



Notice of Privacy Practices

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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.

This notice takes effect on 1/1/2005 and remains in effect until we replace it.

ABOUT US: In the Notice, we use terms like “we”, “us” or “our” to refer to Apnix, its physicians, employees, staff and other personnel. All of the sites and locations of Apnix follow the terms of the Notice and may share health information with each other for treatment, payment, or health care operations purposes as described in this notice.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION: The Privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at Apnix. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY:

Law Requires Us To:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We Have the Right To:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION: The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at anytime by writing to us.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your healthcare providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

Notification: Medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief: Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising: We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and the dates of your health care. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

Research in Limited Circumstances: Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner: To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.



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Court Orders and Judicial and Administrative Proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, Or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs, or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs. **Health Oversight Activities:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement Official, reporting death, crimes on our premises, and crimes in emergencies.

DMEPOS SUPPLIER STANDARDS: May be found online here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/>

4. YOUR INDIVIDUAL RIGHTS: You have a right to:

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge a flat rate of \$50.00, and postage if you want the copies mailed to you. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and healthcare operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the Privacy Officer at Apnix.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us at: Apnix, 4003-F Bellaire Blvd., Houston, Texas 77025, Telephone: 713-349-9767 or Toll-Free 866-442-7649. Contact ACHC at (855) 937-2242 or complete a Complaint Intake Form on the ACHC website. Notification of receipt of grievance will be within 5 business days and response given within 14 days. You may also submit a written complaint to the U.S. Department of Health and Human Services at 200 Independence Avenue. S.W., Washington, D.C. 20201. Telephone: 202-619-0257 or Toll Free: 1-877-696-6775. We will not retaliate in any way if you choose to file a complaint.

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week 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.

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

To ensure the finest care possible, as a Patient receiving Durable Medical Equipment (DME), you should understand your role, rights and responsibilities involved in your own plan of care.

Patient Rights

- To select those who provide you with DME
- To receive the appropriate or prescribed services in a professional manner without discrimination to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by every individual representing Apnix, who treatment or services for you and be free from neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible your current needs
- To be provided with adequate information from which you can give your informed consent for commencement of services the continuation of services, the transfer of services to another health care provider, or the termination of services
- To express concerns, grievances, or recommend modifications to your DME services, without fear of discrimination or reprisal
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our DME policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law

Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of DME personnel
- To notify your Physician and the DME company with any potential side effects and/or complications and mail back delivery ticket to Apnix.

Corporate Headquarters:

4003-F Bellaire Blvd. • Houston, Texas 77025

(713) 349-9767 Fax: (713) 349-9634 • www.apnix.com

Locations throughout the Greater Houston Area

Bay Area • Baytown • Bellaire • Katy • Memorial & Tanglewood

• Sugar Land/Stafford

REVISED:04/2020



"The Next Generation in Sleep Apnea Management"

Houston's Sleep Center

4003-F Bellaire Blvd. • Houston, Texas 77025
Phone: (713) 349-9767 • Fax: (713) 349-9634

CPAP & BiPAP Patient Instructions



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Purpose of CPAP/BiPAP Therapy

The purpose of Continuous Positive Airway Pressure (CPAP) therapy is to provide your airway with supporting pressure so they do not collapse. The airways relax during sleep and this can cause them to collapse, which can cause you to stop breathing and wake up. When this happens repeatedly, your time spent in restful sleep is decreased. Having your sleep continually interrupted can cause daytime sleepiness and puts additional stress on your heart and other major organs. By keeping your airways open with the air pressure, you can breathe without being awakened, which means you can get more restful sleep.

Because CPAP machines provide positive pressure to your airways, they require a prescription from your physician. Your CPAP machine and its supplies are being supplied to you in conjunction with the prescription obtained from your physician.

Always read and abide by all manufacturers' operating instructions.

Types of CPAP/BiPAP Therapy

CPAP machines come in two basic types: preset and auto adjusting. Preset or standard CPAP machines have one preset airway pressure that remains constant during treatment. Auto adjusting CPAP machines adjust the airway pressure based on individual response to the treatment. Most CPAP machines have a ramping feature that starts the pressure out at a lower level when treatment is started and slowly builds the pressure up to the prescribed level. This ramping feature can help some people gradually adjust to the pressure.

