather Related Emergency Tips

- If your power goes out, fill a cooler with ice to store all refrigerated medications, supplies, and formula. Please call a pharmacist with any questions. Have extra batteries, as appropriate, for your infusion pump. Keep all communication devices and medical equipment fully charged. Have alternate plans in place for power dependent medical devices.
- If safe, go to an emergency center/shelter as instructed by your local officials for heat or cooling.
- Have flashlights with extra batteries on hand.
- Only use generators outdoors and away from windows.
- If you are under threat of a hurricane, evacuate if told to do so. In preparation, secure outdoor items and consider hurricane shutters. Practice going to a safe shelter for high winds, such as a FEMA safe room or ICC 500 storm shelter.
- If you are under a flood warning, find safe shelter right away. Move to higher ground or a higher floor. Evacuate if told to do so. Do not walk, swim, or drive through flood waters.
- If you are under a severe thunderstorm warning or witness hail or lightning, move indoors or into a car.
- If you are under a tornado warning, find shelter right away. Go to a basement or storm cellar. If there is no basement, get to a small, interior room on the lowest level. Stay away from windows, doors, and outside walls.
- If you are under a wildfire warning, get to safety right away. Evacuate if told to by local authorities. Use an N95 mask to keep particles out of the air you breathe. If trapped, call 911.
- If an earthquake happens, protect yourself right away. If outdoors, stay outdoors. If indoors, stay indoors. Do not stand in a doorway. Drop to your hands and knees. Cover your head and neck with your arms, hold on to sturdy furniture until the shaking stops. Crawl only if you can reach better cover from falling materials.
- If you are under a winter storm/blizzard warning, find shelter right away. Stay off the road. Stay indoors and dress warmly and in layers. Prepare for power outages. Look for signs of hypothermia and frostbite.
- Chemical and hazardous materials incidents: Contact your local emergency management office for more information on your community risk and preparation for chemical/hazardous spill. During an incident: listen to local radio/television for detailed information and follow instructions given. Evacuate if told to do so. Shelter indoors if told to do so. Bring pets inside, seek shelter in an internal room, close vents, doors, and windows.
- Keep a three (3) day emergency supply of medications, any specific needs, pet food/supplies, non-perishable food, and water in the home for all members of the household.
- Keep important documents in a safe place, preferably in a waterproof and fireproof document bag or safe. Create password-protected digital copies.

PATIENT'S BILL OF RIGHTS RESPONSIBILITIES

As a patient being served by our organization, you have the right to:

- Be fully informed of your rights and responsibilities and the right to exercise your rights while receiving service in the home.
- Your family/guardian(s) have the right to exercise your rights in the event you are unable to.
- Choosing a healthcare provider, including a physician, if applicable.
- Be informed of anticipated outcomes of care and of any barriers to outcome achievement.
- Give your consent and have your questions answered prior to the start of any care or treatment.
- Be fully informed in advance of care/services to be provided, including the disciplines that will furnish care and the frequency of visits to be furnished as well as any modifications to the plan of care.
- Receive information about the scope of services that the organization will provide and any specific limitations on those services.
- Receive appropriate care in accordance with physician's orders without discrimination.
- Be given proper identification, name and title of persons providing health care and/or service to you.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Be informed, both verbally and in writing, in advance of care being provided, of the charges, including payment expected from third parties, and if you will be responsible for any payment.
- Participate in the development and periodic revision of your plan of care/services.
- Be informed of the company policy regarding privacy and disclosure of protected health information/ clinical records.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
- Refuse care or treatment after the consequences of refusing care or treatment are fully explained.
- Be informed of the patient's rights under state law to formulate an Advanced Directive, if applicable.
- Voice grievances/complaints regarding treatment of care or lack of respect of property and/or suggest changes in health care services, policy, and/or personnel without restraint, interference, coercion, discrimination, or reprisal. Grievances will be acknowledged within 48 hours and handled confidentially.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Be fully informed of one's responsibilities.
- Be informed of any financial benefits when referred to an organization.
- Request and receive information regarding treatment, services, or costs thereof, privately, and confidentially.
- Receive instructions on handling drug recall.
- Receive information about the Patient Management Program (*Specialty Pharmacy patients) including:
 - Know about the philosophy and characteristics of the patient management program.
 - Have personal health information shared with the patient management program in accordance with state and federal law.
 - Identify the staff members of the program, including their job title and to speak with a supervisor, if requested.
 - Speak to a health professional with the patient management program.
 - Receive information regarding changes in or termination of the patient management program, and ability to decline participation, revoke consent or dis-enroll at any point in time.

As a patient being served by our organization, you have the responsibility to:

- Give accurate and complete information concerning your health, particularly if it may affect your current plan of care/services.
- Remain under your physician's care while receiving services from our organization.
- Notify the company of any concerns regarding care/services provided.
- Request further information concerning anything you do not understand regarding your ordered treatment and care.
- Report any changes in your insurance benefits information and acknowledge financial responsibility for any balance owing on your account.
- Communicate any changes in contact information, health status or treatment and notify the patient management program of changes in this information.
- Submit any forms that are necessary to receive services or participate in the patient management program.
- Maintain any equipment provided to you (if applicable) and return said equipment to Chartwell.
- Accept responsibility for your actions, if refusing treatment or not complying with the prescribed treatment and services.
- Respect the rights of pharmacy personnel.
- Notify your physician and the pharmacy of any potential side effects and/or complications.
- Notify Chartwell via telephone when medication supply is running low.
- Notify your treating provider of your participation in the patient management program, if applicable.
- Notify your physician of your participation in the services provided by the organization.

