



option care health®

Patient guide to **enteral nutrition**

A guide to promote safe and comfortable
enteral nutrition support

Patient Guide



Welcome

You're ready to begin enteral nutrition

We support the nutrition needs of thousands of people every day

Some medical conditions make it difficult to eat or drink enough to get all the nutrition you need. When this happens, your healthcare provider may recommend nutrition support through tube feeding, which is also called enteral nutrition (EN). A feeding tube is used to deliver liquid formula directly into the stomach or small intestine. These formulas are nutritionally balanced, with all of the protein, carbohydrates, fat, vitamins, minerals and water found in a regular diet.

It's estimated that about 437,000 people are receiving EN at home or in an alternate treatment site in the United States.¹ For many, Option Care Health is their first choice for this type of treatment. After all, we've been providing enteral nutrition support for over 40 years.

Your own team of experts

We use a multidisciplinary approach to care. Our team, which may consist of registered dietitians, nurses, infusion pharmacists and nutrition coordinators are experienced in providing EN in both the home and alternate site settings.

This clinical team will be involved throughout the length of your therapy and are dedicated to providing you with everything you need to make your tube feeding a success. They're available to answer your questions 24 hours a day, 7 days a week, 365 days a year.

Ensuring quality care

Providing you with quality care is our primary goal. Our team will contact you each month and ask you a series of questions related to your tube feeding and will proactively work to ensure that you are meeting your nutrition goals. Reach out to your local care management center if you have any questions about the services you are receiving or to your registered dietitian for specific nutrition-related questions or concerns. It is also important to discuss your tube feeding care and service with your healthcare provider during your follow-up appointments.

Using this Guide

This guide provides the information and resources you need to be successful with your tube feeding. It will help you understand tube feeding, teach you to confidently tube feed on your own or with a caregiver's assistance and provide tips to minimize complications. We are here to support you every step of the way.

In this guide, you'll find the following important information:

- Tube feeding basics
- Daily steps for success, such as how to handle supplies and bathing with your tube
- Information on monitoring your progress
- The steps for ordering formula and supplies
- Tips on how to stay positive as you become accustomed to tube feeding
- Traveling with tube feeding
- Worksheets to help you stay on track with your feedings and care

Reference: 1. Mundi MS, Pattinson A, McMahon MT, et. al. Prevalence of Home Parenteral and Enteral Nutrition in the United States. *Nutrition in Clinical Practice*. 2017;32(6):799-805.

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Section 1

Getting started with tube feeding

The importance of proper hand washing

When using a feeding tube, it is necessary to thoroughly wash your hands to prevent infection. Be sure to wash your hands between every step of the process, including:

- Before gathering your supplies
- Before starting tube feeding
- Whenever you think your hands may have become contaminated

Washing hands with soap and water

1. Wet your hands with clean, warm running water
2. Apply soap and rub hands together to make a lather
3. Scrub every part on each hand and between fingers
4. Continue rubbing hands for 20 seconds
5. Rinse hands well under running water
6. Use a paper towel to turn off the faucet
7. Dry hands using a clean towel or air dryer



Using a hand sanitizer

If soap and clean water are not available, use an alcohol-based hand sanitizer to clean your hands. Alcohol-based sanitizers work quickly to reduce the number of germs on the skin. When using an alcohol-based hand sanitizer:

1. Apply product to the palm of one hand
2. Rub the product over all surfaces of hands and between fingers until hands are dry

Types of feeding tubes¹

Working with your healthcare provider, together you will choose a feeding tube that is right based on your particular needs.

1

Nasogastric (NG) or Nasojejunal (NJ) Tubes: Pass through the nose and down into the stomach (in the case of an NG-tube) or small intestine (in the case of an NJ-tube). These tubes are usually secured in place with tape and are typically used short term.

2

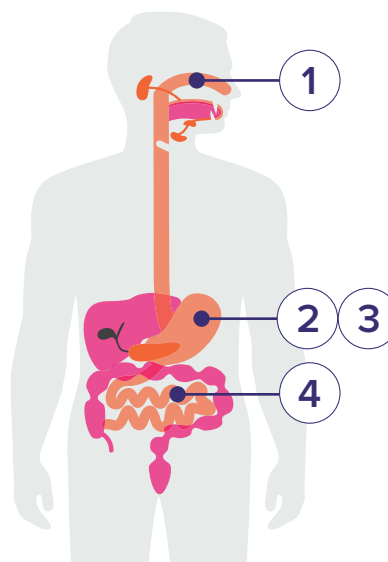
Gastrostomy (G or PEG) Tubes: Pass directly from the outside of the body to the inside of the stomach. They are held in place by a balloon or bolster on the inside of the stomach and a securing device at the skin's surface. G-tubes are sometimes referred to as “buttons” if they are low profile in nature, often used in pediatric patients.

3

Gastrojejunal (GJ) Tubes: Provide access to both the stomach and the small intestine. This type of tube has two ports — one marked as gastric (or stomach) access and one marked as jejunal (or intestinal) access. If you have a GJ-tube, your healthcare provider will give you special instructions on how to feed your formula through this type of tube.

4

Jejunal (J or PEJ) Tubes: Go directly from the outside of the body to the inside of the small intestine. They are usually held in place with stitches or a securing device on the inside of your intestine and may be secured on the outside of your body with stitches or tape.



Reference: 1. Tube Types. Feeding Tube Awareness Foundation; <http://www.feedingtubeawareness.org/tube-feeding-basics/tubetypes>. Accessed March 20, 2020.

Getting started with tube feeding

Caring for your tube and site

It is important to clean the skin around the tube site every day or as often as your healthcare provider recommends. Keeping the site clean and dry helps guard against infections and skin irritation. Following these steps daily will help to keep you comfortable and allow for easier delivery of nutrition.

Care for a G or J-tube

1. Gather the materials you will need to clean the tube site:
 - Soap
 - Cotton swab/washcloth
 - Warm water
 - Gauze
2. Wash your hands following the instructions on page 3.
3. Gently clean the skin around the tube site daily (including disk, if applicable) using mild soap, water and a clean washcloth or cotton swab. Start at the tube and work outward in circles without pulling on the tube. If there is a disk present, the disk should not be tight against your skin. Keep a ¼-inch space between the skin and the disk.
 - G-tube: The tube should be able to rotate within the stoma (the opening in your skin where the tube is inserted)
 - Low profile/button G-tube: Check the balloon inflation per manufacturer booklet or ask your healthcare provider for directions
 - J-tube: **DO NOT PULL OR ROTATE** the tube at any time
 - **DO NOT** aggressively pull or tear adhesive tape from your skin and never use scissors; instead, try using warm, soapy water
4. Wipe the area again with warm water and allow it to air dry completely.
5. If you are using gauze squares for drainage around the skin disk, it is important to change the gauze every day, or right away if it becomes wet or soiled, to minimize the risk of infection. Place gauze square over your feeding tube disk— never between skin and disk. **Once drainage from the tube slows or stops, gauze may no longer be needed. A small amount of drainage around the tube is normal.**
6. If hardened secretions have accumulated at your tube site, remove with a clean washcloth or cotton swab by using warm water. **DO NOT** use hydrogen peroxide for cleaning.

Tube maintenance for a ballooned G-tube

The life of your ballooned G-tube depends on your body chemistry. You may need to replace the tube every three months. Your healthcare provider will let you know if and when your tube needs to be replaced. **Your insurance company may allow you to have a backup G-tube, should the tube fail. In this case, a prescription from your healthcare provider is required.**

Care for an NG or NJ-tube

1. Gather the materials you will need to clean the tube site:
 - Soap
 - Cotton swab/washcloth
 - Warm water
 - Tape
 - Water-based lubricant (optional)
2. Wash your hands following the instructions on page 3.
3. Hold tube in place and gently remove the old adhesive tape. To loosen tape, gently rub it with **warm, soapy water**. **Be careful not to pull the tube.**
4. Clean the nostrils with warm water using a cotton swab or clean washcloth. Remove any hardened secretions in the nose by wiping with a washcloth or cotton swab dampened with soap and water. Rinse again with a washcloth or cotton swab dampened with water only.
5. For extra comfort, you can apply a water-based lubricant to the nostril around the tube.
6. Using the mirror, verify your placement mark on the tube where it exits your nose.
7. Apply adhesive tape as directed by your healthcare provider.
8. After securely taping the tube, place it over the ear to keep it out of the way and prevent it from accidentally moving out of position.
9. If you notice redness or irritation, the tube may need to be placed in the other nostril. If you have sores in your nostrils, re-tape the tube away from the irritated area.

Checking tube position for NG or NJ-tubes

- Use a permanent, non-toxic marker or pen to mark the tube one inch from where it enters the nose; use this point to keep track of the tube's position
- Measure the length of tube from the tip of the nose to the end of the feeding tube
- Check the back of the throat to make sure that the tube has not curled into the mouth

Because each tube is unique, you should always follow the instructions given to you by the healthcare provider who placed your tube.

Getting started with tube feeding

Flushing your feeding tube

Whether you are bolus feeding with a syringe, gravity feeding or feeding continuously with a pump, it is important that you flush your tube with water several times a day to avoid tube clogging and provide adequate hydration.

Here are the steps to follow when flushing a tube:

- If you have not started to use your tube for feedings, flush it with 60 mL of water twice a day. This will help prevent your tube from clogging.
- Flush your tube before and/or after feedings, as instructed in Section 3- Administering tube feeding.
- Speak with your healthcare provider or Option Care Health nutrition team to determine your individualized flushing requirements, if not included in your discharge orders or enteral instruction sheet.

Unclogging your feeding tube

Follow these important steps to be most successful with unclogging your feeding tube:

1. Attempt to flush the tube with a syringe filled with 30 mL of warm water
2. If unable to flush water, use an **empty syringe** to remove all contents above the clog
3. Fill a syringe with warm water, **gently push** water into tube and let sit for 20 - 30 minutes
4. Insert an empty syringe into the tube and **gently push and pull** on the syringe plunger
5. Repeat steps 1 - 4; if tube will not flush, **call your healthcare provider or go to the emergency room immediately**

Always use warm — not hot — water when flushing and unclogging a feeding tube.

Taking medications through your tube

Speak with your healthcare provider or pharmacist before administering medications. It is important to know whether your medication comes in a liquid form, a form that can be crushed and whether your particular medication should be taken on an empty or full stomach.

- If you have a J-tube, ask whether your medications will work properly, as they will not pass through the stomach
- Use liquid medications, when possible
- If your medication comes in a tablet or capsule form, ask your healthcare provider or pharmacist if you may crush the tablet into a fine powder and mix well with warm water **(DO NOT CRUSH ENTERIC COATED TABLETS, TIMED-RELEASE TABLETS OR CAPSULES)**
- Use a syringe to deliver the medication and flush the tube with warm water
- Give one medication at a time; flush the tube with 20 - 30 mL of warm water between medications
- **DO NOT MIX MEDICATIONS TOGETHER**
- **DO NOT ADD MEDICATIONS TO FORMULA OR THE FEEDING PUMP BAG**

Bathing and showering with your tube

- Your healthcare provider will inform you when it is ok to take a shower or sponge bath
- To keep from accidentally pulling out your tube, make sure it is anchored or secured to your abdomen
- When showering, there is no need to cover your tube, as long as the end is capped
- After you bathe or shower, dry the skin around your stoma thoroughly
- **IF YOUR HEALTHCARE PROVIDER SAYS IT IS OKAY TO TAKE TUB BATHS**, keep your tube from going all the way under the water

Section 2

Preparing for tube feeding

Preparing to tube feed

1. You can tube feed sitting, standing or gently reclining. **NEVER** lie flat while tube feeding and for at least one hour after. If you are tube feeding while sleeping, elevate your head to a 30 – 45 degree angle.
2. Place a towel in your lap before starting as formula may spill during administration.
3. If your tube has a clamp, make sure it is in the closed position before opening the end cap on your feeding tube. If your tube does not have a clamp, pinch the tubing with your fingers before opening to prevent stomach or intestinal contents from coming out of the end of the tube. (Be ready to insert the syringe, gravity or pump set tubing into the tube as quickly as possible, so you don't have to pinch the tube for too long).