BiPAP machines also come in two basic types: preset and auto adjusting. Preset or standard BiPAP machines have two preset airway pressures that remain constant during therapy. You will have a higher pressure when you inhale (inspiratory pressure or IPAP) and a lower pressure when you exhale (expiratory pressure or EPAP). Auto adjusting BiPAP machines adjust the airway pressures based on your individual response to the treatment.

CPAP and BiPAP machines are electrical devices that take air from the room, pass the air through a filter, and then provide it back in the form of pressurized air. This pressurized air travels through a breathing tube and is applied to your airways by a mask, nasal pillows, or oral device. This pressure is expressed in centimeters of water pressure or (cmH₂O).

In most cases a humidifier will be added to your CPAP/BiPAP machine in order to put extra moisture in the air. Humidifiers are provided because the air pressure tends to dry the mucous membranes of the nose and mouth.

CPAP/BiPAP Accessories

In order to apply the pressure generated by your CPAP/BiPAP machine, you must wear an oral appliance, nasal pillows, or a mask over the nose or over the nose and mouth. The choice of device is based upon which method best fits your facial features, which provides the most comfortable fit, and whether or not you are a mouth breather.

There are many different types of masks, nasal pillows, and oral devices to choose from to facilitate a good seal and maintain comfort. If a headgear is used to secure the mask or nasal pillows, it should be snug enough for a good fit in all sleeping positions. A chin strap may be needed to help keep your mouth closed during use.

If you would like to see what types of masks are available, simply come by our location at 4003-F Bellaire Blvd, Houston Tx 77025, or you may look at the manufacturers' websites.

Respironics: <http://masks.respironics.com/>

Resmed: <http://www.resmed.com/us/products/masks.html?nc=patients>

Your supplies which include your mask, tubing, humidifier, and filter have a useful life that varies depending upon use and will need to be replaced periodically. We will contact you occasionally regarding your supply needs.

Humidifier

A humidifier can be added to a CPAP/BiPAP machine if a user has continued dryness of the nose, mouth, or throat. CPAP humidifiers are medical devices and require a prescription. A water based lubricant can be used inside the nose to help with irritation; do NOT use petroleum based products like Vaseline.

There are two basic types of CPAP/BiPAP humidifiers: passover and heated.

Heated humidifiers require an electrical connection, either directly to the wall or through the CPAP/BiPAP machine, to heat the water. By heating the water, the amount of humidity available to the user is increased. Most heated humidifiers offer a temperature control function so the user can raise or lower the heat setting to in turn raise or lower the moisture level.

ALWAYS use distilled water to fill your humidifier. There will be markings to show how much water is required to fill the humidifier. Do not overfill the chamber because there is a chance the water can flow into the machine causing damage. Never place anything in your humidifier except distilled water.

Use of your CPAP/BiPAP

The most important part of using your CPAP/BiPAP is to understand your prescription and use the machine every night as prescribed by your physician. CPAP and BiPAP machines and their accessories must be used and applied in a very specific manner. Your CPAP/BiPAP has been preset to comply with your prescription. Do not make any changes to these settings. If you have concerns or questions about your settings, feel free to call us.

Your CPAP/BiPAP machine needs to be plugged into a grounded outlet and placed on a flat sturdy surface that does not obstruct the air filter. Make sure that the machine is placed so that the filter is at least 6 inches away from any wall, drapery, furniture, or other objects. The surface that the machine is placed on should not be higher than your head while you are laying down. This will keep any water from the humidifier from draining into your mask and also prevent the machine from falling if you get wrapped up in the tubing.

Attach your tubing and mask as shown by your Apnix representative and the manufacturers instructions. Press the power button to turn your pressure on. Before putting your mask on, wash your face to remove excess facial oils and/or makeup. Secure the mask with just enough pressure to ensure a comfortable, yet secure fit. It will help to adjust the mask while laying in your normal sleeping positions. You do not want to have any air pressure leaking at the bridge of your nose. A small amount leaking at your cheeks, below your nose, or chin is acceptable as long as it is not bothering you and the machine does not display a high leak.

You may press the ramp button to slow the pressure down for a more comfortable feeling. This will allow the pressure to build up slowly and give you a chance to get to sleep at a lower pressure. After a set amount of time, the pressure will build back up slowly to your prescribed pressure. If the pressure builds up before you are asleep, or if you wake up and the pressure is blowing too hard, simply enable the ramp feature again.

