



## Apria Sleep Therapy User Guide

# ResMed AirSense™ 10 and Bilevel AirCurve™ 10 VAuto



## Apria Sleep Therapy Checklist



### Set-up Kit Delivered

Contains: ResMed CPAP AirSense 10 or Bilevel AirCurve 10 VAuto device, mask, kit including educational materials, cords, tubing and filters.



### Schedule Set-up Call

A text will be sent to your phone to schedule your call. If you don't have a set-up call scheduled, please contact us at **877-265-2426, option 4** for assistance.



### Download Your Device App

Information on how to download the app is on page 15.



### Obtain Distilled Water

This is for your humidifier chamber tub, instructions on page 4.



### Your First Night of PAP Therapy

Compliant use is often defined as usage that averages at least 4 hours per night within a 30-day period of time. If you have any discomfort or questions, contact our Sleep Coaches at **877-265-2426, option 4**.



### Apria Ensures You Have the Supplies You Need

Ensure you are replacing your supplies every three months\*. Learn more about our Supplies on Schedule program at **Apria.com/OnSchedule**.

\*Schedule of supplies may vary, depending on your physician's orders, your medical condition, and the discretion of your insurance company.



Go to **Apria.com/Sleep/GettingStarted**  
for more information on your sleep journey.  
**Apria is here to help you achieve your  
best night's sleep every night.**



# Overview

Your doctor has prescribed PAP therapy because you have been diagnosed with sleep apnea. Sleep apnea occurs when a person repeatedly stops breathing for 10 or more seconds at a time while sleeping. These events may occur hundreds of times throughout the night, causing oxygen levels in the blood to drop, putting stress on the heart. If left untreated, sleep apnea is linked to many other serious conditions like high blood pressure, diabetes, heart disease, and stroke.

This guide contains easy step-by-step instructions for using your PAP equipment and is designed to help you benefit from therapy as soon as your equipment arrives. Please visit **[Apria.com/Sleep-Products](https://www.apria.com/Sleep-Products)** for all of this information and more. You can also scan this code with your smartphone:



## Your Device Settings and Duration of Use



**Four Hours  
Per Night**



**70% of  
the Time**



**For First  
90 Days**

Your PAP machine has already been programmed with the settings your physician prescribed.

Remember to use your PAP therapy anytime you sleep, including during naps. Compliant use is often defined as usage that averages at least 4 hours per night — at least 70% of a 30-day time period — for the first 90 days to achieve the best clinical outcome and to ensure continued coverage beyond the first three months by most insurance companies. Contact an Apria Sleep Coach with any questions about your PAP device, mask, or therapy at **877.265.2426, option 4**.



# Your Sleep Journey

## Our Sleep Coaches are here for you!

As part of the Apria Sleep Care™ program, you have access to our Sleep Coaches. They'll work to motivate and coach you by providing personalized care as you acclimate to PAP therapy.

It's not uncommon to experience discomfort for the first several days, but you can rest assured you will receive the support you need to achieve a better night's sleep and minimize the impact of your sleep apnea. Our Sleep Coaches can motivate you to continue your PAP usage, coach you on obstructive sleep apnea, provide education on your device and mask and additional support when needed.

### Patient 90-Day Sleep Journey



#### The Journey Begins

#### You will be sent a text to schedule your set-up call.

If you need to schedule a set-up call or would like to have one-on-one support with a Sleep Coach for your device set-up, or arrange a Telehealth appointment, call **877-265-2426, option 4**. Operating Hours for Sleep Coaches: (Central Time) Monday–Friday: 7am–8pm, Saturday: 9am–6pm  
Visit [Apria.com/Sleep-Products](https://Apria.com/Sleep-Products) for set-up videos and resources.



#### Month One

#### It's important to wear your PAP therapy at least 4 hours per night.

Apria Sleep Coaches are here to support and provide education. Helpful automated reminders through email, text or a phone call to help keep track of your therapy needs.  
Download the manufacturer's app to track your adherence.



#### Month Two

#### Schedule an appointment with your physician to review your progress.

Technology for monitoring allows Apria to monitor your PAP unit remotely and provides adherence data to your physician.  
Apria support is always available at **877.265.2426, option 4**.



#### Month Three

#### Prepare for ongoing therapy success by refreshing your sleep supplies regularly.

Refer to the chart on following page.  
You may have been enrolled in our **Supplies on Schedule** program to keep your sleep supplies updated.  
Once confirmed, your supplies will be shipped directly to your doorstep for uninterrupted therapy.



#### Month Four and Beyond

#### Ensure annual follow-up appointments with your physician to discuss your PAP therapy.

Watch for your resupply text every few months.  
Need a travel PAP unit? Visit [ApriaDirect.com](https://ApriaDirect.com) for additional retail resources.  
After 5 years, you may be eligible for a new PAP machine.  
For more information on Supplies on Schedule visit: [Apria.com/supplies](https://Apria.com/supplies).





# Step One:

**Start your therapy tonight so you can feel refreshed in the morning.**



## To set up the device:

1. Open the box and unpack your PAP machine, humidifier chamber, tubing, mask, power cord, and supplies.
2. Attach the power cord and tubing to the PAP machine.
3. Fill the humidifier with distilled water and insert the humidifier into the PAP machine. (It is recommended that you use distilled water. However, if you do not have distilled water on hand, in order to start your therapy today, bottled water can be used as a substitute to distilled water as a temporary measure.)
4. Place the PAP machine on a table next to your bed. The height of the table should be lower than your head.
5. Plug the power cord into an electric wall outlet.

## See the mask user guide for detailed information.

Find product documents, user guides, safety information, and other patient education material by going to **[Apria.com/documents](http://Apria.com/documents)** or, point your smartphone's camera at this QR code to load the material:



If you need additional documents and don't have access to a smartphone or computer, give us a call at **888.492.7742**.



## Step Two:

### Get familiar with your PAP equipment.

If your doctor prescribed a specific mask and size, follow the fitting instructions provided by the manufacturer, then proceed to Step 3. If you received a mask with cushions of multiple sizes, follow the instructions below and on the next pages.

There is a mask cushion currently attached to the frame of your mask. This size fits most patients. Once you begin therapy, if your mask is leaking or feels uncomfortable, try removing the existing cushion and replacing it with a different size cushion. If you are between sizes, it is best to use the larger cushion. Use the fitting template (for nasal mask and full-face mask) and/or the manufacturer's instructions included with your mask for help.