Preparing formula

Preparing a powdered formula

1. As instructed by your healthcare provider, mix the recommended amount of powdered formula with the correct amount of water
2. Add ordered amount of mixed formula to the feeding container (syringe, gravity or pump bag) or pour prepared formula into a large container, cover and label with the date/time and store in the refrigerator
3. Prepared, powdered formula may stay at room temperature for up to 4 hours
4. If the formula is not used within 24 hours or per manufacturer recommendations, throw it away

Preparing a liquid formula

1. Wipe off the top of the container with a clean, damp paper towel before opening
2. Add the ordered amount of formula to the feeding container (syringe, gravity or pump bag)
3. Follow storage instructions on page 18
4. If you do not use all of the formula, write the date/time on the container, cover and store in the refrigerator

Use of a blenderized formula

Blenderized formula refers to fresh, non-commercial homemade food prepared in a blender or a commercially blenderized product. Enteral pump manufacturers do not recommend use of these products with an enteral feeding pump. The use of homemade, blenderized or liquidized foods, due to their varying consistency, may cause clogs in the feeding tube or an obstruction of the optical sensor on the enteral pump. Option Care Health strongly recommends you review the manufacturer recommendations regarding the use of blenderized formula with your enteral pump. **FAILURE TO FOLLOW manufacturer guidelines may result in a delay in your feedings and/or damage to the enteral feeding pump. Please note that in such an event, you may be responsible for the costs of repair or replacement of the enteral feeding pump.**

Section 3

Administering tube feeding

Methods of tube feeding¹

There are three different methods that may be used for tube feeding. Your healthcare provider will work with you to select the most appropriate method and will walk you through the steps to take each time you tube feed.



1. Syringe/Bolus tube feeding

Formula can be funneled by gravity or slowly injected using an enteral syringe.



2. Gravity tube feeding

Gravity feeding uses only the pressure created by gravity to push formula from a feeding set (bag and tubing) into the feeding tube. The clamp on the feeding set tubing allows you to control the feeding rate or flow.



3. Pump-assisted tube feeding

Pump feeding delivers formula at a consistent rate through the feeding tube into the stomach or small intestine. If you have a J or GJ-tube, a pump is required to infuse formula slowly as the small intestine does not hold formula like the stomach.

Please refer to your Enteral Nutrition Administration instruction sheet received for additional information.

Administering your tube feeding

ENFit® supplies/connections

ENFit® is a special connection device dedicated for enteral feeding. It is created to prevent inappropriate connections.

Currently, all supplies used for enteral feeding are available in ENFit® and non-ENFit® connections. Speak with your healthcare provider to understand if and when you should transition to a system with ENFit® connections.



Tips for keeping ENFit® feeding tube ports clean:

1. Inspect before you connect
2. Stop priming before fluid reaches end of tube
3. Wipe formula from tip/outer threads
4. Keep fluids out of dead space before connecting to the feeding tube
5. For best results, clean tubes at least once per day or whenever debris is visible (See page 19 for instructions on cleaning your ENFit® supplies)

Placing feeding pump in a shoulder bag



1. Place pump in the backpack with the screen side facing the small opening at the front (See Fig. 1)



2. Fill bag with formula, squeezing as much air out of the bag as possible, then close cap securely

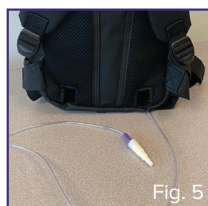


3. Place feeding bag in backpack by clipping top handle of bag and secure with velcro strap around the neck of the bag (See Fig. 2)

Note: Your backpack may have several different compartments where your feeding bag can be placed.



4. Load feeding bag tubing into pump (See Fig. 3)



5. Secure pump in place with velcro strap (See Fig. 4)

6. Thread exit tubing out of the back of the backpack on preferred side (either right or left) (See Fig. 5)



7. Zip bag to close

8. Front compartment can be unzipped to view or manipulate pump screen (See Fig. 6)

Section 4

Maintaining your enteral pump

Using an enteral pump

If you have a pump, you will receive specific instructions from your Option Care Health team. Here are some basic points about correct pump use:

- Use only tubing sets that are approved for your pump
- Arrange tubing, pump cords and cables to prevent kinks or tangles
- Secure excess tubing to prevent risk of accidental strangulation
- Familiarize yourself with the alarms on your pump and what to do if they go off
- Never ignore a pump alarm
- Teach others who are helping you how to operate your pump
- Never open the pump cover or outer casing
- Avoid dropping the pump or hitting it against a hard surface
- Keep the pump dry
- If your pump plugs in, keep it plugged into a three-pronged outlet to ensure the battery stays charged
- Never use an extension cord

Cleaning the enteral pump

The pump set loading area of your enteral pump should be cleaned weekly or when visibly dirty. Follow the instructions below before loading a set.

1. Unplug the charging cord from the enteral pump
2. Using a clean, damp (not wet) cloth, gently clean the pump set loading area; be sure to clean the slots for the pump tubing thoroughly
3. Using a clean, damp (not wet) cloth, gently clean the black rotor wheel
4. Wipe the sides and bottom of the pump with clean, damp (not wet) cloth

Maintaining your enteral pump

Equipment safety

When using an enteral pump or other medical equipment, make sure you're using it safely and effectively. It's also important to have a backup plan in case of an emergency.

Electrical safety

Most medical equipment requires the use of a grounded, three-pronged electrical outlet or a three-pronged surge protector. Here are some other tips that will help you safely use electrical medical equipment:

- Keep equipment away from water
- Avoid using equipment in the bathroom
- Never touch equipment or wires with wet hands
- Keep electrical cords clear of walkways
- Never plug medical equipment into extension cords
- Never use medical equipment with frayed or worn electrical cords
- If there is oxygen or other electrically powered medical equipment in the home, register with your local fire department and utility company

Power outages

In case of a power outage, there are some steps you need to take to ensure that your home therapy is not interrupted.

1. If you are receiving your feeding with an enteral pump, the following issues apply:
 - Be aware that these pumps have an internal backup battery that is constantly charged when the electricity is on. Once the electricity is off, the backup battery power typically lasts four to eight hours.
 - **An emergency gravity bag may be used if the pump is malfunctioning or out of power.** Refer to your Emergency Gravity Bag instruction sheet for details on how to use your emergency gravity bag.
2. Call Option Care Health if you require further assistance with your pump operation or supplies.

Section 5 Ongoing care and important considerations

Ordering, storing and handling formula and supplies

As part of our services, an Option Care Health nutrition coordinator will contact you each month to arrange delivery of your formula and supplies to your home. During this call, they will review your inventory of formula and supplies, ask about formula usage and tolerance, discuss your supply needs and arrange the best day for delivery.

Please make sure your voicemail is working and be sure to check your messages.

- It is also important to check your formula and supplies on your own every week. Make a note of any items that you will need to order soon.
- Please call us if you don't have enough formula or supplies to administer your tube feeding before your next delivery.



Delivery

We offer several options for home delivery of the formula and supplies you need. Depending on your location and the timing of your needs, delivery may be made by UPS®, FedEx®, a prescreened courier or our infusion services delivery personnel.

Ongoing care and important considerations

We can make it easy to get the things you need

1. Once your order is placed, you will receive a 30-day supply of formula and supplies. Expect one delivery per month.
2. **CALL US IMMEDIATELY** if you are admitted to the hospital, when there is a change in the amount of formula used or if you experience formula intolerance such as nausea, vomiting, diarrhea or constipation (unless these symptoms result from an illness unrelated to your need for tube feeding).
3. If you plan to travel, we are available to provide service and support for you 24/7/365 throughout the United States. (See page 25 for travel tips or call us for more information)
4. When there is a change in your tube feeding regimen, we will work with your healthcare provider to obtain a new order and request authorization from your insurance to provide the new product. This process may take one to seven days or more. **Early notification is important to ensure that you have an adequate supply of formula.**
5. If your insurance company authorizes a backup or replacement G-tube, call us when you use the backup tube so that we can arrange delivery of another backup tube.
6. If we have provided you with a pump, please call us once your therapy is complete so that we can make arrangements to pick it up. Failure to return the pump may result in a replacement charge.

Unpacking your order

- Use caution when opening boxes to avoid damaging formula or supplies.
- Unpack new shipments and inspect your formula or supplies as soon as they arrive.
- Please note that some items in your order may be shipped in separate packages.

We comply with the Board of Pharmacy of your state, as well as other applicable federal and state regulations that prohibit the resale or reuse of dispensed formula or supplies. To ensure the safety of all patients, we cannot use returned formula or supplies, therefore, **WE DO NOT ACCEPT RETURNS OF ANY KIND.** Please alert Option Care Health immediately if you receive defective formula or supplies so we can replace promptly.

Storing your formula and supplies

Keep all of your supplies well-organized in a clean, dry place. You should have used almost all of your formula by the time your next shipment arrives. Always keep at least a 2 - 3 day supply on hand.

To help ensure the quality and safety of your enteral products, follow these guidelines:

- Unopened enteral formula should be stored at a room temperature range of 66 - 77°F, or per manufacturer guidelines.
- **AVOID** storing your formula in places exposed to direct heat or sunlight or in places that are damp.
- **DO NOT** expose formula to excessive heat (over 104°F) or freezing temperatures for any significant length of time.
- **DO NOT STORE** enteral formula in a car or trunk of a car. When traveling in hot weather, keep the enteral formula in a cooler with ice packs.
- Rotate your stock of formula so that it does not expire. Always use older formula first and place your new supply of formula in the back of the refrigerator or storage area for later use. Always check the expiration date before use.
- If your enteral formula has been exposed to excessive heat or cold, bring the formula to room temperature. Take a sample carton from the case and check it for leakage. Shake the carton, pour it into a glass and visually inspect the formula. If the formula container is leaking or the formula itself has a clump or any abnormal appearance, color or odor, do not use the formula.
- **DO NOT** use formula, supplies or equipment that appears defective or contaminated. Call your Option Care Health nutrition coordinator as soon as possible if you need assistance.
- **REFRIGERATE FORMULA AFTER OPENING.** Most formulas can be refrigerated for one to two days but check the manufacturer label of the product for precise directions. Be sure to bring the formula back to room temperature before use. Once opened, formula can stay at room temperature and hang in an open system for no more than:
 - Twelve hours for commercially prepared liquid formulas
 - Four hours for powdered or liquid concentrated formulas that are reconstituted with water (including breast milk) or any time an additive is mixed into the formula
 - Four hours for any feeding for babies younger than four weeks

Ongoing care and important considerations

Cleaning your enteral supplies

Syringes are used to provide enteral formula, medication and water into feeding tubes. It is very important to follow a clean technique when using your syringe. This includes proper hand washing (see page 3) and proper cleaning of the syringes before and after each use.

Cleaning your syringes

- After use, pull the plunger out of the syringe
- Wash the plunger and syringe with warm, soapy water in a clean environment and rinse thoroughly
- Place the syringe and plunger on clean towels to air dry
- **DO NOT** use hot water as this may cause the rubber piece of the plunger to become sticky
- **DO NOT** put syringes in the dishwasher

Minimally, four syringes per month should be used. When **PROPERLY CLEANED**, one enteral syringe can be reused for up to seven days, at which point it should be discarded. It is not recommended to reuse a properly cleaned syringe for more than one week.

Cleaning your extension sets

- Soak extension set in warm, soapy water or rinse under faucet for at least one minute
- **DO NOT** use hot water and **DO NOT** put extension sets in the dishwasher
- Fill a syringe and flush or rinse tubing with warm water
- Rinse extension set and allow to air dry on a clean towel

Cleaning your ENFit® supplies

- Gather your cleaning supplies (water, gauze and brush)
- Soak ENFit® supplies in clean, warm water or rinse under faucet for at least one minute
- Wet brush with warm water and rotate inside ENFit® end (cleaning moat and grooves of ENFit® tip) for 15 seconds (If cleaning an extension set, fill a syringe and flush or rinse tubing with warm water)
- Wipe ENFit® port and cap dry with gauze; clean supplies and allow to air dry
- **DO NOT** put ENFit® supplies in the dishwasher

Important safety tips

- Keep your formula and supplies out of the reach of children and pets.
- Small parts can be dangerous and may result in choking.
- Tubing and power cords pose a risk of strangulation.
- Prepare and administer your formula in a low-traffic area, free from distractions.
- Discard used or soiled supplies in a plastic garbage bag, tied at the top.
- **DO NOT** keep any out-of-date formula or supplies. Ask your Option Care Health team how to dispose of any formula you haven't used. Be sure discarded product is out of the reach of children and pets.

Monitoring your progress

You can help your healthcare provider optimize your care and minimize side effects by taking careful notes about your therapy. It is important to record your feeding schedule and how much formula you are able to tolerate at each feeding. Note any problems or side effects you encounter.

You may need to track the following important factors to help ensure your therapy goals are being met. Your healthcare provider will tell you if you need to monitor all of these things or just a few of them. You can keep track of these items on your Enteral Log sheet or in the Notes section at the back of this guide.

Weight:

Weigh yourself at the same time each week or as directed by your healthcare provider. Wear the same amount of clothing each time you weigh yourself. Work with your healthcare provider to determine your goal weight and goals for weight gain, weight loss or weight maintenance. A sudden gain in weight may mean that you are retaining fluid.

