

# PATIENT ADMISSION INFORMATION

## 1227 E. Rusholme St



Phone | (563) 421-6366

Toll Free | (877) 861-4891

There is a Registered Pharmacist on call 24 hours a day for emergent facility needs.



# Dear Genesis FirstMed Pharmacy Patient:

## Welcome to Genesis FirstMed Pharmacy

Thank you for choosing Genesis for your care. The information included in this folder is designed to be of help to you while we are providing your care. Genesis FirstMed Pharmacy services Iowa and Illinois.

While using Genesis FirstMed Pharmacy you will get a full medication review by our pharmacists. This medication review will help you to understand side effects, it will help you stay on track with your medications and help you with how you take your medications. You will get important information about your medication and tips on how to take your medication correctly. You will also get help working with your insurance company so you get approvals for the medication you need as soon as possible, and we will help you with financial assistance on copays when we have opportunities to do so.

You will have many opportunities to talk with your pharmacist about medication consultations, potential interactions with over the counter medications and how to best use over the counter medications. We will discuss any illness or allergies that you may have and your pharmacist will check for any drug-drug interactions. You are encouraged to ask your pharmacist questions.

Pharmacists and Certified Pharmacy Technicians will be communicating with you on a regular basis to ensure that you have all you need to follow your physician's orders. Transport Technicians will also be coming to your door to delivery your prescribed therapy. In accordance with Medicare and other Insurance requirements, each delivery needs to be signed for by an adult.

Please feel free to contact me at any time should you have questions or concerns regarding your therapy or financial implications of that therapy. We would also appreciate you filling out a Patient Satisfaction Survey should you receive one in the mail.

Again, thank you for choosing our services. We will strive to provide the highest quality services to you to meet your medical needs. You may contact a clinician who has information about your care 24 hours per day, 7 days per week by calling (563) 421-6366 or toll free (877) 861-4891.

Sincerely,

Jennifer Nienhaus PharmD, RPh  
Lead Pharmacist

# Calling for Help

The following list is intended as a guideline to help you determine what to do when certain events occur.

## Go to the nearest emergency room or call "911" for:

- Unconsciousness or decreasing level of consciousness.
- Severe breathing difficulty
- Chest pain that does not stop
- Bleeding that does not stop
- Fall with suspected injury

## Call FirstMed Pharmacy at (563) 421-6366 or toll free (877) 861-4891:

- To contact a Pharmacist
- To place a prescription order
- To obtain a refill
- To get information about prescription substitutions
- To transfer prescriptions to another pharmacy
- Guidance on medication recalls
- How to dispose of medications
- How to handle any adverse reactions
- To report concerns or errors
- To access medications in case of an emergency or disaster
- To obtain prescription order status
- To obtain claims related information
- To inquire if pharmacy is or out of network and differences in cost
- Information on how to obtain medications not available at the pharmacy

## ON CALL SYSTEM:

Call (563) 421-6366 or toll free (877) 861-4891 and inform the person who answers what you are calling about: IV, Enteral or Medication needs.

After hours when you call in, follow the prompts. Any messages left on the answering system will only be answered on the next regular business day.

## Emergency Disaster Preparation

Genesis FirstMed Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to facility, chemical spills in the community, snow storms, tornadoes, flooding, pandemics, and community evacuations. Our primary goal is to continue to service your prescription needs. If there is a threat in the areas that you reside in outside of the greater Quad Cities Area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

If you are on temperature sensitive medications, in the event of an extended power outage, it is YOUR responsibility to notify the power company that you need to be placed on the priority list. This is in order to provide proper medication storage (if you have been advised to store your medication in a refrigerator).

## Genesis Health System | Mission, Vision, Values

### MISSION

Genesis Health System exists to provide compassionate, quality health services to all those in need.

### VISION

Genesis will be a national leader in health care quality and safety, recognized by all as the best place in the region to receive care...practice medicine...and work.