# Nasal Mask

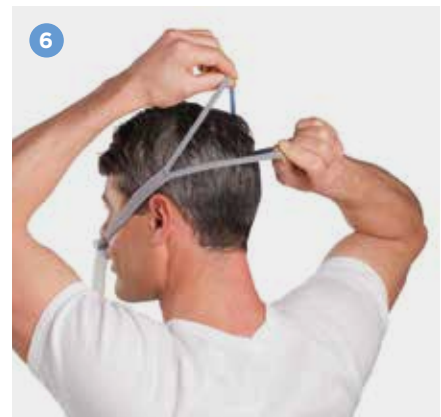
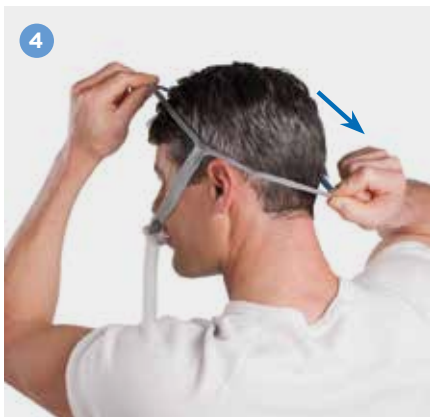
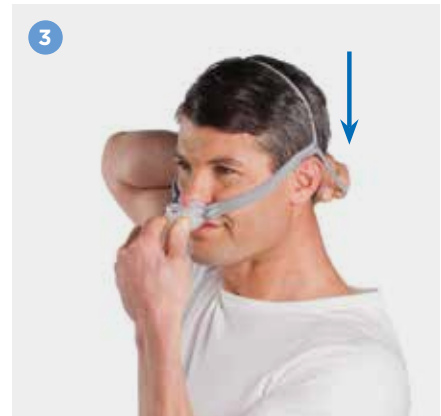
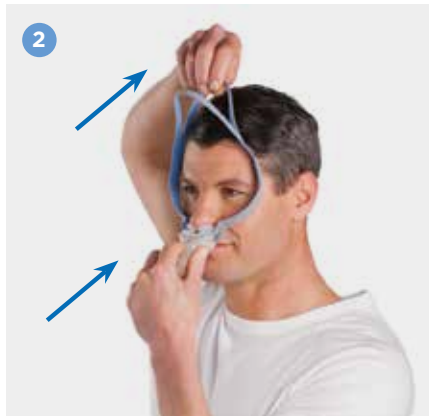


1. Release the lower strap from the frame of the mask. Make sure the logo on the headgear is facing outward. While holding the mask against your face, pull the headgear over your head.
2. Position the lower straps so they both sit below the ears and adjust so they are snug.
3. Adjust the fastening tabs on the upper straps until the mask feels even and stable. Do not over-tighten. Reattach the fastening tabs.
4. Repeat Step 3 with the lower straps. Reattach the fastening tabs.
5. Connect the hose to the front of the mask. Ensure that the nasal mask fits securely over your nose. It is normal to feel some air escaping through the small air vents on the elbow of the hose.

**Please refer to the manufacturer's instructions for additional information on topics, such as:**

- How to properly remove your mask.
- How to remove and change the mask cushion.
- How to adjust the length of the mask straps.

# Nasal Pillow Mask

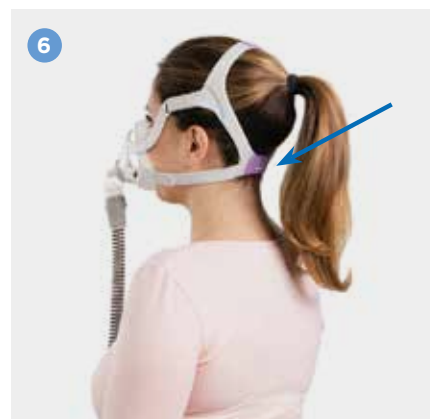
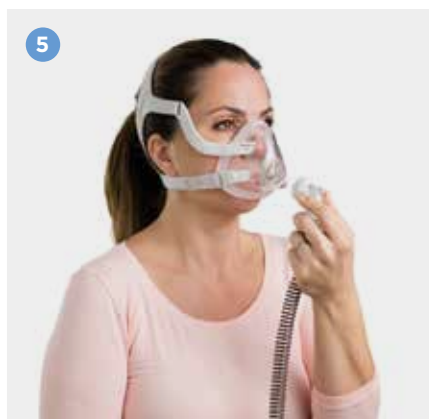
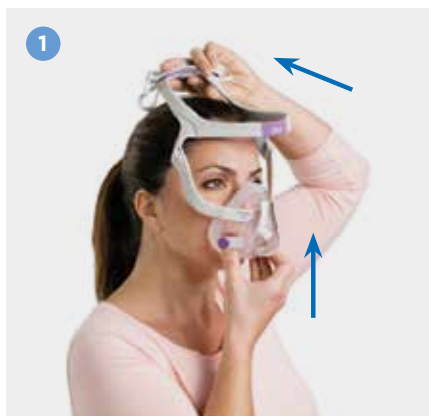


1. Hold the pillows away from your nose with the left (L) and right (R) indicators correctly facing toward you.
2. Guide the nasal pillows into your nostrils.
3. Pull the headgear over your head by holding the bottom strap and stretching it around the back of your head.
4. Adjust the top and bottom straps. The top strap should fit comfortably on the top of your head.
5. Ensure that the nasal pillows fit securely into your nostrils, with both pillows positioned upright. If not, move the mask away from your face and then place it back again.
6. To achieve a comfortable fit, adjust the straps. Spread the straps apart to loosen, or draw them closer together to tighten.
7. If the headgear comes with a buckle, adjust the headgear by pulling the headgear through the buckle to fix mask leaks. Adjust only enough for a comfortable seal and do not over tighten. The headgear may need to be adjusted as it can stretch over time.





# Full-Face Mask



1. Twist and pull both magnetic clips away from the frame. With the logo on the headgear facing outward, hold the mask against your face and pull the headgear over your head.
2. Bring the lower straps below your ears and attach the magnetic clip to the frame.
3. Undo the fastening tabs on the upper headgear straps. Pull the straps evenly until the mask is stable and positioned as shown in the illustrations. Reattach the fastening tabs.
4. Undo the fastening tabs on the lower headgear straps. Pull the straps evenly until the mask sits firmly on the chin and reattach the fastening tabs.
5. Connect the air tubing from your device to the elbow. Attach the elbow to the mask by pressing the side buttons and pushing the elbow into the mask.
6. To achieve a comfortable fit, readjust the straps. Evenly apply only enough tension so that a seal is achieved.



**Please refer to the manufacturer's instructions for additional information on topics, such as:**

- How to properly remove your mask.
- How to remove and change the mask cushion.
- How to adjust the length of the mask straps.

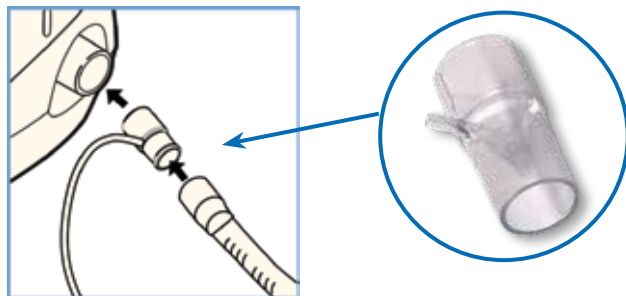
# How to Attach Oxygen to Your PAP Machine

**If you are using non-heated tubing, and you are also using prescribed oxygen, follow these instructions.**

Attach the oxygen tee adapter that was included in the box to your PAP machine.