PATIENT CONSENT/AUTHORIZATION & ASSIGNMENT OF BENEFITS

Consent to Treatment

I hereby request services of Chartwell Pennsylvania, LP and I consent to such care, treatment, medications, and procedures as are ordered by my physician and my physician's associates to be provided by Chartwell Pennsylvania, LP.

I understand that Chartwell Pennsylvania, LP must provide care and services in accordance with a physician's instructions. I also understand that if I am in a condition to need hospitalization or special services during the course of my care, which are not provided by Chartwell Pennsylvania, LP, the services and hospitalization must be arranged by me/my legal representative, or my physician, and are my responsibility.

I understand that by consenting to care, I am agreeing to comply with the recommendations of my physician or physician's associates. Should it be deemed by the pharmacy or physician/physician associates that I am not cooperating with prescribed care, the pharmacy has the right to terminate services.

Medical Information Release Authorization

I hereby authorize release of all records pertaining to my medical history, treatment, or payment information to an agent of Chartwell Pennsylvania, LP, which are required for the provision of treatment, payment, or healthcare operations.

I also authorize the review of my medical records by any local, state, or federal regulatory agency and accrediting bodies. I understand that verbal communication regarding my care may be discussed via cellular phone which can be considered a non-secure line.

Liability Release and Use of Equipment Notice

NOTE: The following statement may not apply to your therapy, i.e. the use of medical equipment. Please disregard all statements that do not apply to your therapy or plan of treatment.

I understand that there are risks known and unknown associated with the use of all medical equipment, supplies, drugs, access devices, and the administration of medication. I further understand that because I am using the drugs, devices, equipment and/

or supplies at home, immediate emergency medical attention may not be available for any complications, injuries, or adverse results that may occur in connection with their use.

I understand my therapy may require the use of a pump with cloud-based technology that transmits usage data to my health care providers enabling them to monitor my therapy progress. I, also, understand that this information will not be monitored in real time. I will report any concerns to my physician and will call 911 in case of a medical emergency.

I recognize my obligation to return any rented equipment after the termination of my therapy or in the event that the equipment received is no longer necessary and I promise to do so. In addition, I hereby authorize my payer and/or physician to release any personal information to Chartwell Pennsylvania, LP to assist in locating the equipment in the event it is not returned. I agree to pay Chartwell Pennsylvania, LP for the cost of rental equipment if I fail to return it to Chartwell Pennsylvania, LP upon completion of therapy or discontinued use.

Assignment of Insurance Benefits and Release of Information

I hereby authorize my public and/or private insurance company or fund responsible for payment of my care, if applicable, to pay benefits on my behalf directly to Chartwell Pennsylvania, LP for any products and services, including physician services, furnished to me by Chartwell Pennsylvania, LP. I also authorize Chartwell Pennsylvania, LP to request, on my behalf, all public or private insurance benefits for products or services provided to me by Chartwell Pennsylvania, LP.

I agree to inform Chartwell Pennsylvania, LP of any change in my status, including but not limited to: change of address, admission to hospital or nursing facility, any change that affects third party payments or my own ability to pay for products and services prescribed by my physician and rendered by Chartwell Pennsylvania, LP.

Receipt of Admission Information

Prior to admission to homecare, I have received, read or had explained to me, been afforded the opportunity to discuss, and acknowledge the receipt of the following documents and/or information:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Patient Bill of Rights and Responsibilities | <input checked="" type="checkbox"/> Ability to participate in my plan of care |
| <input checked="" type="checkbox"/> Emergency Preparedness Plan | <input checked="" type="checkbox"/> 24-hour clinical support |
| <input checked="" type="checkbox"/> Medicare Supplier Standards | <input checked="" type="checkbox"/> How to file a complaint by calling 1-800-755-4704 |
| <input checked="" type="checkbox"/> Treatment and Therapy information | <input checked="" type="checkbox"/> Advance Directive information |
| <input checked="" type="checkbox"/> Notice of Privacy Practices | <input checked="" type="checkbox"/> How therapy will be paid for and any financial responsibility |

MAKING MEDICAL DECISIONS IN ADVANCE ABOUT YOUR CARE & TREATMENT

Your Rights as a Patient in Pennsylvania

In Pennsylvania, competent adults have the right to decide whether to accept, reject, or discontinue medical care and treatment. If you do not wish to undergo a certain procedure or to receive a certain treatment, you have the right to make your wishes known to your doctor or other health care provider and to have those wishes respected.

Your doctor should provide you with all of the information, which a person in your situation reasonably would want to know in order to make an informed decision about a proposed procedure or course of treatment, including risks and benefits and possible “side effects,” and alternatives, if any, to the proposed procedure or course of treatment.

What is an “advance directive”?

An “advance directive” is a written document, which you may use under certain circumstances to tell others what care you would like to receive or not receive should you become unable to express your wishes at some time in the future. In Pennsylvania, two types of advance directives are authorized: (1) a “living will” (also known as an “Advanced Directive for Health Care”) and (2) a “Durable Power of Attorney” for health care. There is no law in Pennsylvania which guarantees that a health care provider will follow your instructions in every circumstance.

There are, however, steps you can take to express your wishes about future treatment. One of these steps is to write and sign an advance directive.

What is a “living will”?