### VALUES

**INTEGRITY:** We are honest, open in our communication and consistent in doing what we say we will do.

**COMPASSION:** We provide a caring response to the physical, emotional and spiritual needs of all.

**SAFETY:** We practice safety behaviors and error prevention techniques to ensure the safety of our patients, visitors and co-workers.

**ACCOUNTABILITY:** We accept individual and collective responsibility for everything we do.

**RESPECT:** We recognize the dignity and worth of each individual, acknowledging the diversity of needs, experiences and talents of all.

**EXCELLENCE:** We strive to achieve the best in everything we do.

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED TO COORDINATE YOUR HEALTH CARE AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### NOTICE HIGHLIGHTS

We are required by law to maintain the privacy of your Protected Health Information (PHI). We may use

and disclose PHI without your written authorization for the following purposes:

- Treatment, payment and health care operations
- Inclusion in our facility directory unless you opt out
- To update a family member, other relative, a close personal friend or any other person identified by you when you are present, unless you opt out
- Public health, abuse reporting, and oversight activities
- Judicial and administrative proceedings
- Law enforcement, medical examiner

- Organ and tissue procurement
- Research with an approved waiver
- Health or safety
- Specialized government functions
- Worker's Compensation
- As required by law
- To coordinate your care across multiple providers
- To optimize treatment of chronic conditions
- To focus attention on wellness and prevention

In addition, federal and state law provides special privacy protections for certain highly confidential information.

For purposes other than the ones described above, we obtain your written authorization. You have the following rights related to PHI:

- To submit complaints
- To request restrictions on use/disclosure
- To request alternative means of contact
- To revoke an authorization
- To inspect and copy your health information
- To request to amend your record
- To receive an accounting of disclosures

## MORE IN-DEPTH INFORMATION FOLLOWS

### I. WHO WE ARE

Genesis Health System (GHS) its employed physicians, certain specialties and its affiliates operate as a single entity to improve health outcome and achieve increased efficiency in the delivery of health care.

### II. OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices concerning your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or the notice that was in effect at the time the PHI was used or disclosed).

### III. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

**A. Uses and Disclosures For Treatment, Payment and Health Care Operations.** We may use and disclose your PHI, with exception of "Highly Confidential Information" described in Section IV below, in order to coordinate your health care treatment, to obtain payment for services provided to you and to conduct our "health care operations" as follows:

- **Treatment:** We will use and disclose your PHI to coordinate your care – for example, to diagnose and treat your injury or illness and to make follow up referrals. In addition, we may contact you by mail, telephone or email to provide

appointment reminders or information about treatment alternatives or other health-related benefits and services to optimize the care you receive. We will also disclose your PHI to others who need it to provide you with medical treatment or services. For example, we will send your doctor the results of laboratory tests we perform. In some cases the sharing of your PHI with other healthcare providers may be done electronically, including through an electronic health information exchange.

- **Payment:** We will use and disclose your PHI to obtain payment for services that we provide to you. For example, we will give information about you to your insurance company so we may receive payment. We will not disclose more information for payment purposes than is necessary.
- **Health Care Operations:** We may use and disclose your PHI to perform health care operations activities, which include internal administration and planning activities that improve the quality, safety and cost effectiveness of the care that we deliver to you and activities that improve health outcomes. We may also provide your PHI to students who are authorized to receive training at a GHS facility. For example, we may disclose PHI to our Patient Relations representative in order to resolve any complaints you may have or to ensure that you have a comfortable visit with us. We may disclose your PHI, as necessary, to others who we contract with to provide administrative services. This includes our care coordinators and health coaches.

**B. Use or Disclosure for Directory.** We may list you in a GHS patient directory if you are admitted to a GHS hospital. Information in the directory may be disclosed to anyone who asks for you by name. The directory listing may include name, general health condition, location, and religious affiliation. Religious affiliation will only be disclosed to members of the clergy. You may object to inclusion in the directory or instruct us not to include specific information. Your information will not be included in the hospital directory if you are in a specific ward, wing, or unit for a mental illness or developmental disability, HIV/AIDS or substance abuse.