Next, attach the large-bore PAP tubing to the oxygen tee adapter. Finally, connect the small-bore oxygen tubing to the oxygen tee adapter.

For detailed instructions on oxygen use, you should also review the PAP and oxygen manufacturer's user guides included in your package. If you did not receive the oxygen adapter, please call the supply department at **877.265.2426, option 2**.



Oxygen Tee Adapter

**Important Safety Note:** If you are using prescribed oxygen with your PAP device, be sure to observe all the fire and safety rules associated with the use of oxygen. Follow this sequence of steps when turning your oxygen on and off.

1. Always turn your PAP machine ON before turning ON the oxygen flow from your oxygen source.
2. Always turn OFF the oxygen flow from your oxygen source before turning OFF the PAP machine.

## ClimateLineAir and ClimateLineAir Oxy Tubing



**The ClimateLineAir™ heated tube is designed to maintain the temperature of the humidified air as it passes through the tube. ClimateLineAir Oxy comes with a built-in oxygen connector for patients who require supplemental oxygen.**

The HumidAir™ humidifier is part of ResMed's Climate Control solution. It is designed to seamlessly integrate with the device and offer relief from dryness and congestion. The humidity level can be adjusted to suit your preference.

When using ClimateLineAir and ClimateLineAir Oxy tubing, your device will automatically default to Climate Control Auto when you plug either of these tubes into your machine (unless your doctor has prescribed a specific heat and humidity setting).

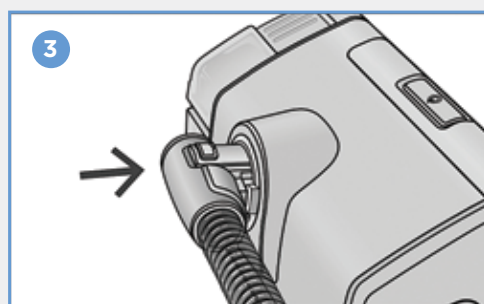
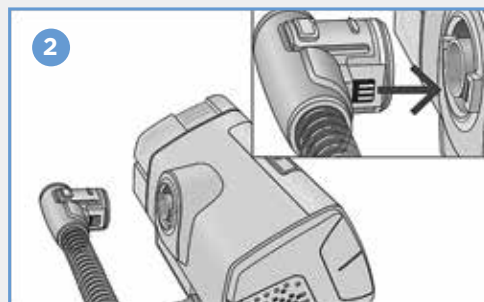
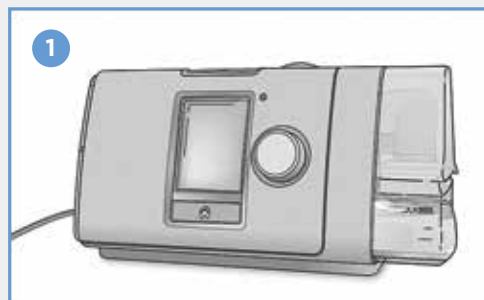
Please review the ClimateLineAir/ClimateLineAir Oxy manufacturer's user guide for additional information.

# ClimateLine Air Heated Tubing

If you have ClimateLineAir heated tubing, attach using the illustrations and directions provided here.

1. Make sure the device is turned on.
2. Hold the orange cuff of the air tubing and line up the air tubing connector with the connector port.
3. Push the cuff until the connector clicks into place.

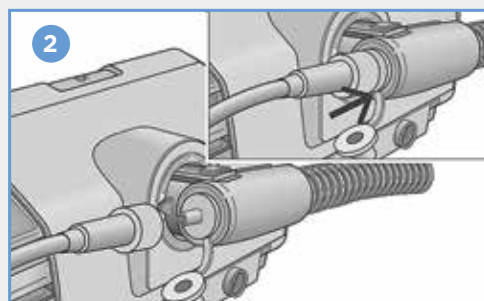
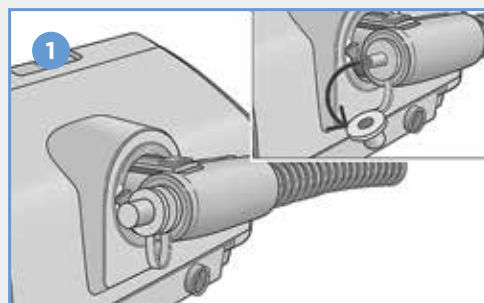
“ClimateLineAir connected” will briefly display on the device screen.



## Setting Up the Device and Tubing

Attach the oxygen using the illustrations and directions provided here.

1. Remove the cap from the oxygen connector.
2. Connect the oxygen supply tubing to the oxygen connector. Make sure it is firmly attached.



# Helpful Tips

## For Nasal and Full-Face Masks

- To resolve leaks at the upper part of the mask, adjust the upper headgear straps.
- For leaks at the lower part, adjust the lower headgear straps.
- When adjusting straps, loosen or tighten both the left and right straps so that adjustments are made evenly.
- Adjust only enough for a comfortable seal.
- The upper strap adjustment is the key to seal and comfort.
- Do not over tighten the lower straps. They mainly serve to keep the cushion in position.
- If mask continues to leak after tightening, cushion may need to be changed.

**Note:** With a nasal mask, it is important to breathe in and out through your nose only.

## For Nasal Pillow Masks

- Position the pillow cushion tips into your nostrils so they sit comfortably under your nose without any gaps. Pull the mask away from your face, then place it back to get a comfortable fit.
- Adjust the side straps evenly by pulling downward; the mask should feel secure and comfortable against your face. Do not over tighten.
- If leaks persist, try the next larger set of cushions.
- If the pillow is not staying in place in your nostrils, try the next smaller cushion size.

## Handwashing Technique

**Thorough handwashing must be done prior to all procedures. Contaminated, dirty hands are one of the most common sources of infection.**

1. Wet your hands thoroughly with warm water.
2. Use soap.
3. Scrub hands for 20 seconds using a rotary motion and friction. Wash:
  - Back and palm of each hand
  - Between all fingers
  - Fingernails
4. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
5. Rinse your hands under the running water.
6. Dry on clean towel or with a paper towel.



For additional good health habits, visit our patient education section on **Apria.com**.