In Pennsylvania, a “living will” is a written document that describes the kind of “life-sustaining treatment” you want or do not want if you are later unable to tell your doctor what kind of treatment you wish to receive. Any competent person who is at least 18 years old, is a high school graduate, or is married can make a “living will”.

You should understand that a “living will” is not a will. A “will” tells your survivors what to do with your property after your death.

When does a “living will” take effect?

A “living will” only takes effect when (1) your doctor has a copy of it; and (2) your doctor has concluded that you are “incompetent” and therefore no longer able to make decisions about the medical care you wish to receive; and (3) your doctor and a second doctor has determined that you are in a “terminal condition” or in a “state of permanent unconsciousness”. Pennsylvania’s “living will” law states that you may revoke, change or rewrite your “living will” at any time and in any manner.

To whom should I give my “living will”?

You should give a copy of your “living will” to your doctor, hospital, or other health care provider. The law requires your doctor or other health care provider to ask you if you have an advance directive. If you give a copy of your “living will” to your doctor or other health care provider, that document must be made a part of your medical record.

Durable Powers of Attorney for Health Care

A “durable power of attorney” for health care is a document which allows you to name another person to make certain medical decisions for you if you are unable to make them for yourself.

- Authorize your admission to a medical, nursing, residential, or other facility
- Enter into agreements for your care
- Authorize medical and surgical procedures

Before you write your instructions down, you may wish to discuss them with your doctor, family, friends, or other appropriate persons - such as a member of the clergy. If you are writing a “durable power of attorney” for health care, you should discuss your wishes with the person you are naming as your “attorney-in-fact”. Similarly, if you are writing a “living will” and naming someone in that document to carry out your wishes, you should discuss your wishes with that person.

You may wish to contact a lawyer or the local or state Agency on Aging who can provide you with information about such documents.

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 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 (as defined in section 1848(j) (3) of the Act)
31. The products and/or services provided to you by Chartwell are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

MEDICARE PRESCRIPTION DRUG COVERAGE & YOUR RIGHTS

Your Medicare rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an “exception” if you believe:

- You need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary”
- A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- You need to take a non-preferred drug, and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card or be going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Form CMS-10147

OMB Approval No. 0938-0975 (Expires: 02/28/2025)

MULTI-LANGUAGE INTERPRETER SERVICES

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-755-4704. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-755-4704. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-755-4704。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-755-4704。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-755-4704. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-755-4704. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-755-4704 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-800-755-4704. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

MULTI-LANGUAGE INTERPRETER SERVICES

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-755-4704 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-755-4704. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-755-4704. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-755-4704 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-755-4704. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-755-4704. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-755-4704. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-755-4704. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-755-4704 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

INFECTION CONTROL STATEMENT

All equipment is inspected, tested, cleaned and disinfected in accordance with the manufacturer instructions. Clean equipment is stored in a manner that will prevent recontamination.

While in use in your home:

For infusion pumps:

- Use a dry, clean cloth to wipe any liquid spillage.
- Use a slightly damp cloth to clean any dust
- When not in use, keep the pump covered to avoid dust accumulation
- If the pump becomes heavily soiled with dirt, blood or bodily fluids, please contact Chartwell PA for instructions.

For Enteralite Infinity Pumps:

- Pump may be cleaned with warm soapy water (standard dish soap) and a non-abrasive sponge or soft cloth for moderate, visible soiling.
- If the pump becomes heavily soiled with formula, dirt, blood or bodily fluids, please contact Chartwell PA for instructions.

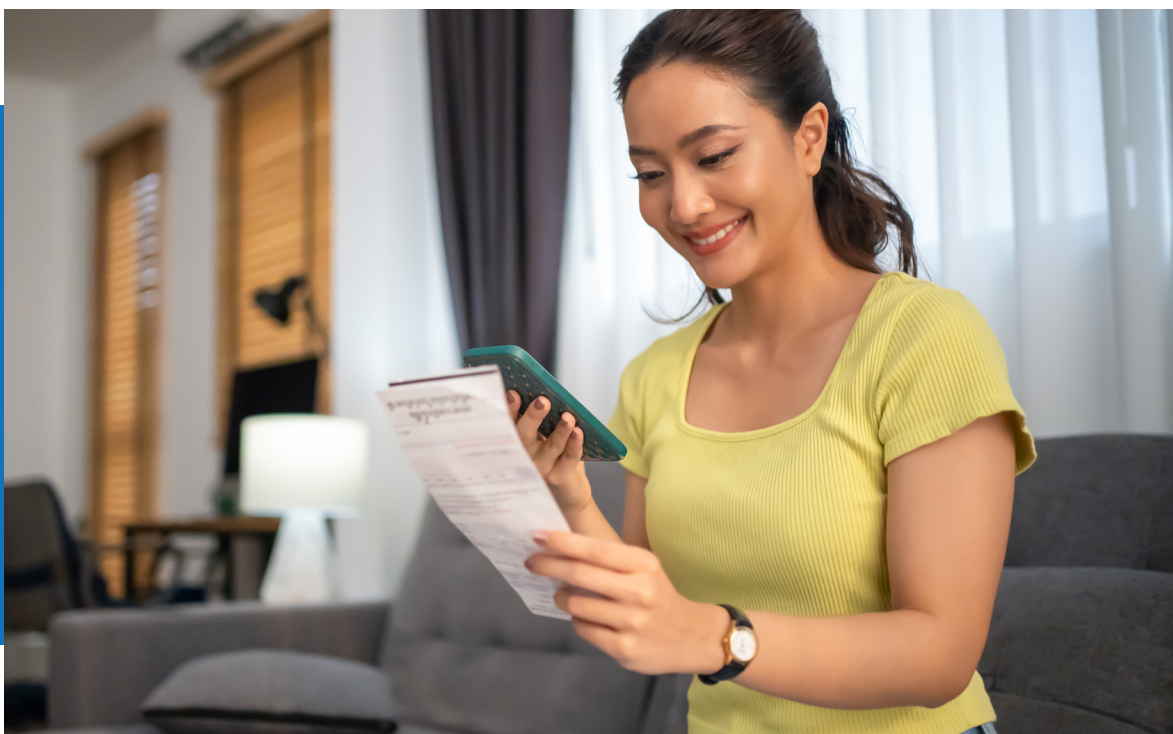
*Ensure the pump is unplugged from electrical outlet before cleaning the pump in any way.