Intake and output:

Your healthcare provider may want you to keep daily fluid records. "Intake" is any fluid you eat or drink

by mouth and/or infuse through your feeding tube. "Output" is any fluid that exits your body such as urine, liquid stool, tube drainage or drainage from an ostomy, fistula or surgical drain. The intake and output record should be kept as precisely as possible every day. Your healthcare provider will give you instructions on what type of information you should note.

Blood tests:

You may have blood drawn as ordered by your healthcare provider to monitor your status.

Ongoing care and important considerations

Managing complications

This section discusses some of the most common complications experienced with tube feeding and provides tips on how to handle them. Changes in regular bowel function can result from tube feeding, but should resolve in a few days as you become accustomed to the formula. Getting the right amount of fluid is important for adequate hydration and maintenance of regular bowel patterns.

Diarrhea

Diarrhea means having many loose, watery stools. This may be accompanied by stomach cramps or a feeling of fullness. You may also experience stomach growling or churning. If you have three or more loose stools in a 24-hour period, **call your healthcare provider**.

Constipation

Constipation means having fewer stools than normal or having difficulty passing stools. Some people who are tube feeding have fewer bowel movements than they did when eating regular food. You may notice a full and uncomfortable feeling. If you experience constipation for more than five days, **call your healthcare provider**.

Nausea

Nausea is a feeling of sickness in the stomach with an urge to vomit. You may experience nausea if your feeding is given too fast, too much formula is given at one time or the formula is too cold.

If you experience nausea **while feeding**, stop the feeding for 30 to 60 minutes. If this does not relieve the nausea within 24 hours, **call your healthcare provider**.



Dehydration

Dehydration can occur when the body loses more fluids than it takes in. It may happen as a result of fever, vomiting, diarrhea, medication or just not taking in enough fluids.

The main signs that you might be dehydrated include feeling thirsty and having a dry mouth and lips as well as decreased urine output or urine that is dark or strong smelling. This may be accompanied by weakness, dizziness or rapid weight loss. **Call your healthcare provider if you are experiencing any of these symptoms.**

Aspiration

It is possible for you to inhale formula into your lungs accidentally, which is called aspiration. Burping up small amounts of formula or vomiting may cause aspiration.

Aspiration is dangerous. **STOP THE FEEDING IMMEDIATELY IF YOU START CHOKING.** Sit up or lie on one side and call your healthcare provider **IMMEDIATELY** for instructions. **CALL 911 IF YOU ARE SHORT OF BREATH OR FIND IT DIFFICULT TO BREATHE.** To prevent aspiration:

1. Never lie flat while you are tube feeding
2. Check the feeding tube for placement before giving feeding
3. Never give the feeding if you have a feeling of fullness, an upset stomach or are vomiting
4. Do not give the feeding if you are coughing or hiccuping

Ongoing care and important considerations

Feeding tube is loose or has come out

If your feeding tube comes completely out, go to your hospital emergency department. It is very important to have your tube replaced within two to four hours or else your stoma could close. Do not replace your own tube unless your healthcare provider has trained you on how to do so. If your feeding tube is only partially out:

- Do not use the tube for flushing or feeding
- Measure how far the tube is out of place and record with your prior measurements in the Enteral Log sheet in the back of this guide
- Tape the feeding tube to your skin to reduce movement
- Call your healthcare provider right away

Call your healthcare provider, unless otherwise directed, if you experience the following:

- You have choking or shortness of breath
- Your feeding tube becomes blocked or breaks or is inadvertently removed
- You have nausea or an upset stomach for more than 24 hours
- You are vomiting or coughing a lot
- You have three or more loose stools in a 24-hour period
- You have constipation that lasts more than five days
- You have fever, chills, sweats or weakness
- You have signs of dehydration
- Your tube site is red, sore, swollen, draining or leaking (except what was described as normal when your tube was first placed) or if you notice:
 - Blood in or around the feeding tube
 - Unusual or foul-smelling drainage from the stoma
 - Formula or stomach contents leaking around the tube site
 - Tissue protrusion around the tube
- You have unintentional weight loss or gain of more than five pounds in a month
- Anything that causes you to stop giving feedings for more than 24 hours

Enjoying life

In the beginning, it may feel like your entire life revolves around your tube feedings. As you become more familiar with the process, it is possible to get to a point where tube feeding is a usual part of your day. Here are some tips on how to stay positive as you integrate tube feeding into your life. This section will help you identify ways to promote a healthier attitude and improve your ability to cope.

Take charge:

The more you take charge of the daily process, the more quickly you will be able to get back to enjoying the activities you did before tube feedings. Even if you need a caregiver to assist you, be sure to talk openly with him or her to figure out ways that you can take a more active role in your tube feedings.

Speak up:

You may be emotional when you start tube feedings. Anger, frustration, disappointment and anxiety are just a few of the things you may feel. Whether you choose to keep a journal and write down your feelings, seek spiritual help or speak with a licensed counselor, you need to express whatever you are feeling. Many people who tube feed experience depression. If you have any signs or symptoms of depression, seek help immediately from your healthcare provider.

Branch out:

Receiving support from others is very important. Joining support groups, reconnecting with friends and family and even volunteering can help lift your spirits. Discuss exercise options with your healthcare provider. If you are unable to perform previous hobbies or favorite pastimes, now is the perfect time to learn something new that will keep you active and involved.

Treat yourself:

While you're working hard to integrate tube feeding into your life, you may forget to focus on yourself. Resolve to do something nice for yourself each day. Take time to pamper yourself; get a manicure or a haircut.

Stay connected:

Even though you may be eating differently, that doesn't mean you can't enjoy social gatherings like you did before. Many tube feeding patients still enjoy preparing meals for their family and joining them for sit-down meals. Friends and family members may be hesitant to eat in front of you or ask you to dinner, so be open with them and let them know how you feel.

Turn to us:

Ask your Option Care Health dietitian if it's possible to simplify your feeding regimen to meet your changing needs and lifestyle; for example, working toward decreasing time on a feeding pump or limiting the number of feeds per day. We want to enhance your quality of life while meeting all your nutrition needs.

Ongoing care and important considerations

Traveling with tube feeding

Having a feeding tube can make traveling stressful. Learn to enjoy travel with a feeding tube by planning ahead and knowing what to expect.

1. Consult with your healthcare provider prior to arranging your travel to determine if it's appropriate and how to handle an emergency while away. You may find it helpful to have your healthcare provider write a letter to explain the need for the supplies and formula you will be traveling with. Pack a copy of the letter along with your supplies.
2. Prepare for a possible emergency by having a plan of action. Identify hospitals on your travel route and where you will be staying. Discuss with your healthcare provider appropriate steps to take if you become ill or are unable to give yourself tube feeding while away.
3. Prepare your list of supply needs ahead of time. Pack extra commonly used supplies in the event of loss or damage. If you use a pump for your feeding, call your Option Care Health nutrition coordinator to determine if having an emergency gravity bag is right for you. Determine if your travel location has refrigeration for your opened, unused formula, if required.
4. Many times, Option Care Health can deliver to you wherever you are. Call us in advance of your travel to notify us of where you are going. It is possible that we can get your delivery to you a little earlier or that we can ship to the location in which you are traveling to. **We cannot ship outside of the United States.**

Tips for air travel:

- Arrive early as it may take extra time to get through the screening process.
- Most feeding tube supplies are allowed through security checkpoints after they have been screened by x-ray or inspection.
- Carry tube feeding supplies and formula separately from other luggage to make screening easier.
- Declare your items to a security officer ahead of time as x-ray screening may make your feeding pump inoperable. Security checkpoint inspectors may choose to test your pump or inspect more closely for safety reasons.
- Consider obtaining a TSA "Disability Notification Card" to provide information on your medical condition, disability or medical device. Hand this card to a TSA agent upon arriving at the security checkpoint to make screeners aware that you will need some type of additional consideration during the screening process. This card does not exempt you from any part of the screening process, but it will discreetly alert them to your needs.

Visit [optioncarehealth.com](https://www.optioncarehealth.com) to access Tips for Traveling with Nutrition Support and Traveling with Tube Feeding: Checklist.

Section 6

Nutrition resources

Oley Foundation

www.oley.org
518.262.5079

The Oley Foundation provides its 24,000+ members with critical information on such topics as research, health insurance and medical advances. The foundation is also a source of support, helping people on tube and IV feeding overcome challenges such as their inability to eat and altered body image. All Oley programs are offered free of charge to patients and their families.

Crohn's and Colitis Foundation of America

www.ccfa.org
800.932.2423

American Stroke Association

www.stroke.org
800.787.6537

American Cancer Society

www.cancer.org
800.227.2345

Abbott Nutrition (enteral formulas)

www.abbottnutrition.com
800.227.5767

Nestle Nutrition (enteral formulas)

www.nestle-nutrition.com
800.422.2752

Cardinal Health (enteral pump and supply manufacturer)

www.cardinalhealth.com
www.kangaroopumptraining.com
800.964.5227

Moog (enteral pump and supply manufacturer)

www.moog.com
www.infinityfeedingpump.com
800.970.2337

Avanos (enteral supply manufacturer)

www.tubefed.com
844.4Avanos

ALS Association

www.alsa.org
800.782.4747

Muscular Dystrophy Association

www.mda.org
800.572.1717

Section 7

Other important considerations

Preventing falls in the home

Falls can happen to anyone at any time. Whatever your age or health, there are a number of ways you or your caregiver can reduce your risk of falling.

Falls can occur for a number of reasons:

- Poor vision or hearing
- Frailty because of age (65 or older)
- Illnesses or physical conditions that affect strength and balance
- A history of falls
- Use of walking aids, such as a cane or walker
- Side effects of certain medications
- Bladder problems (rushing to the bathroom)
- Poor nutrition
- Unsafe conditions in the home



Making your home safe

Many falls can be prevented, especially ones caused by objects in the home. Even minor changes — such as rearranging furniture to allow clear pathways and removing throw rugs — can greatly reduce your risk of falling.

Here are some steps you can take to lower your risk of falling in your home:

Lighting

- Make sure your home is well lit and replace dim or burned-out bulbs
- Keep a flashlight nearby in case of emergency
- Keep hallways, stairways and other high-traffic areas well lit
- Use nightlights in hallways and bathrooms

Floors

- Remove throw rugs
- Keep floors free of clutter
- Clean spills immediately
- Do not wax floors
- Tack down or remove any loose carpet or floor coverings
- Keep electrical cords and vacuum hoses away from pathways

Hallways and stairways

- Use handrails when walking up or down the stairs
- Fix any loose or wobbly stairs or banisters
- Mark the edges of stairs with nonskid treads or reflective tape
- Never carry anything up or down stairs that obstructs your vision

Bedroom

- Use bedding made of cotton instead of slippery materials such as silk

Bathroom

- Install grab bars in your bathtub, shower and toilet area
- Never grab or lean on a towel rack or soap tray for support
- Use a raised toilet seat with armrests to aid in getting up and down
- Use a shower chair with a handheld shower head
- Use nonslip mats in bathtubs and showers
- Use soap-on-a-rope or mounted body wash dispensers
- Do not lock the bathroom door in case someone needs to reach you

Other tips

- Wear shoes or slippers with nonskid soles
- Don't use stools or step ladders
- Repair cracked, broken or uneven sidewalks and walkways
- If using a cane or walker, make sure to replace worn rubber tips
- Make sure to wear your glasses or contacts if you need them, but remove reading glasses before walking
- Wear clothes that fit properly
- Do not stand up if you are dizzy
- Always stand up slowly

Other important considerations

Emergency preparedness

In the event of a major disaster, Option Care Health will make every attempt to ensure your safety and protection.

In such a situation we ask that you do the following:

Be prepared before disaster strikes

- Prepare a list of your emergency phone numbers (healthcare providers, pharmacies, police, fire, ambulance and utility companies)
- Have an out-of-state phone contact on record
- Have a prearranged meeting spot for family members to gather
- Store at least seven days' worth of your personal medications, including insulin, pain medication and oxygen (if ordered by your healthcare provider)
- Store at least three days' worth of food and water
- Store a flashlight, battery operated radio and extra batteries in case of a power loss
- Assemble a first aid kit for your home
- Have at least one complete change of clothing and footwear per person
- Have blankets and bedding available
- Have emergency sanitation supplies and tools available

What to do when disaster strikes

- Evacuate immediately if told to do so
- Listen to your radio and follow emergency instructions
- Call 911 if you need emergency medical care
- Go to the nearest shelter or hospital
- Take all medications, infusion supplies and equipment with you
- Notify Option Care Health of your location as soon as possible (if able, Option Care Health will provide services as ordered)

What to do after the disaster strikes

1. Check for injuries, give first aid and get help for seriously injured people
2. Check your home for damage such as gas leaks, spills, fire hazards, electrical problems and household hazards
3. Notify Option Care Health of your location

Section 8 Being involved in your medical treatment decisions

You have the right to say “yes” or “no” to any treatment option

Healthcare professionals provide you information that helps you make decisions about your treatment. They may also provide you advice about treatment options. Your healthcare provider will talk with you about the risks and benefits of treatment and any available alternatives. You have the right to say “yes” or “no” to any treatment option.