**C. Disclosure to Relatives, Close Friends and Other Caregivers.** We may disclose your PHI to a member of your family or to someone else who is involved in your medical care or payment for care. We may notify family or friends if you are in the hospital, and tell them your general condition. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object and will attempt to get your agreement prior to the disclosure.

**D. Fundraising Communications.** We may contact you to request a tax-deductible contribution to support important activities of GHS and its affiliated foundations. The money raised will be used to expand and improve the services and programs we provide the community. In connection with any fundraising, we may disclose to our affiliated fundraising foundation(s), certain information about you (your name, address, phone number, e-mail address, age, date of birth, gender, health insurance status, dates of services, departments of service, treating physician information and outcome information). If you do not want to receive any fundraising requests, you may contact the Genesis Health Services Foundation at 563-421-6865. You are free to opt out of fundraising

solicitation, and your decision will have no impact on your treatment or payment for services with GHS.

**E. Marketing.** GHS may provide you with marketing materials in a face-to-face encounter without obtaining your written authorization. In addition, we may communicate with you about products or services we provide relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your Authorization. If you do not want to receive any marketing materials, you may contact Genesis Corporate Communications and Marketing at 563-421-9275. You are free to opt out of marketing solicitation, and your decision will have no impact on your treatment or payment for services with GHS.

**F. Public Health Activities.** We may disclose your PHI for public health activities, including: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws address work-related illnesses and injuries or workplace medical surveillance.

**G. Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive such information.

**H. Health Oversight Activities.** We may disclose your PHI to a health oversight agency that oversees GHS and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare and Medicaid.

**I. Judicial and Administrative Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**J. Law Enforcement Officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**K. Decedents.** We may disclose your PHI to a coroner, medical examiner or funeral director, as authorized by law.

**L. Organ and Tissue Procurement.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

**M. Research.** Medical research is vital to the advancement of medical science. Federal regulations permit use of PHI in medical research, either with your authorization or when the research study is reviewed and approved by an Institutional Review Board. In some situations, limited information may be used before approval of the research study to allow a researcher to determine whether enough patients exist to make a study scientifically valid.

**N. Health or Safety.** We may use or disclose your PHI if the disclosure is necessary to prevent or lessen a serious or imminent threat to public safety or to an individual.

**O. Specialized Government Functions.** We may use and disclose your PHI to units of the government with special functions, such as the U.S. Military or the U.S. Department of State under certain circumstances.

**P. Worker's Compensation.** We may disclose your PHI to the extent necessary to comply with state law relating to worker's compensation or other similar programs.

**Q. As Required by Law.** We may use and disclose your PHI if required by law.

**R. Business Associates.** We may disclose your PHI to third parties who perform services to us or on our behalf that require the use or disclosure of your PHI.

#### IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

For any purpose other than those described above in Section III, we will only use or disclose your PHI with your written authorization. For example, you will need to execute an authorization before we will send your PHI to a life insurance company.

**A. Other Organizations Marketing/Sale of PHI.** Most uses and disclosures of PHI for marketing purposes will be made only with your written authorization. GHS cannot give or sell lists of patients to a third party for the purpose of the third party marketing its own products. Such a use would require an express written authorization from you.

**B. Uses and Disclosures of Your Highly Confidential Information.** Federal and state laws have special privacy protections for certain highly confidential information about you, which include:

(1) psychotherapy notes; (2) mental health and development disabilities services; (3) alcohol and drug abuse prevention treatment and referral; (4) HIV/AIDS testing, diagnosis or treatment; (5) venereal disease(s); (6) child abuse and neglect; (7) domestic abuse of an adult with a disability; (8) sexual assault; or (9) genetic testing. We will obtain your written authorization in order to disclose highly confidential information. Each state may have different requirements regarding disclosure of such information, including mandatory reporting obligations, in some instances.