*Carry bags and back packs can be laundered and dried in a standard washer and dryer.

EQUIPMENT WARRANTY INFORMATION

All equipment supplied/loaned by our organization for patient's use during therapy carries a 1- or 2-year manufacturer's warranty. The organization tracks warranty repairs and maintains responsibility for the expenses involved for repair or replacement. The organization repairs or replaces without charge to the patient if there are any issues during therapy. All equipment must be returned once therapy is complete.

The organization will provide Medicare beneficiaries notification of the warranty coverage and will honor all warranties under applicable state law. Repairs or replacement will be free of charge.



NOTICE OF PRIVACY PRACTICES OF UPMC



NOTICE OF PRIVACY PRACTICES OF UPMC

Effective Date: August 15, 2022

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION SUBJECT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND SIMILAR LAWS MAY BE USED AND DISCLOSED (SHARED) AND HOW YOU CAN GET ACCESS TO (SEE AND COPY) THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Background

UPMC creates and maintains a record of health information about the care and services you receive at UPMC. This includes health information that UPMC receives from other doctors and medical facilities that are not part of UPMC, but that UPMC keeps to provide care to you. UPMC may share and use your health information as described in this Notice, including for purposes of treating you, obtaining payment for services provided to you, health care operations, as well as purposes authorized by you, permitted by law, or otherwise described in this Notice. You can learn more about UPMC at www.upmc.com.

What Is a Notice of Privacy Practices (Notice)?

The Notice tells you about the ways UPMC may use and share your health information, as well as the legal duties we have about your health information. The Notice also tells you about your rights under federal (United States) and state laws.

What is Covered Under UPMC's Notice of Privacy Practices?

A list of entities that are bound by this Notice can be found within the privacy information section of www.upmc.com. This includes hospitals, doctors, rehabilitation services, skilled nursing services, home health services, pharmacy services, laboratory services, and other related health care providers. This also includes departments, units, and staff within these entities, health care professionals permitted by us to provide services to you, and students, residents, trainees, volunteers, and others involved in providing your care whether or not these individuals are employed by UPMC. In this Notice, the words "we," "us," and "our" mean UPMC and all the people and places that follow this Notice.

This Notice does not apply to the UPMC Health Plan or UPMC as an employer. These UPMC entities are separate covered entities for the purpose of the Health Insurance Portability and Accountability Act (HIPAA) and have their own Notice. Additionally, if your doctor is not a member of a physician practice that is owned by UPMC, he or she may have different policies about how to handle your information and will have a separate Notice.

This Notice only applies to those parts of UPMC's websites and mobile device applications where you can access your electronic health record or interact with a clinician regarding your specific care, such as UPMC's patient portal (MyUPMC). However, these websites and applications may contain additional terms associated with your use. You should review those terms as well as the website terms contained on the UPMC website that you visit.



UPMC is an equal opportunity employer. Policy prohibits discrimination on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or veteran status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state and/or local laws and regulations.

NOTICE OF PRIVACY PRACTICES OF UPMC



This Notice does not apply to health information that is not subject to HIPAA or similar state health information privacy laws, or information used or shared in a manner that cannot identify you.

Our Duty to Protect Your Health Information

We are required by law to:

- Make sure that your health information is used in accordance with this Notice (as currently in effect).
- Make available to you this Notice that describes the ways we use and share your health information as well as your rights under the law.

How We May Use and Share Your Health Information

We may use and share your health information in certain ways, such as when we receive your written permission, to help treat you, or as permitted or required by the law. The following list describes different ways that we may use and share your health information, along with examples for each.

A. Ways We Are Allowed to Use and Share Your Health Information Without Your Consent or as the UPMC Consent for Treatment, Payment, and Health Care Operations Provides:

- 1. Treatment.** We may use your health information to provide you medical treatment or related services including coordination of care and case management. We may also share your health information with others that provide treatment to you. For example, when you receive care at a non-UPMC hospital, UPMC may share information with that hospital so that they may provide care to you. We may also share your health information with others who may provide follow-up care to you, such as your primary care physician, physical therapist, long term care facility and home healthcare agencies. At all times, we will comply with any laws that apply.
- 2. Payment.** To receive payment for the services we provide to you, we may use and share your health information with your insurance company or a third party who is paying for your care. We also may share your health information with other health care service or product providers who need to pre-approve or provide follow-up care to you, such as your physicians, other providers, EMS providers, nursing homes and home care agencies so they can bill you, your insurance company, or a third party. For example, some health plans require your health information to pre-approve you for surgery and require preapproval before they pay us.
- 3. Health Care Operations.** We may use and share your health information for business and other operational purposes. For example, we may use your health information to evaluate the quality of the treatment that we provided. We may share your health information with our researchers, so they can develop plans to conduct research. We may share information with our students, trainees, and staff for review and training purposes. We may share your



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health information for case management and care coordination purposes. However, we will not sell your name or any identifiable health information to others without your authorization.