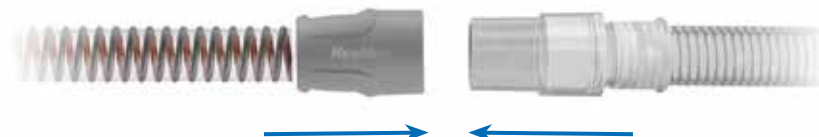


# Step Three:

## Start your PAP machine:

### To Start Therapy:

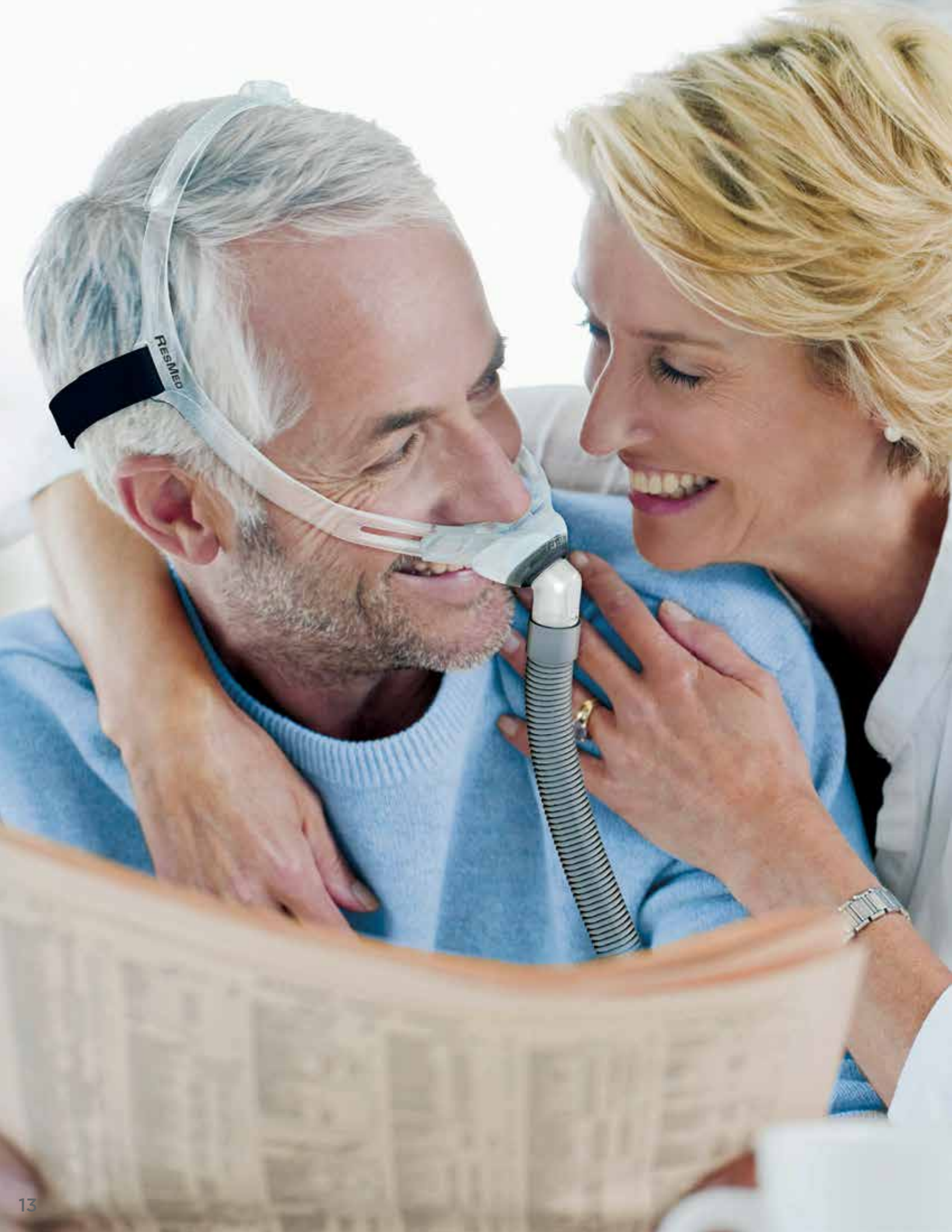
1. Power on the PAP device. Your prescribed settings will be visible on the screen.
2. Fit your mask and put it on.
3. Connect the tubing to the mask.



4. Your machine may have an auto on feature enabled. If so, the machine will automatically start when you put on the mask and start breathing. If after four breaths your device does not turn on, verify your mask is fit properly with no leaks. If it still does not turn on, you can press the power button on top of the device to turn it on.



5. Check for air leaks. Small leaks are acceptable. If large leaks occur, try the following:
  - Grasp the mask frame and lift it away from your face. The cushions should also lift off your face. Lightly place the mask back on your face.
  - If large leaks still exist, adjust the headgear. If the headgear is either too tight or too loose, it can cause leaks.
  - Additional tips for managing mask leaks are provided on the next page. You should also review the manufacturer's user guides provided in your package.



# Get Comfortable With Your Therapy

**Use your PAP therapy during all hours of sleep, including during naps. Some people may need up to one or two weeks to adjust to PAP therapy, but the benefits are well worth it.**

## **Ways to help you adjust:**

- Try watching TV or reading while wearing your mask and headgear.
- Turn on the PAP device for short periods of time while wearing your mask to get used to the pressure.
- Use your equipment every night.
- Keep the device turned on for as long as you can tolerate, building up each night until you have reached at least 4 hours per night.
- Keep practicing until you are using PAP therapy during all hours of sleep, including during naps.





# Track Your Progress

We encourage you to take an active role in managing your sleep therapy. You can download the manufacturer's mobile app to track usage, set personal goals, watch informational videos, and stay motivated to incorporate PAP into your sleep routine.



myAir™ is a smartphone app that guides you through the setup process. This includes setup videos, mask fitting videos, trying therapy using the **Test Drive Feature**, and tracking your sleep health progress. To download the myAir app on your mobile device, go to the App Store, search for and download the myAir app or scan the QR code provided by ResMed:



**The app is not required to set up or use the device.**

The device can be used without the app or, if you choose, you can decide to install the app at a later time. If you decide to install the app at a later time, data will only be shown from the day you download it.





# Get Support

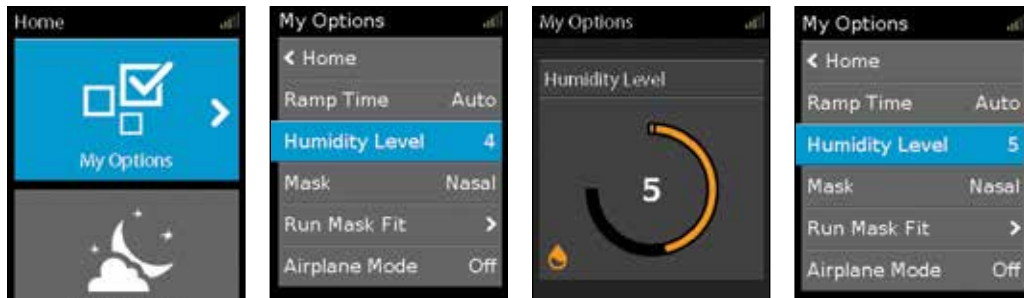
**If you are having difficulties getting used to therapy, try using your machine's "comfort features" to help.**

**Do you have a dry nose or throat, or a runny nose?**

Increase the humidity level.