If you have any problems with setting up your CPAP/BiPAP or supplies, please refer to the manufacturers instructions or call us.

CPAP/BiPAP Cleaning Instructions

Please note that this paper is an overview on how to clean all of your CPAP/BiPAP equipment. Most manufacturers have their own suggested cleaning process. Be sure to read all of your manufacturer instructions for their recommendations.

Equipment that should be cleaned daily:

CPAP Mask or Nasal Pillows: You should clean your mask or nasal pillows every day. You can either clean your mask where it touches your face with a baby wipe or clean with mild soap and warm water. The soap that you use should not contain perfumes, dyes, or moisturizers or ALCOHOL. If you have any allergy problems while using your equipment, try switching to another cleaning product. Recommended cleaning products are clear dishwashing liquids, baby shampoo, the shampoo you currently use, or Neutrogena soap. Clean the mask or pillows with the mild soap where it touches your face or nose to clean the facial oils off of the seal. Rinse with warm water and sit on a paper towel or hang to let air dry. You may also hook the mask back up to the CPAP and turn on to let the air pressure dry out the mask. If dishwashing liquids bother your sinuses, simply switch to baby shampoo. If your skin becomes irritated try switching to Neutrogena.

Daily Cleaning (continued)

Humidifier Chamber: You should empty the water chamber of the humidifier daily to prevent bacteria growth. Let the humidifier cool for about 15 minutes before cleaning. If you want, you can clean the chamber with dishwashing liquid. Squirt a little into the chamber along with warm water, cover the holes and shake. Rinse with warm water and let air dry or let your machine blow air through to dry. Make sure you refill the distilled water on a daily basis.

Tubing: We recommend you clean your tubing daily only if using a heated humidifier and there is water in your tubing. If there is no water in the tubing you can wait and clean once weekly. If water is in the tubing, clean with the same type of soap that is used to clean the mask and humidifier. Clean the ends off with the soap and run soapy water through the tubing. Rinse with warm water and hang to air dry. You can also hook this up to your machine and run the air through to dry. You may opt to clean the tubing in the shower and simply hang it over the shower rod to dry.

Equipment that should be cleaned weekly:

Mask and Nasal Pillows: You should clean all parts of the mask or nasal pillows once a week with mild soap or soak in a vinegar and water solution (see instructions on next page). Make sure you take the headgear off before soaking in vinegar and water.

Headgear/Chinstrap: The headgear that attaches to the mask and chinstrap should be cleaned at least once a week with mild soap. If you sweat excessively during sleep, you may want to clean more often. Hang to let air dry. Refer to your instructions that came with your mask before machine washing or drying. Do not dry with heat turned on. You may want to leave the headgear attached to the mask when cleaning daily so you do not have to resize the velcro tabs. Do not soak your headgear in the vinegar solution.

Humidifier: You should clean your humidifier thoroughly with mild soap or soak in a vinegar and water solution (see instructions on next page). Rinse and let air dry or hook it up to your CPAP and let air pressure dry. Note that some brands of humidifiers may be placed in the dishwasher. Please refer to your instruction manual before cleaning in the dishwasher.

Tubing: If you do not clean the tubing daily, make sure to clean it once weekly with mild soap and warm water or soak in the vinegar and water solution. Hang to let air dry or hook up to your CPAP to dry.

Filters: Respironics CPAP Machines - Your machine has a gray and an optional white filter. Rinse the gray filter with warm water to rinse the dust out of it. The white filter should be checked weekly, and when they become discolored simply discard and replace.

Resmed and Fisher and Paykel CPAP Machines – These machines only has a white filter. Check once weekly for discoloration, air blockage, or holes. Discard and replace if needed.

Vinegar and Water Solution: To make the vinegar and water solution, simply mix 3 parts water with 1 part distilled white vinegar (or you can fill your kitchen sink halfway with warm water and add 2 cups of vinegar). Soak your equipment in this solution for 30 minutes to kill the accumulated bacteria. After your equipment soaks for 30 minutes, rinse and let air dry. You may also want to wash or soak your equipment with dishwashing liquid to get the vinegar scent off of them.