#### V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

**A. For Further Information; Complaints.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or if you disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Secretary. We will not retaliate against you if you file a complaint with GHS or the U.S. Department of Health and Human Services.

**B. Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general conditions. For any services for which you paid out-of-pocket in full, we will honor your request to not disclose information about those services to your health plan,



provided that such disclosure is not necessary for your treatment. In all other circumstances, we are not required to agree to a requested restriction, but will consider them carefully. If you wish to request additional restrictions, please obtain a request form from our Genesis Privacy Office and submit the completed form to the Genesis Privacy Office. We will send you a written response.

**C. Right to Request Special Confidential Communications.** You have the right to ask us to communicate with you at a special address or by special means. We will accommodate reasonable written requests.

**D. Right to Revoke Your Authorization.** You may revoke your Authorization, your Marketing Authorization or any written Authorization obtained in connection with your Highly Confidential Information except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Genesis Privacy Office at the address below. If needed, you may obtain a sample form of a Written Revocation from the Genesis Privacy Office.

**E. Right to Inspect and Copy Your Health Information.** You may request access to inspect your medical record file and billing records maintained by us and request copies of the record. You also have the right to direct that we transmit a copy of such information directly to another person designated by you. Under limited circumstances, we may deny you access to a portion of your records and will provide the reason for this denial. If we maintain PHI about you in electronic format, you have the right to a copy of your PHI in the electronic form or format you request, so long as the PHI is readily producible in that form or format. If it is not readily producible in the form or format you request, we will provide it to you in a reasonable alternative format. If you wish to review your records, please obtain a record request form from the Genesis Privacy Office and submit the completed form to the Genesis Privacy Office. The Genesis Privacy Officer will make arrangements for you to inspect your medical record file. If you request copies, we have the right to charge a fee for copy costs.

**F. Right to Amend Your Records.** You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Genesis Privacy Office and submit the completed form to the Genesis Privacy Office. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply.

**G. Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of disclosures of your PHI made by Genesis Health System during any period of time prior to the date of your request provided such period does not exceed six (6) years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we may impose a fee for this service. The following disclosures are not required to be included in the accounting of disclosure treatment, payment, health care operations, information in a patient directory, national security purposes, correctional or law enforcement personnel, or any that you have authorized, or made directly to you.

**H. Rights to Receive Paper Copy of This Notice.** You have a right to receive a paper copy of this Notice. If you have received this notice electronically, you may receive a paper copy by contacting the Genesis Privacy Office.

**I. Right to Receive Notice of a Security Breach.** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email) of any breach of your unsecured PHI as soon as possible, but no later than sixty (60) days after we discover the breach. "Unsecured PHI" is PHI that has not been made unusable, unreadable, and indecipherable to unauthorized users. The notice will give you the following information:

- a. A short description of what happened, the date of the breach and the date it was discovered;
- b. The steps you should take to protect yourself from potential harm from the breach;
- c. The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- d. Contact information where you can ask questions and get additional information.

#### VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

A. Effective Date. This notice is effective on April 14, 2003. Amended on October 1, 2012 and September 23, 2013.

B. Right to Change Terms of This Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to changing the new notice. If we change this Notice, we will post the new notice in waiting areas of Genesis Health System and on our internet site at [www.genesishealth.com](http://www.genesishealth.com). You also may obtain any new notice by contacting the Genesis Privacy Office.

#### GENESIS PRIVACY OFFICE

You may contact the Genesis Privacy Office at:

Genesis Health System Privacy Office

1227 East Rusholme

Davenport, Iowa 52803

Telephone Number (563) 421-7262

## Rights And Responsibilities

Healthcare involves a partnership between patients and families and health care providers. Each member of the partnership has certain rights and responsibilities. When you are well-informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. The pharmacy encourages respect for the personal preferences and values of each individual.