4. **Health Information Exchanges.** We may share your health information using various Health Information Exchanges that UPMC participates in both on a regional and a national basis. If you choose not to participate in these exchanges, your health information will no longer be provided through the exchange. However, your decision does not affect the information that was exchanged prior to the time you chose not to participate. You can learn more about the health information exchanges UPMC participates in at www.upmc.com.
5. **Business Associates.** We may share your health information with others called “business associates,” who perform services on our behalf. The Business Associate must agree in writing to protect the confidentiality of your health information. For example, we may share your health information with a billing company that bills for the services that we provided.
6. **Appointment Reminders.** We may use and share your health information to remind you of your appointment for treatment or medical care. For example, we may call, text, or e-mail you to remind you of a scheduled appointment. We may also use and share your health information to confirm the time, place, and attendance of your appointment for treatment with third-party transportation services and any other related services (including but not limited to third parties involved in your treatment).
7. **Treatment Options and Other Health-Related Benefits and Services.** We may use and share your health information to tell you about possible treatment options and other health-related benefits and services. For example, if you suffer from a chronic illness or condition, we may use your health information to assess your eligibility and propose newly available treatments.
8. **Fundraising Activities.** We may use and share information with a UPMC-related foundation (or Business Associate) so that they can ask that you make a donation. However, the information that UPMC can share is limited to your name, address, phone number, and other contact information, the dates that health care was provided to you, general department, and facility information where services were provided, the name of your treating physician and general outcome information. For example, you may receive a letter from a UPMC foundation asking for a donation to support enhanced patient care, treatment, education, or research at UPMC. Any fund-raising materials will explain how you can tell us, a Business Associate, or a foundation that you do not want to be contacted in the future.
9. **Marketing Activities, Cookies, and Online Services.**



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- a. We may use or share your health information to promote our own products and services. We may also use or share your health information for marketing purposes when we discuss products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service. For example, you may receive samples of products or drugs during a visit to a UPMC hospital or facility.
 - b. When you visit and use some UPMC websites (including the MyUPMC patient portal or online care sites) or mobile device applications, we may collect and share information about your use of these websites and applications through cookies and other similar technologies. This information can include technical information about your device or browser (such as, for example, your internet protocol (IP) address, operating system, device information, browser type and language, and referring URLs) as well as information about your activities or use of the websites and mobile device applications (such as, for example, access times, pages viewed, links clicked and similar information). You should review the terms contained on the UPMC website or application that you use, including UPMC's Website/Email Terms of Use, for detailed information on the types of cookies and other technologies we use, what information we collect, the reasons why we use these technologies, as well as the terms associated with that website or application.
 - c. UPMC and you may agree to use a third-party website, application, or electronic messaging service (for example, with chat, video, or audio capabilities) for you to receive remote health care services from UPMC. These third-party services may have separate terms and conditions and privacy policies that you must agree to instead of or in addition to UPMC's Website/Email Terms of Use. However, when you use the third-party service, the health information that you choose to share may be covered by this Notice.
- 10. Research.** We may use and share your health information for research 1) if our researcher obtains permission from a UPMC sanctioned committee (including Institutional Review Boards) that decides the request meets certain standards required by law; or 2) if you provide us with your written permission to do so. You may choose to participate in a research study that requires you to obtain related health care services. In this case, we may share your health information 1) to the researchers involved in the study who ordered the hospital or other health care services; and 2) to your insurance company in order to receive payment for those services that your insurance agrees to pay for. We may use and share your health information with a UPMC researcher if certain parts of your health information that would identify you are removed before we share it with the UPMC researcher. This will only be done if the researcher agrees in writing not to share the information, not to attempt to contact you, and to obey other requirements that the law provides. We may also share your health information with a Business Associate who will remove information that identifies you so that the remaining information can be used for research.



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11. Special Situations. In the following situations, the law either permits or requires us to use or share your health information with others. However, laws governing sensitive information (including behavioral health information, drug and alcohol treatment information, and HIV status) may limit these disclosures.

- a. As Required by Law.** We may share your health information when required or permitted by federal, state, or local law. For example, if we believe that you have been a victim of abuse, neglect, or domestic violence, we may share your health information with an authorized government agency. If we share your health information for this purpose, we will tell you unless we believe that telling you would put you or someone else at risk of harm.
- b. To Prevent a Serious Threat to Health or Safety.** We may use and share your health information with persons to prevent or lessen the threat of serious harm to the health and safety of you, the public, or another person. State laws may require such disclosure when an individual or group has been specifically identified as the target or potential victim.
- c. Organ and Tissue Donation.** To assist in the process of eye, organ, or tissue transplants in the event of your death, we may share your health information with organizations that obtain, store, or transplant eyes, organs, or tissue.
- d. Special Government Purposes.** We may use and share your health information with certain government agencies, such as:
 - **Military and Veterans.** We may share your health information with military authorities as the law permits if you are a member of the armed forces (of either the United States or a foreign government).
 - **National Security and Intelligence.** We may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
 - **Protective Services for the President and Others.** We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.
- e. Workers' Compensation.** We may share your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.
- f. Public Health.** As permitted or required by law, including the National Emergencies Act, we may share your health information with public health authorities for public



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health purposes to prevent or control disease, injury, or disability. This includes, but is not limited to, reporting disease, injury, and important events such as birth or death, and conducting public health monitoring, investigations, or activities. For example, we may share your health information to 1) report abuse or neglect; 2) collect and report on the quality, safety, and effectiveness of products and activities regulated by the Food and Drug Administration (FDA) (such as drugs and medical equipment, and could include product recalls, repairs, and monitoring); or 3) help contain the spread of a disease.