**Are there droplets of water or condensation inside your nose, mask, or tubing?**

Decrease the humidity level. To change Humidity Level, see below.



**Is the air pressure making it difficult for you to fall asleep?**

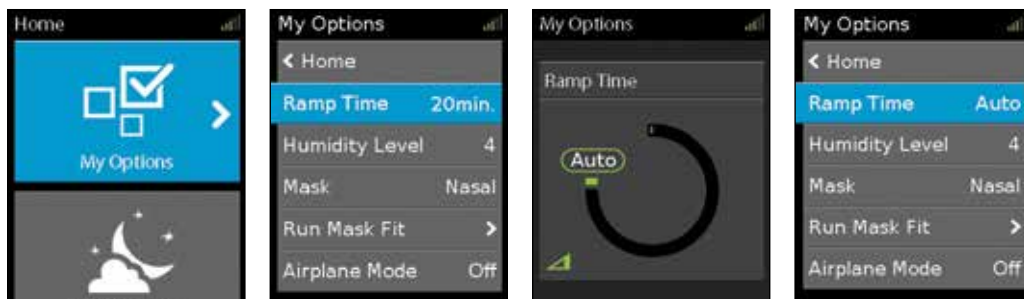
Turn on the Auto Ramp or increase the Ramp Time.

**Do you feel bloated?**

You may be swallowing air. Turn on the Auto Ramp or increase the Ramp Time.

**Do you feel like you are not getting enough air?**

Turn the Ramp Time to "off." To change Ramp Time, see below.



**Do you have sore or dry eyes?**

Adjust your mask or headgear. It may need to be repositioned. Refer to the instructions provided in the manufacturer's user guide for your mask. Also review Steps 2 and 3 in this guide.

**Are you experiencing redness on your face where the mask touches the skin?**

Your mask may be too tight. Try adjusting your headgear. If redness persists, contact Apria.

**Do you have nasal, sinus, or ear pain?**

You may have a sinus or ear infection. Stop using your machine and contact your doctor.

# Cleaning Your Equipment

The following instructions are for home cleaning. Instructions for reprocessing devices intended for multi-patient re-use can be found in the clinical guide. You should clean the device, humidifier tub, air tubing, and outlet connector as described.

## Daily:

1. Empty the humidifier tub and wipe it thoroughly with a clean disposable cloth. Allow it to dry out of direct sunlight.
2. Refill the humidifier tub with distilled water just before using.

## Weekly:

3. Wash the components using one of the following options:
  - Wash the humidifier tub, air tubing, and outlet connector in warm water using a mild, clear, and unscented dishwashing liquid. Components should not be washed in temperatures higher than 149°F (65°C). **OR**
  - Wash the humidifier tub and outlet connector in a solution of 1 part vinegar and 9 parts water. The air tubing should be washed in warm water using a mild, clear, and unscented dishwashing liquid. The air tubing should not be washed in temperatures higher than 149°F (65°C).
4. Rinse each component thoroughly in water.
5. Allow to dry out of direct sunlight or heat.
6. Wipe the exterior of the device with a dry cloth.

## Notes:

- The humidifier tub may be washed in a dishwasher on the delicate cycle (top shelf only).
- Do not wash the heated air tubing in a dishwasher or washing machine.
- The air filter is not washable or reusable.

# Replace Supplies Regularly

Replace your sleep supplies regularly. This helps to ensure a good mask seal and reduce buildup of bacteria, viruses, and allergens.<sup>1</sup> Ordering fresh, clean supplies to replace your old items helps improve the comfort of your mask and maintains the overall effectiveness of your therapy.

Please note that the frequency of resupply and your insurance's coverage of supplies will be governed by your insurance plan and may differ from the schedule provided here.

## Source:

1. Horowitz A, Horowitz S, Chun C. CPAP Masks are Sources of Microbial Contamination. SleepHealth Centers, Div. of Sleep Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston. APSS Poster; 2009.

## Recommended Replacement Schedule

Once Monthly	Twice Monthly
<ul style="list-style-type: none"> <li>• Full-face mask cushions</li> </ul>	<ul style="list-style-type: none"> <li>• Nasal mask cushions and nasal pillows</li> <li>• Disposable filters</li> </ul>
Every Three Months	Every Six Months
<ul style="list-style-type: none"> <li>• Mask frame</li> <li>• Tubing (Standard or heated)</li> </ul>	<ul style="list-style-type: none"> <li>• Headgear and chin straps</li> <li>• Humidifier water chamber</li> <li>• Non-disposable filters</li> </ul>





## Supplies on Schedule Program\*

### We're glad you're here!

**How it works:** When you enroll in our Supplies on Schedule program, Apria's Sleep Care program provides our patients with the tools and resources needed to optimize sleep therapy results and achieve a better night's sleep, in addition to giving patients access to skilled Sleep Coaches and a convenient recurring supply replacement service.\*\*

**What to expect:** To support the sleep care journey, you will be assigned a Sleep Coach to assist with proper equipment setup and make it easier to quickly adjust to sleep therapy. For convenience, our recurring supply replacement service will ship items directly to your home every three months when they are due for replacement, and a text will be sent to notify you when the order is being processed. By providing a convenient supply replacement solution, Apria's Sleep Care program will help you achieve optimal therapy results, maintain good healthy behaviors, and make it easy for you to keep your sleep system clean and functioning properly.

**What is recurring shipment?** As a convenience, our program will track your supply replacement schedule and send your supplies right to your door when they are due. With fresh supplies delivered every three months, we make it easy to adhere to sleep therapy best practices. We verify your insurance coverage and handle claims accordingly with each shipment, and we keep you informed by sending a notification when your order is on its way.



**What is on-demand shipment?** It's important to replace your supplies regularly based on manufacturer and insurance guidelines to ensure you maintain a healthy treatment regimen. However, if recurring shipments aren't for you, you can change your order status to on-demand shipping and instead receive a notification when your supplies are due for replacement. With on-demand shipping, you will not receive supplies until you reply or contact us to send your supply order, and you'll need to be mindful of replacing your supplies on time to maintain good device functionality and mitigate bacterial exposure. To switch to on-demand shipping, simply complete the request form to change your ordering status. If you'd like to speak to a Sleep Resupply Specialist for replacement schedule options, we'd love to help. Simply call **877-265-2426 Option 3**, and we'll be glad to assist.

**Need to opt out of recurring shipment?** If the convenient recurring shipping method is not for you, you can change to on-demand shipping by completing our opt out request form to change your ordering status. With on-demand shipments, you will receive notification when your supplies are due for replacement but will not receive supplies until you contact us or confirm your order. If you'd like to speak to a Sleep Resupply Specialist for replacement schedule options, we'd love to help. Simply call **877-265-2426 Option 3**, and we'll be glad to assist.