Legal considerations of advanced care directives

Sometimes a medical condition can worsen to the point where people can no longer communicate or make decisions about their care. You may want to complete advance directives ahead of time, to be prepared in the event your condition deteriorates. Advance directives are legal documents that communicate your desires if you are ever unable to do so yourself.

Advance directives include the following:

- Durable healthcare power of attorney, which states whom you have chosen to make healthcare decisions for you when you are unable to do so yourself
- A living will, which outlines the kinds of medical treatments or procedures you would want if you became seriously or terminally ill
- A do not resuscitate order or DNR, which is a request not to be revived if your heart stops or if you stop breathing

These documents become part of your medical record and take effect if the need arises. You can get these documents from your attorney, healthcare provider’s office or local hospital.

Section 9

Know your rights and responsibilities

In addition to the right to make decisions about your own care, you have a number of rights and responsibilities as a patient

Patient rights

- Right to exercise your rights (family/guardian may exercise rights of patients who have been deemed incompetent)
- Right to be fully informed in advance about service/care to be provided, including disciplines that furnish care and the frequency of visits as well as any modifications to the service/care plan
- Right to know about the philosophy and characteristics of the patient management program
- Right to receive information about the services covered under Medicare home health or hospice benefit, as applicable
- Right to be informed and participate in the development and periodic revision of the plan of care/service
- Right to refuse care or treatment after the consequences of refusing care or treatment are fully presented, as applicable
- Right to revoke consent or disenroll from the patient management program at any point in time
- Right to be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which you will be responsible
- Right to have your property and person treated with respect, consideration and recognition of dignity and individuality
- Right to be able to identify visiting staff members through proper identification and be able to speak with their supervisor upon request
- Right to be free from mistreatment; neglect; or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of your property
- Right to voice grievances or complaints regarding treatment or care, lack of respect of property or recommended changes in policy, staff or service/care without restraint, interference, coercion, discrimination or reprisal
- Right to have grievances or complaints regarding treatment or care that is (or fails to be) furnished or lack of respect of property investigated
- Right to choose a healthcare provider, including choosing an attending physician

Patient rights, continued

- Right to confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI) and be shared only in accordance with state and federal law
- Right to be advised on Option Care Health's policies and procedures regarding the disclosure of clinical records
- Right to receive appropriate care without discrimination in accordance with physician orders
- Right to be informed of any financial benefits when referred to an organization
- Right to be fully informed of your responsibilities and those of your caregiver and/or legal representative
- Right to receive information about the scope of services that Option Care Health will provide and specific limitations on those services
- Right to receive administrative information regarding changes in or termination of the patient management program
- Right to be informed of your rights under state law to formulate advance directives, as applicable. This also includes living wills, power of attorney for healthcare and foregoing of life-sustaining procedures (DNR). Care/service is not prohibited based on whether you have an advance directive
- Right to be informed of anticipated outcomes of care and of any barriers in outcome achievement, as applicable to the service provided
- Right to receive effective pain management and symptom control for conditions related to terminal illness, as applicable
- Right to be informed of your rights regarding the collection and reporting of OASIS (Outcome and Assessment Information Set) (Medicare certified home health only)
 1. The right to be informed that OASIS information will be collected and for what purpose
 2. The right to have the information kept confidential and secure
 - The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act
 - The right to refuse to answer a specific question
 - The right to see, review and request changes on their assessment
- Right to be fully informed of your rights

Know your rights and responsibilities

Patient responsibilities

To ensure you receive quality care and services, we must work together as a team. Your responsibilities as a patient include the following:

Provision of information:

You and your responsible parties (i.e. parent, legal guardian, person appointed to act on the patient's behalf or legal representative designated by the patient in accordance with state law) are responsible for providing Option Care Health with accurate and complete information regarding the following:

1. Matters related to the patient's health
2. Changes to your phone number or responsible parties' phone number or address, including a move to a nursing facility or admission to a hospital
3. Any changes in your medications, prescribed, over-the-counter or home or herbal remedies
4. Updates to information about your prescriber or insurance coverage
5. The types of services required
6. Your understanding of the course of treatment identified in your care plan
7. Physical arrangements in your home that may help staff provide care or services
8. Submission of any forms that are necessary to participate in the patient management program, to the extent required by law
9. Notification of the treating provider of participation in a patient management program, if applicable

Compliance with instructions:

You and your responsible parties are responsible for following the recommended care plan, clinical instructions and manufacturer equipment instructions.

Refusal or noncompliance:

You and your responsible parties are responsible for your actions if you refuse care or services or do not comply with the prescribed treatment.

Financial matters:

You and your responsible parties are responsible for ensuring that the financial obligations for Option Care Health healthcare bills are fulfilled as promptly as possible. You are responsible for informing Option Care Health of any changes in your insurance carrier or benefit coverage during the course of care or services.

Care of Option Care Health equipment:

Not all equipment used in your care is purchased by your insurance company. In some cases it is rented. You and your responsible parties are responsible for the care of rental equipment in your home as described during the initial setup of that equipment. At the end of your therapy, Option Care Health staff will arrange for the equipment to be picked up. You and your responsible parties' responsibilities also include the following:

1. Never attempt to repair, adjust or modify any piece of equipment. Doing so will void all warranties, real or implied
2. Follow manufacturer's instructions/manual
3. Notify Option Care Health when equipment is no longer needed
4. Return equipment in good condition
5. If equipment is lost, stolen or damaged due to neglect, you or your responsible parties will be billed accordingly

Respect and consideration:

You, your caregivers and your responsible parties are responsible for respecting the rights and professional integrity of Option Care Health staff regardless of race, gender, sexual orientation, creed, age, physical disability or national origin.

Section 10

Accreditation and quality of care

The provision of quality care and services to all of our patients is the primary goal of Option Care Health.

You have been given the telephone numbers and addresses of both the local office serving you and the Option Care Health corporate office (below) to file a formal complaint. We will respond in a timely manner to complaints and will provide a written final resolution of the investigation.

Option Care Health Corporate
3000 Lakeside Drive
Suite 300N
Bannockburn, IL 60015
800.879.6137

To ensure this goal is met, Option Care Health performs an accreditation of our infusion pharmacy and nursing services, home medical equipment and infusion suites with the Accreditation Commission for Healthcare, Inc. (ACHC).

What this means to you as a patient of Option Care Health is that a high standard of quality service is surveyed and monitored on a continuing basis by personnel of ACHC.

ACHC has a right to receive and review your concerns, complaints and compliments. The contact number and address for the ACHC is listed below if you feel you need to contact them.

Accreditation Commission for Healthcare, Inc.
139 Weston Oaks Court
Cary, NC 27513
customerservice@achc.org
855.937.2242

Notice of nondiscrimination

Option Care Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Option Care Health provides the following services at no cost to assist patients in communicating effectively with us:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Qualified interpreters
- Information written in other languages to people whose primary language is not English

If you need these services, contact us at 866.827.8203 during business hours Monday - Friday (8 am - 5 pm CT).

You can file a grievance in person or by mail, fax or email.

If you believe that Option Care Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by contacting Option Care Health's Chief Compliance Officer at 3000 Lakeside Drive, Suite 300N, Bannockburn, IL 60015, 312.940.2526, OC-Compliance@optioncare.com. If you need help filing a grievance, Option Care Health's Chief Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services,

Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

1.800.368.1019 (TTY: 1.800.537.7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of nondiscrimination

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.690.3471 (TTY: 1.800.654.5988).	Dutch	AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-866-827.8203 (TTY: 1.800.654.5988).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.844.690.3467 (TTY: 1.800.654.5988)。	Karen	တည်ငြိမ်သော- မျက်မှောက် ကျင့် ဂျီဇာသိ၊ မူရင် ဂျီဇာတတ်ပေးလေ ထောင်တွင်လက်စု၊ နိဝါဒတည်ငြိမ်သိ၊ ဝါး၊ 1.866.827.8203 (TTY: 1.800.654.5988).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.844.690.3472 (TTY: 1.800.654.5988).	Samoan	MO LOU SILAIFAI: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se tofo, mo oe, Telefoni mai: 1.866.827.8203 (TTY: 1.800.654.5988).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.844.690.3466 (TTY: 1.800.654.5988). 번으로 전화해 주십시오.	Marshallese	LALE: Ñe kwōj kōnōn Kajin Majōl, kwomorō bōk jerbāl in jipah ilo kajin ne am ejelōk wōñāñ. Kaalok 1.866.827.8203 (TTY: 1.800.654.5988).
Filipino	PAUNAWA: Kung nagasaaliha ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.844.690.3473 (TTY: 1.800.654.5988).	Romanian	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1.866.827.8203 (TTY: 1.800.654.5988).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.844.690.3470 (telephone): 1.800.654.5988).	Trukese	MEI AUCHEA: Ika ike fooson fonuomun: Fooson Chuuk, iwe en mei tongemi omw kowpe angel aninisin chiakka, ese kamo. Kori 1.866.827.8203 (TTY: 1.800.654.5988).
Arabic	ملاحظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة العربية متوفرة لك بالمجان. اتصل برقم (1.800.654.5988 :رقم هاتف المواليك) 1.844.698.3776	Bisayan	ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwage, nang walay bayad. Tawag sa 1.866.827.8203 (TTY: 1.800.654.5988).
French Creole	ATANSYON: Si wè pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.844.663.6199 (TTY: 1.800.654.5988).	Bantu – Kirundi	ICITTONDERWA: Nimba uvaya Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1.866.827.8203 (TTY: 1.800.654.5988).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.844.663.6197 (ATS: 1.800.654.5988).	Swahili	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1.866.827.8203 (TTY: 1.800.654.5988).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.844.690.3468 (TTY: 1.800.654.5988).	Indonesian	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1.866.827.8203 (TTY: 1.800.654.5988).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.844.690.3469 (TTY: 1.800.654.5988).	Turkish	DIKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerimiz ücretsiz olarak yararlanabilirsiniz. 1.866.827.8203 (TTY: 1.800.654.5988) ıritab numaraları arayın.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero-1.844.690.3464 (TTY: 1.800.654.5988).	Kurdish	تەگدار: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگەری بەکەتێ بە زمانی زانمان بەخەری بێ، بە تۆ دەرسەت بەخەری بە 1.800.654.5988) بە
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.844.663.6198 (TTY: 1.800.654.5988).	Teluga	శ్రద్ధ వహించండి: ఒకటే భాష తెలుగు మాత్రం మాత్రమే ఉన్నందున, భాషా సహాయం కోసం సేవలు ఉచితంగా ఉంటాయి. 1.866.827.8203 (TTY: 1.800.654.5988). ఈ సేవ ఉచితంగా ఉంటుంది.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.844.690.3465 (TTY: 1.800.654.5988)。 まで、お電話にてご連絡ください。	Nilotic – Dinka	PID KENE: Na ya jam ne Thuonjig, ke kusny yené kec waar thook ats kuka leu yok abac ke cin wenh cuate piny. Yuope 1.866.827.8203 (TTY: 1.800.654.5988)
Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تمهيلات زباني بصورت رایگان برای شما فراهم می باشد. با 1.866.827.8203 (TTY: 1.800.654.5988) تماس بگیرید.	Norwegian	MERK: Hvis du snakker norsk, er gratis språkassistansejenester tilgjengelige for deg. Ring 1.866.827.8203 (TTY: 1.800.654.5988).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.866.827.8203 (TTY: 1.800.654.5988). पर कॉल करें।	Catalan	ATENCIÓ: Si parles Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1.866.827.8203 (TTY o teleip: 1.800.654.5988).
Armenian	ԾԱՌԱՅՈՒԹՅՈՒՆՆԵՐՈՒՄ: Եթե խոսում եք հայերեն, սպասվում էինք անվճար լեզվային աջակցություն: Զանգահարե՛ք 1.844.663.6196 (TTY: 1.800.654.5988)	Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε: 1.866.827.8203 (TTY: 1.800.654.5988).
Gujarati	સુધ્ધા: જો તમે ગુજરાતી બોલતા હો, તો અહીં મુક્ત સહાયતા સેવાઓ મુક્ત રીતે ઉપલબ્ધ છે. ફોન કરો 1.866.827.8203 (TTY: 1.800.654.5988).	Ibo	Nji: O bany na asu Ibo, asusu aka oasu n'efu, defu, aka. Call 1.866.827.8203 (TTY: 1.800.654.5988).
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, kov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.827.8203 (TTY: 1.800.654.5988).	Yoruba	AKIYESI: Bi o ba nso èdè Yorùbá o ní iránlọwọ lori èdè wa fun yin o. E pe ero-ibanisori yi 1.866.827.8203 (TTY: 1.800.654.5988).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1.866.827.8203 (TTY: 1.800.654.5988)۔	Albanian	KUJDESE: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefoniuni në 1.866.827.8203 (TTY: 1.800.654.5988).
Cambodian	ជំនួយ: បើអ្នកនិយាយភាសាកម្ពុជា, យើងផ្តល់នូវសេវាអនាម័យភាសាឥតគិតថ្លៃជូនអ្នក។ ទូរស័ព្ទទៅ 1.866.827.8203 (TTY: 1.800.654.5988)។	Hawaiian	E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻōlelo [hoʻokomo ʻōlelo], loaʻa ke kōkua maunahi iā ʻoe. E telefona iā 1.866.827.8203 (TTY: 1.800.654.5988).
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਅਸਾ ਲਿੰਗ ਸਹਾਇਤਾ ਸੇਵਾ ਚੁਣੌਤੀ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1.866.827.8203 (TTY: 1.800.654.5988)। ਤੇ ਕਾਲ ਕਰੋ।	Fulfulde	MAANDU: To a waawi [Adamawa], e woodi balloojo-ma to ekkitakai wolde chaak. Noddu 1.866.827.8203 (TTY: 1.800.654.5988).
Bengali	সম্ভা করুন: যদি আপনি বাংলা, কথা বলতে পারেন, ভাষা নিষ্পন্নতা ভাষা সহায়তা পরিষেবা উপলব্ধ। চলে করুন 1.866.827.8203 (TTY: 1.800.654.5988).	Cherokee	Hagsesda: iyuhno hiyiwoniha [tsalagi gawonihisid]. Call 1.866.827.8203 (TTY: 1.800.654.5988).
Yiddish	אָפּמערקונג: ווייל איר שפּראַך פאַר איר, זענען די שפּראַך אַרבעטן פֿון אַרבעטן פֿאַר איר (1.800.654.5988) פֿאַר איר.	Chamorro	ATENSIÓN: Yanggen un tungo [li llinguáhen Chamorul], i seshision llinguáhe gaige para hagu dibatade ha . Agang I 1.866.827.8203 (TTY: 1.800.654.5988).
Amharic	ማሳሰቢያ: የጥንቁቅ ቋንቋ ለማንኛውም ሰው የትርጉም አገልግሎት ይሰጣል። በዚህ ለማዘጋጀት ተዘጋጅተዋል። ወደ ማህተም- አገልግሎት ይደውሉ 1.866.827.8203 (ማሳሰቢያ ለተገናኙ)። 1.800.654.5988)	Assyrian	ܠܗܝܬܝܢ ܕܥܡܡܝܬܐ ܕܥܠܡܝܬܐ ܕܥ