- g. Health Oversight.** We may share your health information with a health oversight agency for purposes including 1) monitoring the health care system; 2) determining benefit eligibility for Medicare, Medicaid, and other government benefit programs; and 3) monitoring compliance with government regulations and laws.
- h. Coroners, Medical Examiners, and Funeral Directors.** We may share your health information with a coroner or medical examiner in order to identify a deceased person, determine the cause of death, or for other reasons allowed by law. We also may share your health information with funeral directors, as necessary, so they can carry out their duties.
- i. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law enforcement official. For example, we may share your protected health information 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution and its staff.

B. Other Ways We Are Allowed to Use and Provide Your Health Information to Others

- 1. Hospital Directory.** We may include limited information about you in the hospital directory while you are a patient at a UPMC hospital or other facility. The information may include your name, location in the building, general condition, such as “stable,” “serious,” “critical,” and your religious affiliation. Except for your religious affiliation, the directory information may be released to people who ask for you by name. We may give your religious affiliation to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This helps your family, friends, and clergy who visit you to know how you are doing. You have the right to ask that all or part of your information not be given out. If you do so, we will not be able to tell your family or friends your room number or that you are in the hospital or facility.
- 2. People Involved in Your Care or Payment for Your Care.** We may share your health information with a friend, family member, or another person identified by you who is involved in your medical care or the payment of your medical care. We may share your health information with others if you are present or available before we share your health



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information with them and you do not object to our sharing your health information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or family member, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply. We may tell your family or friends that you are in a UPMC hospital and your general condition. We may share medical information about you with an organization assisting in a disaster relief effort. We may also share information through UPMC online portals with people you designate.

3. Permissible Disclosures to Law Enforcement. We may share your health information with a law enforcement official or authorized individual:

- a. In response to a court order, subpoena, warrant, summons, or similar process;
- b. To identify or locate a suspect, fugitive, material witness, or missing person;
- c. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- d. About a death we believe may be the result of criminal conduct;
- e. About criminal conduct at the hospital; or in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

4. Exception to the Above. If you are a patient in a psychiatric/mental/behavioral health facility or drug and alcohol facility, additional authorization may be required to release your information outside of UPMC. Subject to laws that allow certain minors to consent to medical treatment, this permission must come from your parents or legal guardians.

C. Where Written Permission is Required

Except as stated in Sections A and B, your written permission is required before we can use or share your health information with anyone outside of UPMC. If you give us permission to use or share your health information, you may cancel that permission, in writing, at any time. However, this does not apply to health information that we have already shared with your permission.

Your Rights Concerning Your Health Information

The law gives you the following rights about your health information:

- 1. Right to Ask to See and Request a Copy.** You have the right to ask to see and request a copy of the health information maintained in your "designated records set" (as defined by HIPAA) – which includes medical and billing records about you and other records we use to make decisions about your care. This includes your right to request electronic access to



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your medical records or request to receive a copy of your electronic medical records in electronic form. UPMC provides patient portals as one option for patients to electronically access their health information free of charge. You can either visit UPMC.com or call your doctor's office or the place where you were treated to find out how to make a request. You may also request that the information be provided to a designated third party. You may have to pay fees as permitted by law for other requests to inspect, electronically access or receive a copy of your information, including where you designated a third-party recipient. If we are concerned that your request may cause harm, we may tell you that you cannot see or have a copy of some or all your health information. If we tell you this, in certain circumstances you may ask that someone else at UPMC review this decision. A licensed health care professional chosen by UPMC will review those that can be reviewed. This person will not be the same person who refused your request.

2. **Right to Ask for a Correction.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to ask for a correction for as long as the information is kept by or for UPMC. You must put your request in writing and give it to your doctor or the place where you received care. If you do not ask in writing or give your reasons in writing, we may tell you that we will not make the change. We also have the right to refuse your request if 1) we determine that the information is correct and complete; 2) the information is not part of the health information created or kept by or for UPMC; 3) the person or place who created the information is no longer available to make the correction and we believe the information to be correct; or 4) the information is not part of the information that you are permitted by law to see and/or copy.

3. **Right to Ask for an "Accounting of Disclosures."**

You have the right to ask us for an "accounting of disclosures." This is a list of those people and organizations who have received or have accessed your health information. This right does not include information made available for treatment, payment, or health care operations, or made available when you have provided us with permission to do so. You must put your request in writing and give it to your doctor or the place where you received care. You can call your doctor's office or the place where you received care to find out how to ask for the list. You must include in your written request how far back in time you want us to go, which may not be longer than six years.

4. **Right to Ask for Limits on Use and Sharing.**

- a. **Generally.** You have the right to ask us to limit the health information we use or share with others about you for treatment, payment, or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call your doctor's office or the place where you received your care to get instructions on how to submit such a request. In your request, you must tell us 1) what



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information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) the person or institution the limits apply to (for example, your spouse). For example, you could ask that we not use or share information about a surgery you had. You must put your request in writing and give it to your doctor or the place where you received your care. We are not required to agree to your request. If we do agree to your request, we still may provide information, as necessary, to give you emergency treatment.