*\*Schedule of supplies may vary, depending on your physician's orders, your medical condition, and the discretion of your insurance company.*

## Rest Easy with Supplies on Schedule



### Convenient Recurring Supplies\*\*

Recurring supply shipments make it easy to follow best practices with fresh supplies sent directly to your home when your supplies are due for replacement.

Prefer to confirm your order before shipment? Switch to on-demand shipping instead, and we'll notify you when it's time to reorder.

**Scan the code below:**



### Free Delivery Right to You

We never charge for delivery. Sleep supply specialists process each order and then ship the supplies right to your door for ultimate convenience.



### No More Missing an Order

Never worry about running out of fresh PAP supplies. We'll keep you informed throughout the process by providing timely order status updates.



### Let Us Handle the Paperwork

Our billing experts will handle the hassle. We complete and file claims forms with your insurance, so you have less paperwork and more free time to do the things you enjoy.

*\*\*Recurring supplies may not be available for some insurance plans.*

# Surviving a Fire in Your Home

**Take the time now to prepare — it can save lives!**

## An Ounce of Protection

### Smoke Alarms

- Install a smoke alarm outside of each sleeping area and on each additional level of your home.
- Install smoke alarms INSIDE sleeping areas if people sleep with their doors closed.
- Test smoke alarms once a month by pressing test buttons.
- If an alarm fails the test or starts making beeping noises, replace batteries immediately.
- Replace ALL smoke alarm batteries at least once a year.

### Fire Extinguishers

- Consider purchasing one or more fire extinguishers to keep in your home.
- Read the instructions to understand how your fire extinguisher works, and make sure all family members understand how to use it.
- Read the instructions to find out how to check if your extinguisher is in working order, and how frequently it needs to be checked.

### Escape Ladders

- Consider installing escape ladders for upstairs rooms.
- Learn how to use your escape ladder.
- Store ladders close to windows.

### Flashlights

- Keep flashlights throughout your house and make sure everyone knows where they are located.
- Check batteries regularly.

## Planning Can Prevent Panic

### Escape Routes

- Figure out at least two ways for escaping for every room in your home.
- Everyone living in your home should be familiar with these escape routes.

### Practice

- At least twice a year, practice using your escape plans.
- Practice crawling because you may need to escape by crawling under smoke, where the freshest air will be.

### Meeting Place

- Decide on a location where everyone will meet outside your home after escaping from a fire.
- A meeting place is important so that you can quickly see if everyone has escaped.

## If a Fire Occurs

### Making Your Escape

- If there is smoke or fire in one escape route, use another route.
- If there is no way to avoid smoke, remember to stay low and crawl under the smoke, where the freshest air will be.
- If you want to escape by opening a closed door, FIRST check to see if the door feels warm before opening it. If it is warm, do NOT open the door. Instead, use another route.

### Blocked Escape Routes

If all of your escape routes are blocked by smoke, heat, or flames:

- Stay in the room and keep any doors closed.
- Keep out smoke by piling rugs, blankets, or pillows along the bottom of any doors.
- If there is a phone in the room, call 911 and tell them where you are.
- Signal out a window for help using a brightly colored cloth, sheet, towel, or flashlight.
- Stay as close to the floor as possible, near a window or door.

### After Escaping

- Go to a neighbor's house and call 911 as soon as possible.
- NEVER go back inside a burning house. Once you're outside, stay outside!
- When firefighters arrive, tell them if you think anyone is still inside.

# Tips to Avoid Falling

**Reduce your chances of falling by making home improvements and changing some habits.**

## Look Around Your Home

### Floors

- Keep the areas where you walk free from clutter, electrical and telephone cords, and other small objects that might be easily overlooked.
- Secure loose rugs and mats with carpet tape or attach non-slip backing.
- For tile or wooden floors, avoid wax or use nonskid wax.
- Stairs should have flat surfaces. Repair holes or tears in carpeting and make sure it is well attached.
- Eliminate raised thresholds if possible or make them highly visible.

### Lighting

- Make sure it's easy to turn on a light BEFORE entering every room in your home.
- Keep night lights turned on in hallways, bedrooms, and bathrooms.
- Make sure you can easily turn on a light while in bed, before getting up.
- Place flashlights in convenient locations throughout your home, and check their batteries regularly.
- Light switches should be available at both the top and bottom of all stairs.
- Stairway lighting should be bright enough to clearly see all steps.

### Bathrooms

- Tub and shower floors should have non-skid surfaces (strips or mats).
- Consider installing grab bars inside the bath or shower areas and next to the toilet.
- Consider installing a raised toilet seat.

### Kitchen

- Frequently used items should be kept on lower shelves or other places that are easy to reach.
- You should have a sturdy step stool that is easy to use, preferably with a handrail. Do NOT stand on a chair to reach anything.

### Stairs

- Sturdy handrails should be installed in all stairways and kept in good repair.

### Outside Your Home

- Steps should have flat surfaces and be kept in good repair.

- All steps should have handrails, preferably on both sides of the steps.
- For better traction, steps can be painted with a mixture of sand and paint.
- During the winter, keep all entrances and sidewalks clear of snow and ice.
- All entrances should be well lit.
- Consider installing ramps (with handrails).

## Reconsider Personal Habits

- When walking, stay alert to unexpected obstacles — cords, furniture, pets, toys, etc.
- Avoid rushing to answer phones or the door.
- Take time to make sure your balance is steady before sitting up or standing.
- Wear shoes that are supportive and snug fitting, with low heels and non-slippery soles.
- Don't walk around with only socks on your feet.
- If carrying packages, make sure your view isn't blocked and that you have a hand free for opening doors, holding onto railings, or steadying your balance.
- Keep alert for uneven, broken or slippery pavement, sidewalks, and ramps.
- Don't rush to cross streets, especially if wet or icy.
- Consider using a cane or walker.
- Find out if your medications might make you feel dizzy, drowsy, or unsteady.
- If you live alone, keep in regular contact with friends, family, or neighbors.
- For Emergencies
- Keep emergency phone numbers posted where they can be easily seen. Consider whether they will be visible if you fall.
- Make sure you can easily reach a phone when in bed.

## If You Fall

1. Call 911 and other emergency contacts.
2. Stay warm by covering up with a blanket, coat, towel, rug, or whatever you can reach.
3. Consult a doctor even if you don't think you've been seriously hurt. Falling may indicate problems with medications or be a symptom of illness or a condition that needs treatment.