Patient Privacy Notice

Privacy official contact information:

Email: OC-Privacy@optioncare.com
Privacy official phone: 888.252.6748
 Option Care Health, Inc.
Effective date: August 12, 2019

Your Information. Your Rights. Our Responsibilities.

Patient Privacy Notice:

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

Your rights: This notice applies to Option Care Health, Inc. and its related companies under its common ownership or control that provide health-related services. These companies are operating as a single “affiliated covered entity” for purposes of HIPAA. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.		
Get an electronic or paper copy of your medical record	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. In some limited circumstances, we may say “no” to your request and you can ask the denial to be reviewed.	
Ask us to correct your medical record	<ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, but we'll tell you why in writing within 60 days.	
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will say “yes” to all reasonable requests.	
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment or our operations.• We are not required to agree to your request and we may say “no” if it would affect your care.• If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.	
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.• Except as otherwise required by applicable rules, we will include all the disclosures except for those about treatment, payment, healthcare operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.	
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.	
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will take reasonable measures if needed to confirm that the person has this authority and can act for you before we take any action.	
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your privacy rights by contacting our privacy office via a letter sent to 3000 Lakeside Dr., Suite 300 N, Bannockburn, IL, 60015, calling 1.888.252.6748 or emailing OC-Privacy@optioncare.com.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F, HHH Bldg., Washington, D.C. 20201, calling 1.800.368.1019 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.• We will not retaliate against you for filing a complaint.	
Your choices: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions if feasible or required by law.		
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• Share information with your family, friends or other people that you indicate are involved in your healthcare• Share information in a disaster relief situation• Include your information in a hospital directory• If you are not able to tell us your preference, for example if you are unconscious or unavailable, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.	
In these cases, unless allowed by applicable law, we never share your information unless you give us written permission:	<ul style="list-style-type: none">• Marketing purposes (except face-to-face communication or other permissible activities)• Sale of your information• Most sharing of psychotherapy notes	
In the case of fundraising:	<ul style="list-style-type: none">• We may contact you for fundraising efforts, but you can tell us not to contact you again.	
Our uses and disclosures: How do we typically use or share your health information? We typically use or share your health information to treat you, for our operations and payment purposes. We have provided you with some specific examples, but not every way we use or share your information is listed below.		
Treat you	<ul style="list-style-type: none">• We can use your health information and share it, electronically or otherwise, with other professionals who are treating you. If you are younger than 18, we may release your health information to your parents or legal guardians.	Example: Our pharmacists or nurses may discuss your care or overall health condition with your physician or other healthcare professionals. These communications may occur verbally, in writing or electronically by email.

Run our organization	<ul style="list-style-type: none"> We can use and share your health information to run our business, improve your care and contact you when necessary. We can also share for other healthcare operations purposes permitted by law or regulations. 	Example: We use health information to manage your treatment and services.
Bill for your services	<ul style="list-style-type: none"> We can use and share your health information to bill and get payment from health plans or other entities. 	Example: We give information about you to your health insurance plan so it will pay for your services. <i>We may give information to entities that help us collect payments.</i>
How else can we use or share your health information? We are allowed or required to share your information in other ways that typically contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html .		
Help with public health and safety issues	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect or domestic violence Preventing or reducing a serious threat to anyone's health or safety 	
Do research	<ul style="list-style-type: none"> We can use or share your information for health research as permitted by law. 	
Comply with the law	<ul style="list-style-type: none"> We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. 	
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> We can share health information about you with organ procurement organizations and tissue banks. 	
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> We can share health information with a coroner, medical examiner or funeral director when an individual dies. 	
Address workers' compensation, law enforcement and other government requests	We can use or share health information about you: <ul style="list-style-type: none"> For workers' compensation claims For law enforcement purposes, with a law enforcement official or to a correctional institution With health oversight agencies for activities authorized by law For special government functions such as military, national security and presidential protective services 	
Respond and participate in lawsuits and legal actions	<ul style="list-style-type: none"> We can share health information about you in response to a court or administrative order or in response to a subpoena. 	

Other uses and disclosures

- **Business associates** - There are some health-related services provided through contracts with third parties, called "business associates," that may need the information to perform certain services on our behalf. Examples include software or technology vendors we may utilize to provide technical support, attorneys providing legal services to us, accountants, consultants, billing and collection companies and others. When such a service is contracted, we may share your protected health information with such business associates and may allow our business associates to create, receive, maintain or transmit your information on our behalf in order for the business associate to provide services to us or for the proper management and administration of the business associate. Business associates must protect any health information they receive from or create and maintain on our behalf. In addition, business associates may re-disclose your health information for their own proper management and administration, to fulfill their legal responsibilities and to business associates that are subcontractors in order for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information to our business associate, we will have a written contract with our business associate that contains terms designed to protect the privacy of your information.
- **De-identified information** - We may use or disclose your health information to create de-identified information or limited data sets and may use and disclose such information as permitted by law.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official as permitted by applicable laws and rules.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- While we take privacy and security very seriously, sometimes things go wrong. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Other state and federal laws

We provide healthcare services in various states. Your state may have privacy laws that provide greater limits on how we share your information. For example, your state may require that we obtain your consent or authorization before sharing certain medical information. For more information on the privacy laws of your particular state, please visit our website or contact our privacy official as indicated above.

Exhibit A

Alabama

1. Disclosure. Option Care Health will not disclose your professional records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure.
2. Medicaid. For Medicaid recipients, we will disclose information pertaining to your treatment (including billing statements and itemized bills) only to:
 - a. the Medicaid Fiscal Agent;
 - b. the Social Security Administration;
 - c. the Alabama Vocational Rehabilitation Agency;
 - d. the Alabama Medicaid Agency;
 - e. insurance companies requesting information about a Medicaid claim filed by the provider, an insurance application, payment of life insurance benefits, or payment of a loan; or
 - f. other providers who need the information for treatment of a patient.

Alaska

1. Disclosure. Option Care Health may disclose your records to:
 - a. You or as you direct;
 - b. a practitioner or pharmacist when, in the pharmacist's professional judgment, release is necessary to protect the patient's health and well-being; and
 - c. other persons or governmental agencies authorized by law to receive confidential information.
2. Genetic information. We will not disclose genetic information without your informed and written consent.

Arizona

1. Communicable diseases and HIV-related information. Option Care Health will not disclose confidential communicable disease and HIV-related information without your written authorization or where Option Care Health is authorized or required by state or federal law to make the disclosure.

Arkansas

1. HIV/AIDS. Option Care Health will not disclose HIV/AIDS confidential information without your written authorization or where Option Care Health is authorized or required by state or federal law to make the disclosure.
2. Genetic information. Research records of individuals in genetic research studies will not be disclosed to an employer or health plan without your informed, written consent.

California

1. Disclosure. Unless authorized by you, Option Care Health will not disclose your confidential information to anyone other than you or your authorized representative, except your information may be disclosed as follows:
 - a. the information may be disclosed to providers of healthcare, healthcare service plans, contractors, or other healthcare professionals or facilities for purposes of diagnosis or treatment. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a licensed health facility;
 - b. the information may be disclosed to an insurer, employer, healthcare service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or any other person or entity responsible for paying for healthcare services rendered to you, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If you are, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and no other arrangements have been made to pay for the healthcare services being rendered to you, the information may be disclosed to a governmental authority to the extent necessary to determine your eligibility for, and to obtain, payment under a governmental program for healthcare services provided to you. The information may also be disclosed to another provider of healthcare or healthcare service plan as necessary to assist the other provider or healthcare service plan in obtaining payment for healthcare services rendered by that provider of healthcare or healthcare service plan to you;
 - c. the information may be disclosed to a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of healthcare or healthcare service plans or for any of the persons or entities specified in paragraph (b). However, information so disclosed shall not be further disclosed by the recipient in a way that would violate California law;
 - d. the information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed healthcare service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, healthcare service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of healthcare professionals or in reviewing healthcare services with respect to medical necessity, level of care, quality of care, or justification of charges;
 - e. a provider of healthcare or healthcare service plan that has created medical information as a result of employment-related healthcare services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:
 - i. is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.
 - ii. describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed.
 - f. unless the provider of healthcare or healthcare service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of healthcare or healthcare service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

- g. the information may be disclosed to a healthcare service plan by providers of healthcare that contract with the healthcare service plan and may be transferred among providers of healthcare that contract with the healthcare service plan, for the purpose of administering the healthcare service plan. Medical information shall not otherwise be disclosed by a healthcare service plan except in accordance with California law;
 - h. the information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant;
 - i. the information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in a way that would violate California law, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information;
 - j. for purposes of disease management programs and services, information may be disclosed as follows:
 - i. to an entity contracting with a healthcare service plan or the healthcare service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or
 - ii. to a disease management organization that complies fully with the physician authorization requirements, if the healthcare service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the healthcare service plan's or contractor's network of physicians.
2. HIV. Option Care Health will not disclose or use HIV information without your prior authorization unless you are an injured worker claiming to be infected with or exposed to HIV through an exposure incident arising out of and in the course of employment.
 3. Genetic information. We will not disclose your genetic information without your informed, written consent.

Colorado

1. Disclosure. Option Care Health will not disclose your records without your written authorization, except to:
 - a. you or your agent;
 - b. a practitioner or pharmacist if the disclosure is necessary to protect your health and well being;
 - c. the Board of Pharmacy or to another state or federal agency authorized to receive the confidential record;
 - d. an insurance carrier or other third party payer authorized by you to receive the information.
2. HIV/AIDS. Reports and records concerning individuals diagnosed with AIDS and HIV-related illnesses are strictly confidential and Option Care Health will not disclose such confidential information without your written authorization or where Option Care Health is authorized or required by state or federal law to make the disclosure.
3. Genetic information. Any release, for purposes other than diagnosis, treatment, or therapy, of genetic information that identifies the person tested with the test results released will require your specific written consent.