- b. Services Paid for by You.** Where you have paid for your services out of pocket in full, at your request, we will not share health information about those services with a health plan for purposes of payment or health care operations. “Health plan” means an organization that pays for your medical care.

5. Right to Ask for Confidential Communications. You have the right to ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request in writing to your doctor or the place where you received care. You do not need to provide a reason for your request. We will try to comply with all reasonable requests.

6. Right to Ask for a Paper Copy of This Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically (for example, through the computer), you still have the right to a paper copy of this Notice. You can also get a copy of this Notice at our website. To obtain a paper copy of this Notice, contact your doctor’s office or the registration department of the place where you received care.

Violation of Privacy Rights

If a breach of your health information occurs at UPMC or one of its Business Associates, you will be provided with written notification as required by the Health Insurance Portability and Accountability Act (HIPAA) and its regulations.

If you believe your privacy has been violated by us, you may file a confidential complaint directly with us. You can do this by contacting the UPMC Privacy Officer at the hospital or facility where you received care or by calling the UPMC Compliance Help Line at 1-877-983-8442, or the UPMC Office of Patient and Consumer Privacy at 412-647-5757.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, you must 1) name the UPMC place or person that you believe violated your privacy rights and describe how that place or person violated your privacy rights; and 2) file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:



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**U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Washington, DC 20201**

You will not be penalized for filing a complaint.

Changes to This Notice

We reserve (have) the right to change this Notice. We reserve (have) the right to make the revised or changed Notice effective for health information we already have about you and for any future health information. We will post a copy of the revised Notice in the places where we provide medical services and on our website. The Notice will contain the effective date on the first page, in the top left-hand corner. We will provide to you, if you ask us, a copy of the Notice that is currently in effect each time you register at UPMC as an inpatient or outpatient for treatment or health care services.

If You Have Questions About This Notice

If you have any questions about this Notice, please contact your doctor or the place where you received care. You also may contact **UPMC's Notice of Privacy inquiry line at 412-647-6286** or the **UPMC Office of Patient and Consumer Privacy at 412-647-5757**



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MOBILE HEALTH COMMUNICATION WITH

CitusHealth®

by **ResMed**

Chartwell has partnered with CitusHealth to simplify your care journey with benefits such as:

Care Team Messaging

Keep in contact with your care team for important updates and communications.

Receiving Important Notifications

Get timely updates from Chartwell anywhere, anytime with push notifications, text message, or email.

Sign & Complete Forms

Sign documents or complete all necessary forms from the convenience of your mobile phone.

View Education Materials

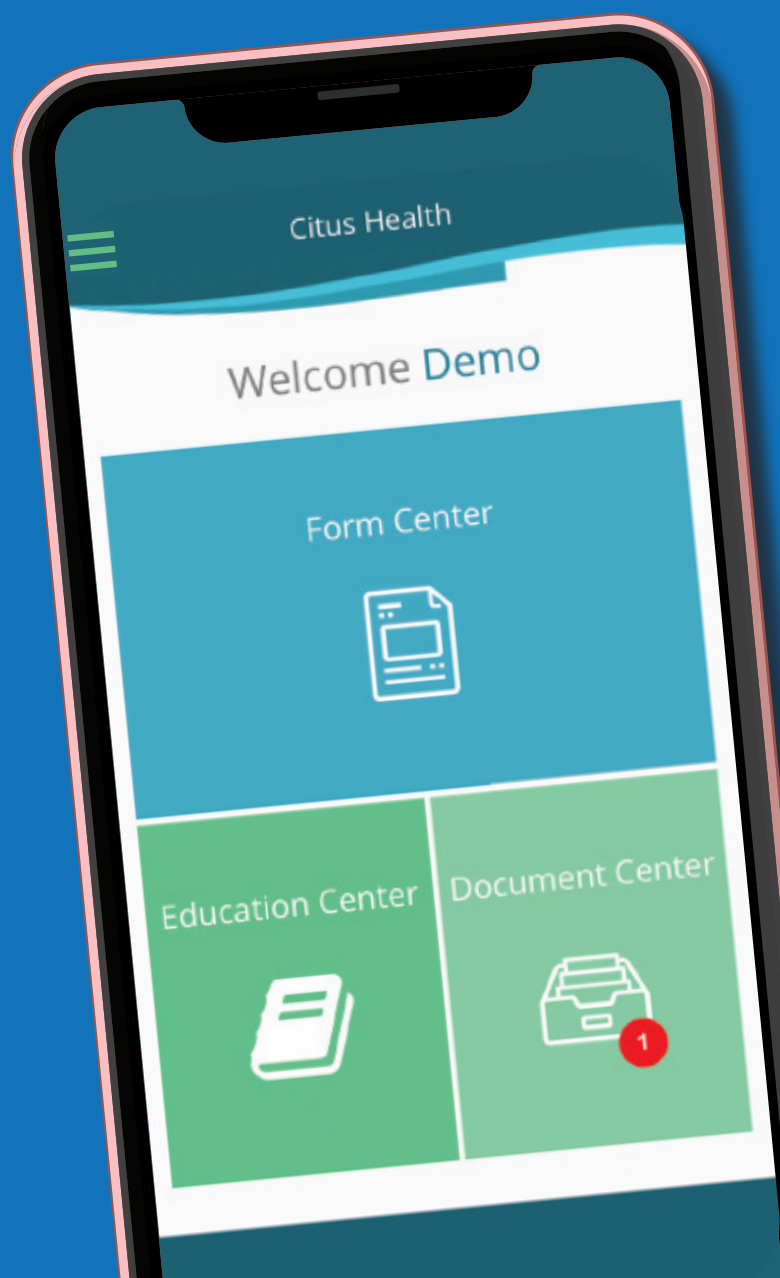
Review a complete list of patient educational videos and other documents that have been shared with you.