# Patient's Rights and Responsibilities

## Patient/Client Bill of Rights

**As a patient/client of Apria Healthcare, you have the rights which include, but are not limited to, the following:**

1. Be given information about your rights for receiving homecare services.
2. Receive a timely response from Apria Healthcare regarding your request for homecare services.
3. Be given information about Apria Healthcare policies, procedures, and charges for services.
4. Choose your homecare providers.
5. Be given appropriate and professional quality homecare services without discrimination against your race, color, creed, religion, sex, national origin, sexual preference, handicap, or age.
6. Be treated with courtesy and respect by all who provide homecare services to you.
7. Be free from physical and mental abuse and/or neglect.
8. Be given proper identification by name and title of everyone who provides homecare services to you.
9. Be given the necessary information regarding treatment and choices concerning rental or purchase options for durable medical equipment so you will be able to give informed consent for your service prior to the start of any service.
10. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks, and prognosis as required by your physician's legal duty to disclose in terms and language you can reasonably be expected to understand.
11. A plan of service that will be developed to meet your unique service needs.
12. Participate in the development of your plan of care/service.
13. Be given an assessment and update of your developed plan of care/service.
14. Be given data privacy and confidentiality.
15. Review your clinical record at your request.
16. Be given information regarding anticipated transfer of your homecare to another healthcare facility and/or termination of homecare service to you.
17. Voice grievance with and/or suggest change in homecare services and/or staff without being threatened, restrained, and discriminated against.
18. Refuse treatment within the confines of the law.
19. Be given information concerning the consequences of refusing treatment.
20. Have an advance directive for medical care, such as a living will or the designation of a surrogate decision maker, respected to the extent provided by law.

21. Participate in the consideration of ethical issues that arise in your care.

## The Patient's Responsibilities

**Apria Healthcare and its personnel have the right to expect from you, our patient, your relatives and friends, reasonable behavior that takes into consideration the nature of your illness or predicament. These responsibilities include, but are not limited to, the following:**

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, and other pertinent items.
2. Assist in developing and maintaining a safe environment.
3. Inform Apria Healthcare when you will not be able to keep a homecare visit.
4. Participate in the development and update of your homecare plan of service/treatment.
5. Adhere to your developed/updated homecare plan of service/treatment.
6. Request further information concerning anything you do not understand.
7. Contact your doctor whenever you notice any unusual feelings or sensations during your plan of service/treatment.
8. Contact your doctor whenever you notice any change in your condition.
9. Contact Apria Healthcare whenever your insurance company or plan changes.
10. Contact Apria Healthcare whenever you have an equipment problem.
11. Contact Apria Healthcare whenever you have received a change in your homecare prescriptions.
12. Contact Apria Healthcare whenever you are to be hospitalized.
13. Give information regarding concerns and problems you have to an Apria Healthcare staff member.
14. Contact Apria Healthcare prior to any change of address.
15. Contact Apria Healthcare if you acquire an infectious disease during the time you are receiving services and/or care from Apria Healthcare, except where exempted by law.

## Medicare DMEPOS Beneficiary Statement

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 (supplier



legal business name or DBA) 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>. Select Title 42: Public Health in the drop down box. Then browse Parts 414–429, Part 424, Subpart 424.57(c).

Upon request we will furnish you a written copy of the standards.

### Important Notice for Medicare Beneficiaries

**Help ensure your positive airway pressure (PAP) or bi-level positive airway pressure device is covered by Medicare.** For information, visit:

**[Apria.com/Medicare-PAP-Letter](http://Apria.com/Medicare-PAP-Letter).**

### Interpretation Service Available

**English translation: Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.**

<b>Arabic</b>  عربي أشرك إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم الفوري مجاناً.	<b>Korean</b>  한국어 귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.
<b>Armenian</b>  Հայերէն Յոյց տոնէք ո՞ր մէկ լեզուն կը խօսիք՝ Թարգմանիչ մը կանչել կը տանք. Թարգմանիչը կը տրամադրուի անվճար.	<b>Laotian</b>  ພາສາລາວ ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້. ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.
<b>Cantonese</b>  廣東話 請指認您的語言， 以便為您提供免費的傳譯服務。	<b>Mandarin</b>  國語 請指認您的語言， 以便為您提供免費的口譯服務。
<b>French</b>  Français Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.	<b>Polish</b>  Polski Proszę wskazać swój język i wezwiemy tłumacza. Tłumacza zapewnimy bezpłatnie.
<b>German</b>  Deutsch Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird gerufen. Der Dolmetscher ist für Sie kostenlos.	<b>Portuguese</b>  Português Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.
<b>Hindi</b>  हिंदी अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबंध आप पर बिना किसी खर्च के किया जाता है।	<b>Russian</b>  Русский Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.
<b>Hmong</b>  Hmoob Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.	<b>Spanish</b>  Español Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.
<b>Italian</b>  Italiano Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.	<b>Tagalog</b>  Tagalog Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.
<b>Japanese</b>  日本語 あなたの話す言語を指して下さい。 無料で通訳を提供します。	<b>Thai</b>  ไทย ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน การใช้ล่ามไม่ต้องเสียค่าใช้จ่าย
<b>Khmer (Cambodian)</b>  ខ្មែរ (កម្ពុជា) សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាកម្ពុជា។ អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។	<b>Vietnamese</b>  Tiếng Việt Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

# Apria | Byram Affiliated Covered Entity

## Notice of Privacy Practices

**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.**

Both Apria Healthcare LLC and Byram Healthcare Centers, Inc. ("we") are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you if a breach of your PHI occurs, in accordance with applicable law. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

This Notice applies to all the information about you that we obtain that relates to your past, present, or future physical or mental health or condition, the provision of healthcare products and services to you or payment for such services.

Upon request, you may obtain a paper copy of this Notice even if you have agreed to receive it electronically.

### **Uses and Disclosures Without Your Written Authorization.**

Except as otherwise described in this Notice, we may use and disclose PHI without your authorization, in order to treat you, obtain payment for equipment and services provided to you, and conduct our "healthcare operations," as well as for the other purposes described below:

- **Treatment.** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, office staff, or other personnel who are involved in your care or healthcare decisions. For example, information provided by your physician or other member of your healthcare team will be recorded in your record and used to determine the equipment, supplies or services that should work best for you, and we routinely disclose information to your healthcare providers to assist them in making decisions related to and coordinating your care. In addition, we may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Payment.** We may use and disclose your PHI to obtain payment for equipment and services that we provide to you. For example, we disclose PHI to make a claim and obtain payment from your health insurer or other company that arranges or pays the cost of some or all of your healthcare ("Your Payor"). We may also use and disclose your PHI to verify that Your Payor will pay for healthcare, including disclosures to Your Payor's eligibility database.
- **Healthcare Operations.** We may use and disclose your PHI in order to run our business (i.e., for our healthcare operations) and to help ensure that you and our other customers receive quality and cost-effective care. In some instances, third party companies help us operate our business and we may disclose your PHI to such companies, subject to contract provisions that protect your PHI.

For example: We may use your PHI to contact you to help ensure the quality of our service. We may use or disclose your PHI to conduct cost-management and business planning activities for our company.

We may also disclose your PHI to other HIPAA-covered entities that have provided services to you so that they can improve the quality and effectiveness of the healthcare services that they provide. We may also use your

health information to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

**Disclosures to Friends and Family Members.** Upon your agreement, including agreement by reasonable inference under the circumstances, or if you are not available to agree, in our professional judgement, we may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you that is involved in your care or payment for your care. We may only disclose PHI that is directly relevant to their involvement in your care or payment for that care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death. Such disclosure of your PHI may include to a disaster relief organization, for purposes of coordinating notification efforts.