CPAP Instructions

Do these steps before going to bed:

1. If you do not use a humidifier, go to step 2. Your humidifier water chamber should be empty from cleaning the morning before. Take the chamber off of the heater base and fill the chamber to the fill line with distilled water. Put the chamber back on the base of the humidifier. For Resmed CPAPs - You may then press the warmup button or heat button on the CPAP machine to preheat the water if desired.
2. Connect the tubing from the machine or humidifier to your mask.
3. Press the power button to start the pressure. If you are using a Resmed CPAP machine, you may need to adjust the ramp time if necessary. Starting the pressure before putting the mask on will ensure a good fit and ensure you are not breathing in exhaled air.
4. Put your mask on and adjust the straps if needed.
5. Resironics CPAPs - You can press the ramp button to decrease the pressure while you are going to sleep if needed. ResMed CPAPs - The pressure should start out low and adjust up over the time that is specified.
6. Lay down and adjust your mask if needed.

Do these steps every morning:

1. Press the start/stop button to turn the CPAP and Humidifier off.
2. Disconnect the tubing from the mask and humidifier or machine.
3. If you have a humidifier, empty the water and clean with mild soap and let air dry.
4. Clean your mask (where it touches your face) with mild soap and let air dry.
5. If you want to clean your tubing daily, clean with a mild soap and hang to let dry.
6. If the parts that you clean are still wet when you get ready to use your CPAP, connect all of the parts and turn the machine on to let air dry. (You may need to disable the auto-off feature on the machine or it will cut off soon after turning the machine on.)

Do these steps once weekly:

1. Disconnect all of your equipment and clean with mild soap and warm water or in a solution of vinegar and water.
2. For Resironics CPAP: Open the side panel of the machine to expose the semi-permanent filter and rinse with soapy water. "Semi-permanent filter every 6 months" The white disposable filter will clip under the semi-permanent filter. Dispose of that filter each month
3. For Resmed CPAP: Take the filter cover off and inspect the filter for discoloration, blockage, or holes. If any of these are present, discard the filter and replace.

Shopping List:

Mild Soap (Ivory, Baby Shampoo, Neutrogena)
Distilled Water (if using a humidifier)
Distilled White Vinegar

Getting New Supplies:

This is the Medicare replacement schedule. Your supplies may last longer than the recommended time frame, but this is the suggested replacement schedule.

Monthly- Replacement Nasal Pillows (if applicable), Replacement Mask Seal (for nasal or full face mask, if applicable), Pack of 2 disposable Filters (Respironics CPAP)

Every 3 Months- Mask only, (without headgear), 6' tubing

Every 6 Months- Mask and Headgear , Heated Humidifier Water Chamber, 1 non-disposable Filter

(United Healthcare patients may be required to pay a portion if they choose to upgrade to any mask other than standard masks)

If you have any questions or concerns about your CPAP machine, mask, insurance coverage etc, please feel free to contact us at: 713-349-9767

Houston's Sleep Center

4003-F Bellaire Blvd. • Houston, Texas 77025

Phone: (713) 349-9767 • **Fax:** (713) 349-9634

EMERGENCY PLANNING FOR THE HOME CARE CLIENT / PATIENT

This pamphlet has been provided by Apnix Sleep Diagnostics to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every client/patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn't.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evacuation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, be prepared. If possible, bring at least one week's worth of medication and supplies with you to the shelter.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Corporate Headquarters:

4003-F Bellaire Blvd. • Houston, Texas 77025

(713) 349-9767 Fax: (713) 349-9634 • www.apnix.com

Locations throughout the Greater Houston Area

Bay Area • Baytown • Bellaire • Katy • Memorial & Tanglewood

• Sugar Land/Stafford • Willowbrook/Cypress

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Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Apnix Sleep Diagnostics or from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with Apnix Sleep Diagnostics and your home nursing agency.
- When you return to your home, contact your home nursing agency and Apnix Sleep Diagnostics so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster.

To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency known as FEMA.

Dial 211 for a 24-hour helpline to provide information and referrals to meet callers needs, everything from assistance during natural disasters to finding convenient childcare.

Dial 311 for Houston Service Center, which provides citizens with one easy-to-remember number for quick reliable access to city services.

Dial 911 for local emergencies.

An Important Reminder!!

During any emergency situation, if you are unable to contact our company and you are in need of your equipment or supplies, you must go to the nearest emergency room or other treatment facility for treatment.