Connecticut

1. Disclosure. Option Care Health will not disclose your information without your consent, except to:
 - a. you;
 - b. a practitioner presently treating you when deemed medically appropriate;
 - c. a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital;
 - d. third party payers who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims; and
 - e. any governmental agency with statutory authority to review and obtain the information.
2. Confidential HIV-related information. Option Care Health will not disclose confidential HIV-related information without your authorization, except to:
 - a. you, your legal guardian or a person authorized to consent to healthcare for you;
 - b. any person who secures a release of confidential HIV-related information;
 - c. a federal, state or local health officer when such disclosure is mandated or authorized by federal or state law;
 - d. a healthcare provider or health facility when knowledge of the HIV-related information is necessary to provide appropriate care or treatment to the protected individual or a child of the individual or when confidential HIV-related information is already recorded in a medical chart or record and a healthcare provider has access to such record for the purpose of providing medical care to the protected individual;
 - e. a medical examiner to assist in determining the cause or circumstances of death;
 - f. health facility staff committees or accreditation or oversight review organizations which are conducting program monitoring, program evaluation or service reviews;
 - g. a healthcare provider or other person in cases where such provider or person in the course of his occupational duties has had a significant exposure to HIV infection, provided certain criteria are met;
 - h. employees of hospitals for mental illness operated by the Department of Mental Health and Addiction Services if the infection control committee of the hospital determines that the behavior of the patient poses a significant risk of transmission to another patient of the hospital;
 - i. employees of facilities operated by the Department of Correction to provide services related to HIV infection or if the medical director and chief administrator of the facility determine that the behavior of an inmate poses significant risk of transmission to another inmate or has resulted in a significant exposure of another inmate of the facility;
 - j. any person allowed access to such information by a court order which is issued in compliance with Connecticut law;
 - k. life and health insurers, government payers and healthcare centers and their affiliates, reinsurers, and contractors, except agents and brokers, in connection with underwriting and claim activity for life, health, and disability benefits;
 - l. any healthcare provider specifically designated by you to receive such information received by a life or health insurer or healthcare center pursuant to an application for life, health or disability insurance; and
 - m. a procurement organization for the purposes of assessing donor suitability.
3. Sale of individually identifiable medical record information. Option Care Health will not sell or offer for sale individually identifiable medical record information.
4. Marketing. Option Care Health will not use or disclose individually identifiable medical record information for marketing purposes without your prior written consent.

Delaware

1. HIV/AIDS. Option Care Health will not disclose HIV/AIDS information without your written authorization or where Option Care Health is authorized or required by state or federal law to make the disclosure.
2. Genetic information. Option Care Health will not disclose your genetic information in a manner that permits your identification without first obtaining your written informed consent, unless such disclosure is permitted by law.

District of Columbia

No additional information. Refer to Notice of Privacy Practices.

Florida

1. Disclosure. Option Care Health will not disclose your records without your written authorization, except to:
 - a. you;
 - b. your legal representative;
 - c. the Department of Health pursuant to existing law;
 - d. in the event that you are incapacitated or unable to request your records, your spouse; and
 - e. in any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records.
2. HIV/AIDS. Option Care Health will not disclose HIV/AIDS confidential information without your written authorization allowing the release or where Option Care Health is authorized or required by state or federal law to make the disclosure.
3. Controlled substances. Option Care Health is required by law to disclose inventory and prescription records for controlled substances to law enforcement officers whose duty it is to enforce Florida laws relating to controlled substances. Law enforcement officers are not required to obtain a subpoena, court order, or search warrant in order to obtain access to or copies of such records.
4. Genetic information. Option Care Health will not disclose your genetic information without your consent, unless such disclosure is authorized by law.

Georgia

1. Disclosure. Unless authorized by you, Option Care Health will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities:
 - a. the prescriber, or other licensed healthcare practitioners caring for you;
 - b. another licensed pharmacist for purposes of transferring a prescription or as part of a patient's drug utilization review, or other patient counseling requirements;
 - c. the Board of Pharmacy, or its representative; or
 - d. any law enforcement personnel duly authorized to receive such information.Option Care Health may also disclose your confidential information without your consent pursuant to a subpoena issued and signed by an authorized government official or a court order issued and signed by a judge of an appropriate court.
2. HIV/AIDS. Option Care Health will not disclose AIDS confidential information, except in situations where the subject of the information has provided Option Care Health with a written authorization allowing the release or where Option Care Health is authorized or required by state or federal law to make the disclosure.
3. Controlled substances. Option Care Health is required by law to disclose prescription records for controlled substances to the Georgia Drugs and Narcotics Agency in accordance with the Prescription Drug Monitoring Program.

Hawaii

1. HIV/AIDS/ARC. Option Care Health will not disclose HIV/AIDS/ARC related information, unless you or your representative have provided Option Care Health with written authorization allowing the release or where Option Care Health is authorized or required by state or federal law to make the disclosure.

Idaho

1. Disclosure. Option Care Health will not disclose your identifiable prescription information without your consent, unless to:
 - a. you or your designee;
 - b. the Board of Pharmacy, or its representatives, acting in their official capacity;
 - c. the practitioner, or the practitioner's designee, who issued the prescription;
 - d. other licensed healthcare professionals who are responsible for your direct and acute care;
 - e. agents of the Department of Health and Welfare when acting in their official capacity with reference to issues related to the practice of pharmacy;
 - f. agents of any board whose practitioners have prescriptive authority, when the board is enforcing laws governing that practitioner;
 - g. an agency of government charged with the responsibility for providing medical care for you (written requests by authorized agents of the agency requesting such information are required);
 - h. the federal Food and Drug Administration (FDA), for purposes relating to monitoring of adverse drug events in compliance with the requirements of federal law, rules or regulations adopted by the federal Food and Drug Administration;
 - i. your authorized insurance benefit provider or health plan providing healthcare coverage or pharmacy benefits to you.
 - j. a court of competent jurisdiction pursuant to an order.

Illinois

1. Mental health and disability. Option Care Health will not disclose your records and communications without your written authorization, unless such disclosure is authorized or required by law.
2. Medicaid. Option Care Health will not disclose your personal information without your written consent.
3. HIV/AIDS. Option Care Health will not disclose HIV/AIDS information without your consent, except to the certain persons as designated by law that include but are not limited to:
 - a. you or your legally authorized representative;
 - b. any person that you or your representative designate in a legally effective release of the test results;
 - c. an authorized agent or employee of a healthcare facility or healthcare professional or referring, treating or consulting healthcare professional of the test (with certain requirements specified by law);
 - d. the Department of Public Health or the local health authority, in accordance with rules for reporting and controlling the spread of disease, or as otherwise provided by state law; or

- e. A healthcare facility or healthcare professional which procures, processes, distributes or uses a human body part from a deceased person with respect to medical information regarding the person; or semen prior to September 21, 1987, for the purpose of artificial insemination.

Indiana

1. Disclosure. Option Care Health will only disclose confidential information when it is in your patient's best interests, when the information is requested by the Board of Pharmacy or its representatives or by a law enforcement officer charged with the enforcement of laws pertaining to drugs or devices or the practice of pharmacy, or when disclosure is essential to the pharmacy's business operations.
2. Mental health. Option Care Health will not disclose your mental health record without your consent, unless the disclosure is authorized by law.
3. Medicaid. Option Care Health will not disclose your personal information without your written consent.

Iowa

1. HIV/AIDS. Option Care Health will not disclose any HIV/AIDS-related information without your written authorization or where we are authorized or required by state or federal law to make the disclosure.
2. Mental health. Option Care Health will not disclose your mental health or psychological information unless you consent to or authorize the disclosure.

Kansas

1. HIV/AIDS. Option Care Health will not disclose HIV/AIDS confidential information without your written authorization allowing the release or where Option Care Health is authorized or required by state or federal law to make the disclosure.
2. Medicaid. Where applicable, Option Care Health will not disclose your Medicaid-related information without your written authorization, except where such disclosure is authorized or required by law.

Kentucky

1. Disclosure. Option Care Health will not disclose your patient information or the nature of professional services rendered to you without your express consent or without a court order, except to the following authorized persons:
 - a. Members, inspectors, or agents of the Board of Pharmacy;
 - b. You, your agent, or another pharmacist acting on your behalf;
 - c. Another person, upon your request;
 - d. Licensed healthcare personnel who are responsible for your care;
 - e. Certain state government agents charged with enforcing the controlled substance laws;
 - f. Federal, state, or municipal government officers who are investigating a specific person regarding drug charges; and
 - g. A government agency that may be providing medical care to you, upon that agency's written request for information.

Minimum necessary. Option Care Health will only use your information to provide pharmacy care.

2. Mental health and disability. Option Care Health will not disclose your records and communications without your written authorization, unless such disclosure is authorized or required by law.
3. Substance abuse. Option Care Health will not disclose your substance abuse records without your written authorization, unless such disclosure is authorized or required by law.

Louisiana

1. Mental health and disability. Option Care Health will not disclose your records and communications without your written authorization, unless such disclosure is authorized or required by law.
2. HIV/AIDS. Option Care Health will not disclose HIV/AIDS confidential information without your written authorization allowing the release or where Option Care Health is authorized or required by state or federal law to make the disclosure.

Maine

1. Disclosure. Option Care Health will not disclose healthcare information for fundraising purposes or to coroners or funeral directors, without patient authorization.
2. Communicable diseases. We will only disclose patient identifiable communicable disease information to the state for adult or child protection purposes or to other public health officials, agents or agencies or to officials of a school where a child is enrolled, for public health purposes. In a public health emergency, as declared by the state health officer, we may also release patient information to private healthcare providers and agencies for the purpose of preventing further disease transmission.
3. Marketing/sale of information. Option Care Health will not license, use, sell, transfer or exchange for value, for any marketing purpose, prescription drug information that identifies you directly or indirectly.
4. Medicaid. Option Care Health will not release your MaineCare (Medicaid) information without your authorization, except where medically necessary such information must be shared between providers for your well being or for those involved with the administration of the MaineCare program.
5. Mental health. Option Care Health will not disclose information regarding your mental healthcare and treatment except with proper informed consent and other disclosures to family and clinical providers as provided by law.

Maryland

1. Mental health. When a medical record developed in connection with the provision of mental health services is disclosed without the authorization of a person in interest, only the information in the record relevant to the purpose for which disclosure is sought may be released.
2. HIV. Option Care Health will not disclose HIV-related information without your written authorization allowing the release or where Option Care Health is authorized or required by state or federal law to make the disclosure.

Massachusetts

1. Medicaid. For Medicaid recipients, disclosure of patient information is restricted to purposes directly connected with the administration of the Medicaid program.
2. HIV/AIDS. Option Care Health will not disclose HIV/AIDS information without your authorization unless such disclosure is authorized or required by law.

Michigan

1. Disclosure. Unless authorized by the patient, we will not disclose prescription or equivalent records, except to the following persons:
 - a. patient, or another pharmacist acting on patient's behalf;
 - b. the authorized prescriber who issued the prescription, or a licensed health professional who is currently treating the patient;
 - c. an agency or agent of government responsible for the enforcement of laws relating to drugs and devices;

- d. a person authorized by a court order; or
 - e. a person engaged in research projects or studies with protocols approved by the Board of Pharmacy.
2. HIV/AIDS. Option Care Health will not disclose HIV/AIDS-related information except in situations where you have provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

Minnesota

1. Disclosure. Option Care Health will not disclose your pharmacy records without prior consent, except:
- a. for a medical emergency when the provider is unable to obtain patient consent due to your condition or the nature of the medical emergency; or
 - b. to other providers within related healthcare entities when necessary for your current treatment.
- Option Care Health will not disclose prescription orders or the contents thereof, except to:
- a. you, your agent, or another pharmacist acting on your behalf or agent's behalf;
 - b. the licensed practitioner who issued the prescription;
 - c. the licensed practitioner who is currently treating you;
 - d. a member, inspector, or investigator of the board or any federal, state, county, or municipal officer whose duty it is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug;
 - e. an agency of government charged with the responsibility of providing medical care for you;
 - f. an insurance carrier or attorney on receipt of written authorization signed by you or your legal representative, authorizing the release of such information; and
 - g. any person duly authorized by a court order.
- Unless we have obtained patient's oral or written consent, we will not disclose the nature of pharmaceutical services rendered to you, except as follows:
- a. pursuant to an order or direction of a court;
 - b. to other pharmacies;
 - c. to you; or
 - d. drug therapy information to your physician.

Mississippi

1. Medicaid and public assistance. Where applicable, Option Care Health will not disclose your confidential information without your written authorization.