**Disclosures for Public Health Activities.** We may disclose your PHI for public health purposes, including (i) reports to public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability; (ii) to report child abuse and neglect to the appropriate authorized authorities; (iii) reports to the U.S. Food and Drug Administration, such as to report adverse events; and (iv) reports to employers for work-related illness or injuries for workplace safety purposes.

### **Other Uses and Disclosures Without Your Authorization. We may use or disclose your PHI:**

- To make reports on abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.
- To health oversight agencies or authorities for health oversight activities, such as auditing and licensing.
- In the course of a judicial or administrative proceeding in response to a legal order or other lawful process, in accordance with applicable law.
- To law enforcement authorities for law enforcement purposes as required or permitted by applicable law, including in response to a court order, grand jury subpoena, and investigative demand.
- To a coroner, medical examiner, and funeral director, as authorized by law and as necessary to carry out their duties.
- To organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- For research purposes, if certain special protections and approval processes by an Institutional Review Board or Privacy Board are followed.
- To prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- To units of the government with special functions, such as the U. S. military or the U.S. Department of State under certain circumstances.
- As authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- When required to do so by federal, state or local law.

### **Specific Uses or Disclosures Requiring Authorization.**

We will obtain your written authorization prior to using or disclosing your PHI (i) for marketing activities, and (ii) in exchange for payment, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

**Other Uses and Disclosures Requiring Authorization.** All other uses and disclosures other than those described in this Notice or otherwise permitted by law, will be made only with your written authorization.

You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

### **Uses and Disclosures of Your Highly Confidential Information.**

There are federal and state laws that provide special protection for certain kinds of health information, including that related to sexually transmitted diseases, HIV, and other communicable diseases, drug and alcohol abuse, mental health and developmental disabilities, genetic testing, abuse, sexual assault, and family planning services, including abortion. These laws may further restrict us from making uses and disclosures of those categories of health information without your explicit written authorization. We will abide by these more protective laws, to the extent they are applicable.

### **Your Rights Regarding Your PHI.**

You have certain individual rights related to your PHI, as described below. You may exercise any of these rights by submitting your request in writing to:

Apria Healthcare LLC  
Physician and Patient Relations Department  
7353 Company Drive  
Indianapolis, IN 46237  
Telephone Number: (800) 260-8808  
Facsimile Number: (949) 587-0089

or  
Byram Healthcare  
Attn: Privacy Compliance Officer  
120 Bloomingdale Rd., Ste. 301  
White Plains, NY 10605  
Telephone: (877) 902-9726 ext. 62016

**Right to Request Restrictions.** You may request, in writing, restrictions on how we use and disclose your PHI for certain purposes. We will consider but are not legally required to accept most requests. After careful review of your request, we will notify you of our determination in writing. We must accept your request only if the request is to restrict the disclosure of PHI to a health plan for the purpose of carrying out payment or healthcare operations (unless such use or disclosure is required by law), and the restricted information pertains to an item or service for which you paid in full out-of-pocket.

**Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations,

such as using an alternative mailing address, e-mail address, or telephone number.

**Right to Inspect and Copy Your Health Information.** With a few exceptions, you have the right to request in writing, access to and to obtain a paper or electronic copy of the PHI that we maintain about you and to direct us to send your PHI to a third party. Under limited circumstances, we may deny your request for access to your PHI. In some instances, if you are denied access to your PHI, you may request that the denial be reviewed. We may charge a reasonable, cost-based fee.

**Right to Amend Your Records.** You have the right to request in writing that we correct information in your record that you believe is incorrect or add information that you believe is missing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

**Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during the six-year period prior to the date of your request. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

**For Further Information; Complaints.** If you have questions about this Notice, desire further information about your privacy rights, would like to request a written copy of the current notice, or are concerned that we have violated your privacy rights, you may contact us as set forth below. If you would like to file a complaint, we may request that you file the complaint in writing.

Apria Healthcare LLC  
Physician and Patient Relations Department  
7353 Company Drive  
Indianapolis, IN 46237  
Telephone Number: (800) 260-8808  
Facsimile Number: (949) 587-0089

Byram Healthcare  
Attn: Privacy Compliance Officer  
120 Bloomingdale Rd., Ste. 301  
White Plains, NY 10605  
Telephone: (877) 902-9726 ext. 62016

You also may file a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. See [www.hhs.gov/hipaa/index.html](http://www.hhs.gov/hipaa/index.html) for information on how to file a complaint with the Office for Civil Rights.

We will not retaliate against you if you file a complaint.

**Changes to this Notice.** We may change the terms of this Notice at any time. The new Notice will be effective for all PHI that we maintain, including any information created or received prior to the date of the new Notice. The revised Notice will be posted at our places of service and on our Web site at [www.ByramHealthcare.com](http://www.ByramHealthcare.com) and [www.Apria.com](http://www.Apria.com).

**Effective Date:** May 2, 2022

### Patients Residing In Florida

The Florida Healthcare Administration requires patients be provided the following information:

- To report a complaint regarding the services you have received, please contact the Florida Healthcare Administration Home Health Care Hotline by calling **888.419.3456**.
- To report abuse, neglect, or exploitation, please call **800.962.2873**.
- To report suspected Medicaid fraud, please call **888.419.3456**.

### Patients Residing In Maryland

The Maryland Department of Health and Mental Hygiene requires patients be provided the following information:

- Apria is licensed as a residential service agency by the Maryland Department of Health, Office of Health Care Quality. License No: R1114R.
- To report a complaint regarding the services you have received, please contact the Maryland Department of Health Hotline by calling **410.402.8001**.
- To report suspected abuse of children or vulnerable adults, call **800.917.7383**.

### Patients Residing In North Carolina

The North Carolina Division of Health Service Regulation requires patients be provided the following information:

- To report a complaint regarding the services you have received, please contact the Division of Health Service Regulation Complaint Hotline by calling **800.624.3004** (toll free within North Carolina) or **919.855.4500**.

### Patients Residing In Washington

The Washington State Department of Health requires patients to be provided the following information:

- To report a complaint regarding the services you have received, please contact the Washington State Department of Health Complaint Hotline by calling **360.236.2620** or by visiting it's website at **www.doh.wa.gov**.
- To access a list of licensed providers, visit the Washington State Department of Health website at **www.doh.wa.gov**.
- To report suspected abuse of children or vulnerable adults, call **866-END-HARM (866.363.4276)**.



If you have any questions or need help setting up your device and getting started, please call an Apria Sleep Coach.

**877.265.2426, option 4**

Apria is committed to safe, quality patient care. We encourage you to report any concerns to your local Apria branch. If your concern is not resolved, please contact the Patient Satisfaction team at: **800.260.8808**