## Discount Drug Mart

## Acknowledgment of Receipt of Patient Booklet

I, the undersigned, hereby acknowledge that I have received a copy of the Discount Drug Mart Patient Booklet. I am either the patient or a representative of the patient signing on behalf of the patient. I understand that I have the opportunity to ask questions, and have my questions answered. The following sections of the Booklet were included:

- ■Scope of Products
- ■Customer Surveys
- ■Notice of Privacy Practices - HIPPA
- ■Quality Service Goals
- ■Patient Communication
- ■Rights & Responsibilities
- ■Delivery and Service
- ■Billing and Payment

I am aware that, should I have any questions or problems with my equipment or supplies, I can call the Discount Drug Mart at the telephone number provided to me (1-800-446-4607).

**Education Objectives**

- ✓ I understand the prescription written by the physician and can contact my physician or Discount Drug Mart if I have questions regarding it.
- ✓ I understand the function and purpose of equipment I have received.
- ✓ I understand the need for the safe operation and preventative maintenance of the equipment, through the educational documentation that I received.
- ✓ I understand that I can call Discount Drug Mart to order supplies, for repairs and emergency procedures.
- ✓ I am aware of certain equipment warranty and rent\purchase options available to me.

**Safety Objectives**

- A functional Fire Extinguisher is recommended and should be checked regularly and replaced when necessary.
- Smoke Alarms are recommended and should be checked regularly for functionality.
- Having a Fire Escape plan in place is recommended.
- Grounded Electrical outlets are recommended.
- Smoking is prohibited in bed or around oxygen.
- It is recommended that Electrical appliances are kept away from water and unplugged when not in use.
- Medical Equipment and supplies should be properly placed or stored.
- Safety education materials have been received and should be made easily accessible.

**Home Evaluation**

- ✓ I acknowledge that my home is suitable for the safe use of the received equipment.
- ✓ I acknowledge that there is adequate access between rooms, maneuvering space, and surfaces for use of any mobility assistance device(s) received.
- ✓ I understand that if there is a lack of accessibility, I can contact a Company Representative to discuss how that may be overcome (example - access to the area with a walker or assistance from a caregiver due to a narrow doorway, etc.):

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I have received product instructions/education materials and can contact a Company Representative if I have any further questions.

I can contact Discount Drug Mart at any time, if I have questions about the services that I am receiving or concerns regarding billing practices.

I have received one of the following applicable Patient Instruction Sheet(s):

- ■Bath Benches and Safety Rails
- ■BIPAP Units
- ■Blood Pressure Cuffs
- ■Canes and Quad Canes
- ■Commodes
- ■CPAP Units
- ■Crutches
- ■Grab Bars
- ■Nebulizers with Compressors
- ■Raised Toilet Seats
- ■Walkers