Missouri

1. Disclosure. Option Care Health will not release your records to anyone without your authorization, except to:
- a. you or another person authorized by you to receive such information;
 - b. a healthcare provider involved in your treatment activities;
 - c. a court or grand jury pursuant to a lawful request;
 - d. a person authorized by a court order;
 - e. to assist in the transfer of information between licensed pharmacists as provided by law; and
 - f. government agencies acting within the scope of their statutory authority.
2. Medicaid. If applicable, Option Care Health will restrict disclosure of your information to purposes directly related to your treatment, for promotion of improved quality of care, and to assist with an investigation, prosecution, or civil or criminal proceeding related to the administration of the Medicaid program.
3. Genetic information. Option Care Health will not disclose your genetic information without your written authorization, except where the release is authorized by law.
4. HIV/AIDS. Option Care Health will not disclose confidential HIV/AIDS information without your written authorization, except where Option Care Health is authorized or required to release the information pursuant to state or federal law.

Montana

1. Children's Health Insurance Program. Option Care Health will restrict disclosures of your information to purposes related to the administration of the CHIP program.
2. Medicaid. Option Care Health will only use your information for purposes related to administration of the Montana Medicaid program. We will not disclose your information without your written consent, except to state authorities.
3. Sexually transmitted diseases. We will not disclose information concerning persons infected, or reasonably suspected to be infected with a sexually transmitted disease, except to:
- a. personnel of the Department of Public Health and Human Services;
 - b. a physician who has obtained the written consent of the person whose record is requested; or
 - c. a local health officer.

Nebraska

1. Substance abuse. Option Care Health will not disclose your substance abuse records without your written authorization, unless such disclosure is authorized or required by law.
2. Genetic information. Option Care Health will not disclose your genetic information without your written authorization, unless such disclosure is authorized by law.

Nevada

1. Disclosure. Option Care Health will not disclose the contents of your prescriptions or disclose any copies of your prescriptions, other than to you, except to:
- a. the practitioner who issued the prescription;
 - b. the practitioner who is currently treating you;
 - c. a member, inspector or investigator of the Board of Pharmacy, an inspector of the FDA, or an agent of the investigation division of the Department of Public Safety;
 - d. an agency of state government charged with the responsibility of providing medical care for you;
 - e. an insurance carrier, on receipt of your written authorization or your legal guardian authorizing the release of information;
 - f. any person authorized by an order of a district court;
 - g. a member, inspector, or investigator of a professional licensing board that licenses the practitioner who orders the prescriptions filled at the pharmacy; and
 - h. other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information regarding persons suspected of misusing prescriptions to obtain excessive amounts of drugs or failing to use a drug in conformity with the directions for its use, or taking a drug in combination with other drugs in a manner that could result in injury to that person.
- i. a peace officer employed by a local government for the limited purpose of and to the extent necessary to investigate an alleged crime committed at the pharmacy and reported by an employee or to carry out a search warrant or subpoena issued pursuant to a court order.

2. Communicable diseases. Option Care Health will not disclose any personal information about an individual who has, or is suspected of having, a communicable disease, without the individual's written consent, except as follows:
- a. for statistical purposes, as long as the identity of the person is not discernible from the information disclosed;
 - b. in a prosecution for a violation or a proceeding for an injunction brought pursuant to the communicable disease laws;
 - c. in reporting the actual or suspected abuse or neglect of a child or elderly person;
 - d. for any person who has a medical need to know the information for his own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the state Board of Health;
 - e. pursuant to specified statutes that require the reporting of certain test results;
 - f. if the disclosure is made to the Department of Human Resources and the person about whom the disclosure is made has been diagnosed as having AIDS or an illness related to HIV and is a recipient of or an applicant for Medicaid;
 - g. to a fireman, police officer or person providing emergency medical services if the board has determined that the information relates to a communicable disease significantly related to that occupation and the information is disclosed in the manner prescribed by the state Board of Health; and
 - h. if the disclosure is authorized or required by specific statute.
3. Genetic information. Option Care Health will not disclose your genetic information without your written authorization, unless such disclosure is authorized by law.
4. Substance abuse. Option Care Health will not disclose your substance abuse records without your written authorization, unless such disclosure is authorized or required by law.

New Hampshire

1. Disclosure. Option Care Health will only disclose professional records if:
- a. have obtained your permission to do so;
 - b. it is an emergency situation and it is in your best interest to disclose the information; or
 - c. the law requires Option Care Health to disclose the information.
2. Sales or marketing. Outside of purposes of pharmacy reimbursement, formulary compliance, care management, utilization review by healthcare provider, patient insurance company review and healthcare research, Option Care Health will not use, release, sell, license or transfer patient identifiable medical information for the purposes of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity. Such mandate applies to records involving controlled substances.
3. HIV. Option Care Health will not disclose HIV-related information without your written consent unless the disclosure is authorized or required by law.
4. Medicaid. Where applicable, Option Care Health will not disclose your confidential information without your written authorization, unless the disclosure is permitted or required by law.

New Jersey

1. Medicaid. For PAAD (Pharmaceutical Assistance to the Aged and Disabled Program) and Medicaid recipients, Option Care Health will not disclose personally identifiable information without your or your agent's consent, except for purposes directly connected to the administration of these programs (as applicable) or as otherwise permitted by state or federal law.
2. HIV. Option Care Health will not disclose HIV-related information without your prior written consent, or as otherwise permitted or required by law.

New Mexico

1. Disclosure. Unless Option Care Health receives a written consent from you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities:
- a. pursuant to the order or direction of a court;
 - b. to the prescriber or other licensed practitioner caring for you;
 - c. to another licensed pharmacist where it is in your best interest;
 - d. to the Board of Pharmacy or its representative or to such other persons or governmental agencies duly authorized by law to receive such information;
 - e. to transfer a prescription to another pharmacy as required by the provisions of patient counseling;
 - f. to provide a copy of a non-refillable prescription to you;
 - g. to provide drug therapy information to physicians or other authorized prescribers for their patients; or
 - h. as required by the provisions of the patient counseling regulations.

New York

1. Controlled substances. Option Care Health may not disclose your confidential information without your authorization unless such disclosure is authorized or required by applicable state or federal law.
2. HIV/AIDS. To the extent applicable, Option Care Health will not disclose confidential HIV-related information without your authorization or where the disclosure is authorized or required by law.
3. Common electronic file/database. Option Care Health will not access a common electronic file or database used to maintain required personally identifiable dispensing information except upon patient, or patient's agent's, express request.

North Carolina

1. Disclosure. Option Care Health will not disclose or provide a copy of your prescription orders on file, except to:
- a. you;
 - b. your parent or guardian or other person acting in loco parentis if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued;
 - c. the licensed practitioner who issued the prescription or who is treating you;
 - d. a pharmacist who is providing pharmacy services to you;
 - e. anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative;
 - f. any person authorized by subpoena, court order or statute;
 - g. any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you;
 - h. any member or designated employee of the Board of Pharmacy;
 - i. the executor, administrator or spouse of a deceased patient;
 - j. Board-approved researchers, if there are adequate safeguards to protect the confidential information; and
 - k. the person who owns Option Care Health or his licensed agent.

North Dakota

1. Disclosure. Option Care Health will not disclose the nature of the services we provide to you to anyone other than you, without first obtaining your oral or written consent, except that we may disclose such information:
 - a. to other pharmacies;
 - b. to your physician; or
 - c. as ordered or directed by a court.
2. HIV/AIDS. Option Care Health will not disclose HIV/AIDS confidential information without your written authorization, except as required or permitted by federal or state law, including any rule considered necessary for public health or healthcare purposes.
3. Mental health and substance abuse. Option Care Health will not disclose your records and communications without your written authorization, unless such disclosure is authorized or required by law.

Ohio

1. Disclosure. Unless we have obtained patient written consent, Option Care Health will only disclose your pharmacy records to:
 - a. you;
 - b. the prescriber who issued the prescription or medication order;
 - c. certified/licensed healthcare personnel who are responsible for your care;
 - d. a member, inspector, agent, or investigator of the state Board of Pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug;
 - e. an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners;
 - f. an agency of government charged with the responsibility of providing medical care for patient, upon a written request by an authorized representative of the agency requesting such information;
 - g. an agent of a medical insurance company who provides prescription insurance coverage to patient, upon authorization and proof of insurance by patient or proof of payment by the insurance company for those medications whose information is requested;
 - h. an agent who contracts with Option Care Health as a "business associate" in accordance with the regulations promulgated by the secretary of the United States Department of Health and Human Services pursuant to the federal standards for privacy of individually identifiable health information; or
 - i. in emergency situations, when it is in your best interest.

Oklahoma

1. Disclosure. Patient confidences: Option Care Health will not divulge the nature of your problems or ailments or any confidence you have entrusted to the pharmacist in his professional capacity, except in response to legal requirements or where it is in your best interest.
2. Communicable and venereal diseases. Option Care Health will not disclose information which identifies any person who has or may have a communicable or venereal disease, without your written authorization or authorized by law. Unless otherwise provided by law, Option Care Health will remove all identifiable information from such records prior to releasing such information.
3. Mental health and substance abuse. Unless otherwise authorized by law, Option Care Health will not disclose mental health and substance abuse records without your written authorization or a valid court order issued by a court of competent jurisdiction.

Oregon

1. HIV/AIDS. Option Care Health will not disclose HIV/AIDS confidential information without your written authorization, except as required or permitted by federal or state law, including any rule considered necessary for public health or healthcare purposes.
2. Genetic information. Option Care Health will not disclose your genetic information without your written authorization, unless such disclosure is authorized by law.

Pennsylvania

1. HIV/AIDS. Option Care Health will not disclose any HIV-related information, except in situations where you have provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.
2. Mental health. Records concerning your receipt of mental health treatment shall be kept confidential and shall not be released nor their content disclosed without your proper consent, except that relevant portions or summaries may be released or copied as specifically permitted by law.

Puerto Rico

1. Disclosure. Option Care Health will not disclose your information without your written consent, and in all cases, will only disclose such information for medical or treatment purposes, including:
 - a. the continuation of medication or medical care or treatment;
 - b. prevention or quality control purposes; or
 - c. regarding payment for medical healthcare services.

Rhode Island

1. Disclosure. Option Care Health will only disclose your prescription information to our agents and persons directly involved in your care. Additionally, we will not disclose confidential healthcare information without obtaining your consent, except in the following situations:
 - a. to a physician, dentist, or other medical personnel who believe in good faith that the information is necessary to diagnose or treat you in a medical or dental emergency;
 - b. to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that personnel does not identify, directly or indirectly, patient in any report of that research, audit, or evaluation, or otherwise disclose patient identity in any manner;
 - c. to appropriate law enforcement personnel, or to a person if the pharmacist believes that patient may pose a danger to that person or his or her family; or to appropriate law enforcement personnel if patient has attempted or is attempting to obtain narcotic drugs from the pharmacy illegally; or to appropriate law enforcement personnel or appropriate child protective agencies if patient is a minor child who the pharmacist believes, after providing services to patient, to have been physically or psychologically abused;
 - d. between or among qualified personnel and healthcare providers within the healthcare system for purposes of coordination of healthcare services given to patient and for purposes of education and training within the same healthcare facility;
 - e. to third party health insurers for the purpose of adjudicating health insurance claims or administering benefits, including to utilization review agents, third party administrators, and other entities that provide operational support;

- f. to a malpractice insurance carrier or lawyer if we have reason to anticipate a medical liability action;
 - g. to pharmacy's own lawyer or medical liability insurance carrier if patient initiates a medical liability action against our pharmacy;
 - h. to public health authorities in order to carry out their designated functions. These functions include, but are not restricted to, investigations into the causes of disease, the control of public health hazards, enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of health professionals and facilities, and review of healthcare such as that required by the federal government and other governmental agencies;
 - i. to the state medical examiner in the event of a fatality that comes under his or her jurisdiction;
 - j. in relation to information that is directly related to a current claim for workers' compensation benefits or to any proceeding before the workers' compensation commission or before any court proceeding relating to workers' compensation;
 - k. to pharmacy's attorneys whenever it considers the release of information to be necessary in order to receive adequate legal representation;
 - l. to a law enforcement authority to protect the legal interest of an insurance institution, agent, or insurance-support organization in preventing and prosecuting the perpetration of fraud upon them;
 - m. to a grand jury or to a court of competent jurisdiction pursuant to a subpoena or subpoena duces tecum when that information is required for the investigation or prosecution of criminal wrongdoing by a healthcare provider relating to his or her or its provisions of healthcare services and that information is unavailable from any other source; provided, that any information so obtained is not admissible in any criminal proceeding against patient;
 - n. to the state Board of Elections pursuant to a subpoena or subpoena duces tecum when the information is required to determine patient eligibility to vote by mail ballot and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability;
 - o. to certify the nature and permanency of patient illness or disability, the date when patient was last examined and that it would be an undue hardship for patient to vote at the polls so that patient may obtain a mail ballot;
 - p. to the Medicaid fraud control unit of the attorney general's office for the investigation or prosecution of criminal or civil wrongdoing by a healthcare provider relating to his or her or its provision of healthcare services to then Medicaid eligible recipients or patients, residents, or former patients or residents of long term residential care facilities; provided, that any information obtained is not admissible in any criminal proceeding against patient;
 - q. to the state Department of Children, Youth, and Families pertaining to the disclosure of healthcare records of children in the custody of the department;
 - r. to the foster parent or parents pertaining to the disclosure of healthcare records of children in the custody of the foster parent or parents; provided, that the foster parent or parents receive appropriate training and have ongoing availability of supervisory assistance in the use of sensitive information that may be the source of distress to these children; or
 - s. to the workers' compensation fraud prevention unit for purposes of investigation.
2. Mental health. Option Care Health will not disclose your information or records without your written consent or unless otherwise authorized or required by law.