100% HIPAA-secure

All communications within the Citus Health app are 100% HIPAA-secure and confidential. Everything you send is routed to the Chartwell team member most able to assist you with your needs, in the quickest way possible.

How do I sign up?

Register to access the Chartwell/Citus Health app by using the invitation we sent to you via text or email address. If you didn't receive an invitation, contact Chartwell or search for Citus Health on the App Store or Google Play. Citus Health is available for use on your desktop or mobile (Apple & Android) devices.



App-less option - No login required

*Scan the QR Code
for more information.*

CREATE YOUR OWN CARE PLAN

UPMC Pennsylvania Advance Directive Form

This form lets you have a say about how you want to be treated if you get very sick.

The form has 3 parts that lets you:

PART 01

Choose a medical decision-maker

A medical decision-maker is a person who can make healthcare decisions for you if you are too sick to make them yourself.

PART 02

Make your own health care choices

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself. You can fill out Part 1, Part 2, or both. Fill out only the parts you want.

PART 03

Sign the form

It must be signed before it can be used.

Always sign the form in Part 3. 2 witnesses need to sign on page 11.

Once you are finished, share this form with your family, friends, and medical providers to ensure that your care plan is followed.



Advance Directive Form

Scan the QR code to access
UPMC's Advanced Directive form.

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTES

[illegible]

OUR MISSION

Chartwell's mission is to enhance the quality of life of each patient and caregiver.

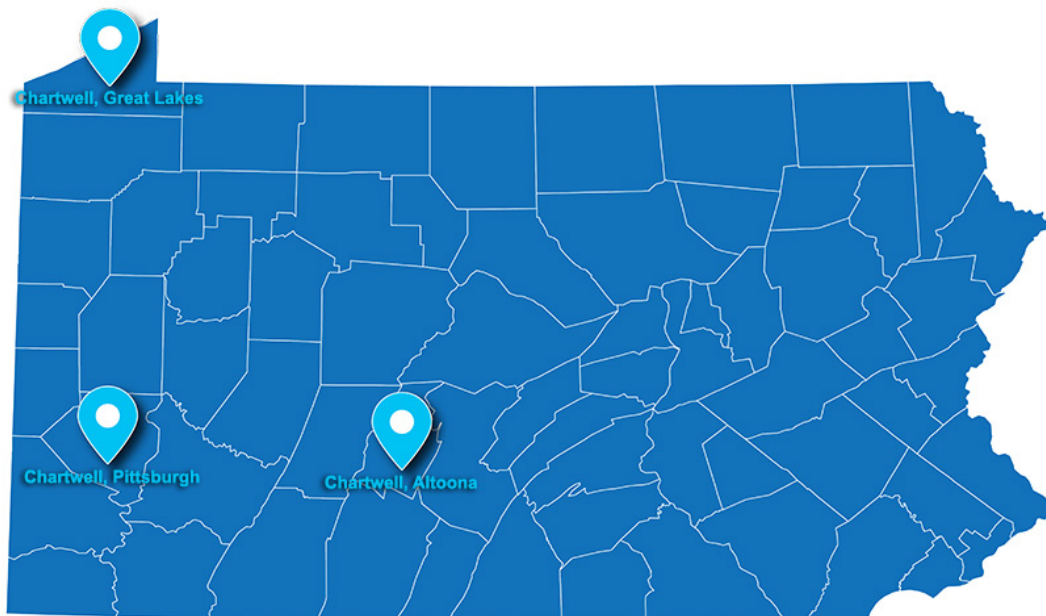
As a center of excellence, Chartwell provides compassionate care, clinical expertise, and individualized solutions.

Our patients are at the center of a community inclusive of Chartwell employees, physicians, nurses, and insurance providers, all contributing to deliver excellent patient experiences.

SERVING YOU THROUGHOUT PENNSYLVANIA

We are available for questions and support Monday-Friday
Monday-Friday: 8:00 a.m. – 5:30 p.m. | Saturday: 9:00 a.m. – 3:00 p.m..

Urgent Concerns 24/7 Availability





CHARTWELL

Pharmacy

© Chartwell Pennsylvania, LP

HOME INFUSION PHARMACY

PITTSBURGH

Toll Free: 1-800-755-4704

Local: 412-920-7500

1001 Oakdale Road
Oakdale, PA 15071

ERIE

Toll Free: 1-888-252-0716

Local: 814-877-6144

380 E. Bayfront Parkway, Suite 2
Erie, PA 16502

ALTOONA

Toll Free: 1-855-349-6226

Local: 814-941-0106

1518 9th Avenue
Altoona, PA 16602

SPECIALTY PHARMACY

Toll Free: 1-800-366-6020

1001 Oakdale Road
Oakdale, PA 15071

ENTERAL NUTRITION

Toll Free: 1-800-755-4704, Option 4

1001 Oakdale Road
Oakdale, PA 15071



www.chartwellpa.com