South Carolina

1. Disclosure. Option Care Health will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances:
 - a. the lawful transmission of a prescription drug order in accordance with all state and federal laws pertaining to the practice of pharmacy.
 - b. communications among licensed practitioners, pharmacists, and other healthcare professionals who are providing or have provided services to you;
 - c. information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor;
 - d. information necessary to effect the recall of a defective drug or device or other information necessary to protect the health and welfare of an individual or the public generally;
 - e. information whereby the release is mandated by other state or federal laws, court order, or subpoena, or regulations (e.g., accreditation or licensure requirements);
 - f. information necessary to adjudicate or process payment claims for healthcare, if the recipient makes no other use or further disclosure of the information;
 - g. information voluntarily disclosed by a patient to entities outside of the provider-patient relationship;
 - h. information used in clinical research monitored by an institutional review board, with your written authorization;
 - i. information which does not identify you by name, or that is encoded so that identifying you by name or address is not generally possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmacoeconomic research;
 - j. information transferred in connection with the sale of a business;
 - k. information necessary to disclose to third parties in order to perform quality assurance programs, medical records review, internal audits, medical records maintenance, or similar programs, if the third party makes no other use or further disclosure of the information;
 - l. information that may be revealed to a party who obtains a dispensed prescription on your behalf; or
 - m. information necessary in order for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in that health plan, if the third party makes no other use or further disclosure of the information.
2. Disclosure. Option Care Health will not disclose your information or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to:
 - a. you, or your agent, or another pharmacist acting on your behalf;
 - b. the practitioner who issued the prescription drug order;
 - c. certified/licensed healthcare personnel who are responsible for your care;
 - d. an inspector, agent or investigator from the Board of Pharmacy or a federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and

- e. a government agency charged with the responsibility of providing medical care for you upon written request by an authorized representative of the agency requesting the information.
- 3. Genetic information. Option Care Health will not disclose your genetic information in a manner that permits your identification without first obtaining your written informed consent, unless such disclosure is permitted by law.

South Dakota

- 1. Social services. Option Care Health will only use your information for purposes directly connected to the administration of the medical assistance program. We will not disclose your information without obtaining your approval.
- 2. Mental health. Option Care Health will not disclose your information or records without your written consent or unless otherwise authorized or required by law.

Tennessee

- 1. Disclosure. Option Care Health will not disclose your name and address or other identifying information without your consent, except to:
 - a. a health or government authority pursuant to any reporting required by law;
 - b. an interested third-party payer for the purpose of utilization review, case management, peer reviews, or other administrative functions; or
 - c. in response to a subpoena issued by a court of competent jurisdiction.
- 2. Disclosure. Option Care Health will obtain your authorization before it discloses your patient records for any reason, except where:
 - a. the disclosure is in your best interest;
 - b. the law requires the disclosure; or
 - c. the disclosure is to an authorized prescriber or to communicate a prescription order where necessary to:
 - i. carry out prospective drug use review as required by law;
 - ii. assist prescribers in obtaining a comprehensive drug history on you;
 - iii. prevent abuse or misuse of a drug or device and the diversion of controlled substances.
- 3. Sale of information. Option Care Health will not sell your name and address or other identifying information for any purposes.

Texas

- 1. Disclosure. Option Care Health will only release your confidential record to you, your agent, or to:
 - a. a practitioner or another pharmacist if, in the pharmacist's professional judgment, the release is necessary to protect your health and well-being;
 - b. the Pharmacy Board or another state or federal agency authorized by law to receive the record;
 - c. a law enforcement agency engaged in investigation of a suspected violation of the controlled substances laws, or the Comprehensive Drug Abuse Prevention and Control Act of 1970;
 - d. a person employed by a state agency that licenses a practitioner, if the person is performing the person's official duties; or
 - e. an insurance carrier or other third party payer authorized by the patient to receive the information.
- 2. Genetic information. Option Care Health will not disclose your genetic information without your written authorization, unless such disclosure is authorized by law.
- 3. HIV/AIDS. Option Care Health will not disclose HIV/AIDS confidential information without your written authorization, except as required or permitted by federal or state law, including any rule considered necessary for public health or healthcare purposes.
- 4. Medicaid and public assistance. Option Care Health will not disclose your confidential information without written authorization, or unless authorized or required by law.
- 5. Mental health. Option Care Health will not disclose your information or records without your written consent or unless otherwise authorized or required by law.

Utah

- 1. Disclosure. Option Care Health will not release or discuss information in your prescription or medication profile to anyone except:
 - a. you or your legal guardian or designee;
 - b. a lawfully authorized federal, state, or local drug enforcement officer;
 - c. a third party payment program authorized by you;
 - d. another pharmacist, pharmacy intern, pharmacy technician, or prescribing practitioner providing services to you or to whom you have requested us to transfer a prescription;
 - e. your attorney, with a written authorization signed by:
 - you before a notary public;
 - your parent or lawful guardian, if you are a minor;
 - your lawful guardian, if you are incompetent; or
 - our personal representative, in the case of deceased patients.

Vermont

- 1. Disclosure. Unless we have patient consent or a court order, Option Care Health will not disclose patient information or the nature of services rendered to patient, except to the following persons:
 - a. patient, his or her agent, or another pharmacist acting on patient's behalf;
 - b. the practitioner who issued the prescription drug order;
 - c. certified or licensed healthcare personnel who are responsible for patient care;
 - d. a Board of Pharmacy or federal, state, county, or municipal officer that enforces state or federal law relating to drugs or devices, pursuant to an investigation of a designated drug or person; or
 - e. a government agency responsible for providing medical care for patient, upon a written request by an authorized agency representative.
- 2. Sale of information. Option Care Health will not sell, license, or exchange for value regulated records containing prescriber-identifiable information, nor permit the use of regulated records containing prescriber-identifiable information for marketing or promoting a prescription drug, unless the prescriber consents as provided by law; provided, however, that the foregoing prohibitions do not apply to the following:
 - a. the sale, license, exchange for value, or use, of regulated records for the limited purposes of pharmacy reimbursement; prescription drug formulary compliance; patient care management; utilization review by a healthcare professional, the patient's health insurer, or the agent of either; or healthcare research;
 - b. the dispensing of prescription medications to a patient or to the patient's authorized representative;
 - c. the transmission of prescription information between an authorized prescriber and a licensed pharmacy, between licensed pharmacies, or that may occur in the event a pharmacy's ownership is changed or transferred;

- d. care management educational communications provided to a patient about the patient's health condition, adherence to a prescribed course of therapy and other information relating to the drug being dispensed, treatment options, recall or patient safety notices, or clinical trials;
- e. the collection, use, or disclosure of prescription information or other regulatory activity as authorized by law;
- f. the collection and transmission of prescription information to a Vermont or federal law enforcement officer engaged in his or her official duties as otherwise provided by law; and
- g. the sale, license, exchange for value, or use of patient and prescriber data for marketing or promoting if the data does not identify a prescriber, and there is no reasonable basis to believe that the data provided could be used to identify a prescriber.

Virginia

No supplemental material. Refer to Notice of Privacy Practices.

Washington

- 1. Sexually transmitted diseases. Option Care Health will not disclose HIV-related information or information identifying your treatment for a sexually transmitted disease without your specific written authorization, unless such disclosure is authorized or required by state or federal law.

West Virginia

- 1. Mental health. Option Care Health will not disclose confidential information relating to an individual who is obtaining or has obtained treatment for a mental illness, without the individual's written consent, except in the following circumstances:
 - a. with the signed, written consent of the individual or his legal guardian;
 - b. in certain proceedings involving involuntary examinations;
 - c. pursuant to a court order in which the court found the relevance of the information to outweigh the importance of maintaining the confidentiality of the information;
 - d. to protect against clear and substantial danger of imminent injury by the individual to himself or another; or to staff of the mental health facility where the individual is being cared for or to other health professionals involved in treatment of the individual, for treatment or internal review purposes.
- 2. HIV/AIDS. Option Care Health will not disclose HIV/AIDS confidential information without your written authorization, except as required or permitted by federal or state law, including any rule considered necessary for public health or healthcare purposes.
- 3. Medicaid and public assistance. Option Care Health will not disclose your confidential information without written authorization, or unless authorized or required by law.

Wisconsin

- 1. Disclosure. Option Care Health may release a portion, but not a copy, of your health record, to the following individuals, under the following circumstances:
 - a. if you or your authorized representative are not incapacitated, physically available, and agree to the release, we may release a portion of your health record to any person;
 - b. if you or your authorized representative are incapacitated or are not physically available, or if an emergency makes it impracticable to obtain your or your authorized representative's consent, and it is determined, in the exercise of a healthcare provider's professional judgment, that the release of a portion of your health record is in your best interest, we may release to:
 - i. A member of your immediate family or another of your relatives, a close personal friend, or an individual you have identified, that portion of your record that is directly relevant to the member, relative, friend, or individual's involvement in your healthcare; and
 - ii. Any person, that portion that is necessary to identify, locate, or notify a member of the patient's immediate family or another person that is responsible for your care concerning your location, general condition, or death.

For recipients of home health services, we will not release your medical records without your authorization, except in the case of your transfer to a healthcare facility.
- 2. HIV/AIDS information. We will not release your HIV/AIDS information without your specific written authorization, except where the release is authorized by law. A private pay patient may prohibit the disclosure of his or her HIV/AIDS information to a researcher if the private pay patient annually submits to us a signed, written request that the disclosure be prohibited.
- 3. Mental health & substance abuse information. We will get your written consent to release your mental health and substance abuse information, except where the release without your consent is authorized by law.
- 4. Genetic testing. We will not release your genetic information without your prior written and informed consent.
- 5. Venereal/communicable diseases. We are required by law to report these diseases to a local health officer or the state epidemiologist and they are required to keep the information confidential.

Wyoming

- 1. Disclosure. Unless Option Care Health has received your authorization, we will only disclose your information to:
 - a. you, or as you direct, to those practitioners and other pharmacists where, in the pharmacist's professional judgment such release is necessary for treatment or to protect your health and well being;
 - b. to other licensed professionals treating you; and
 - c. to such other persons or governmental agencies authorized by law to investigate controlled substance law violations.
- 2. Mental health and substance abuse. Option Care Health will not disclose your mental health and substance abuse information, except where the release without your consent is authorized by law.
- 3. Sexually transmitted diseases/HIV/AIDS. We will not release information regarding sexually transmitted diseases, including HIV and AIDS information, without your specific written authorization, except where the release is authorized by law.
- 4. Genetic information. We will not release your genetic information without your prior written and informed consent.
- 5. Medicaid and public assistance. Option Care Health will not disclose your confidential information without written authorization, or unless authorized or required by law.

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 healthcare 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 provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in supplier standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by Option Care Health and its subsidiaries 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>.

Important contacts

Following provider
name:

Following provider
phone number:

Emergency contact
name:

Emergency contact
phone number:

Option Care Health
Center of Excellence:

Option Care Health
Center of Excellence
phone number:

Option Care Health
nutrition coordinator
phone extension:

Section 11

Worksheets

Enteral log sheet

	January	February	March	April	May	June
Weight						
Formula name						
Formula amount						
Tolerance/ comments/ tube length						

	July	August	September	October	November	December
Weight						
Formula name						
Formula amount						
Tolerance/ comments/ tube length						

Enteral supply tracking

	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____
Formula name						
Formula amount						
Syringes						
Tape						
Extension sets (if using low profile G-tube)						
Bags (if using pump or gravity)						
Emergency gravity bag (if using pump)						
Other supplies						

Visit optioncarehealth.com to download additional copies of these enteral worksheets.

Notes

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option care health®

Option Care Health locations are ACHC accredited. HHA numbers are available to view at optioncarehealth.com.
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