**While you are a customer at the pharmacy, your rights include the following:**

- You have the right to considerate and respectful care and the right to have belongings and property treated with respect.
- You have the right to be well-informed about your illness, possible treatments, and You likely outcome and to discuss this information with your doctor. You have the right to know the names and roles of people treating you.
- You have the right to consent to or refuse a prescription.
- You have the right to privacy. The pharmacy and others caring for you will protect your privacy as much as possible.
- You have the right to expect that prescription records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the pharmacy releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review your prescription records and to have information explained, except when restricted by law.
- You have the right to expect that the pharmacy will give your necessary health services to the best of its ability.
- You have the right to know if this pharmacy has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, or other health care providers, or insurers.
- You have the right to know about pharmacy rules that affect you and your prescription and about charges and payment methods. You have the right to know about pharmacy resources, such as the patient advocate or ethics committee that can help you resolve problems and questions about your prescription.
- You have the right to treatment without regard to race, color, creed, national origin, disability, veteran status, sex or age.
- You have the right to voice grievances suggest changes in service or staff without fear of restraint or discrimination.
- You have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Patient has the right to appropriate assessment of pain as related to services we provide.


**You have responsibilities as a pharmacy customer. They include the following:**

- You are responsible for providing information about your health, including drug allergies and use of medication.
- You are responsible for asking questions when you do not understand information or instructions.
- You are responsible for telling your pharmacist if you believe you can not follow through with your prescription treatment.

- You are responsible for reporting unexpected changes in your condition to the practitioner responsible for your care.
- You, and/or your family, when appropriate are responsible for following the plan of care developed with the health care practitioner. Your family can play an important part in promoting your recovery, and there may be times when it may be appropriate to include them in your plan of care.
- You are responsible for expressing any concerns regarding your ability to comply with the proposed treatment, and every effort will be made to meet your specific needs and limitations.
- You are responsible for understanding the consequences of treatment alternatives and of disagreement with the proposed course of treatment.
- You are responsible for providing information for insurance and for working with the pharmacy to arrange payment when needed. The pharmacy works to provide care efficiently and fairly to all patients and the community.
- You are responsible for recognizing the effect of lifestyle on your personal health. Your health depends not just on your prescription care but, in the long term, on the decisions you make in your daily life.

## Medicare DMEPOS Supplier Standards

DMEPOS suppliers have the option to disclose the following statement in order 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 Genesis FirstMed Pharmacy 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 from the [U.S. Government Printing Office website](#) . Upon request we will furnish you a written copy of the standards.

## Problem Solving Procedure and Complaints

Our goal is to assist you in returning to your maximum level of functioning and to provide all services possible to help you stay at home in your usual and customary surroundings. We are committed to assuring that your rights are protected. If you feel our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal.

- Please call 563-421-6366 and ask to speak to the Manager of Genesis FirstMed Pharmacy. You may also send your complaint in writing to Genesis FirstMed Pharmacy,

1227 East Rusholme St, Davenport, Iowa 52803. Most problems can be solved at this level.

- You will receive a response within five (5) calendar days that we have received the complaint and it is being investigated. Within 14 calendar days, we will provide written notification to you of the results of its investigation and response. If you are not satisfied with the results, you may appeal to the hospitals Patient Advocate at 563-421-7047.
- Genesis FirstMed Pharmacy is an accredited organization of Accreditation Commission for Health Care (ACHC). Filing complaint information is available toll-free at 1-855-937-2242.

Problems with our pharmacy may also be reported to the Iowa Board of Pharmacy at 1-515-281-5944. Medicare related issues can be reported to Medicare at 1-800-633-4227

## **Emergency Preparedness and Home Safety Information**

### **EMERGENCY PREPAREDNESS:**

- Keep list of emergency numbers by the phone: fire, police, ambulance, health care providers, and utility company.
- Keep emergency supplies on hand: Flashlight, portable radio, back-up batteries, canned food and bottled water, medicines and medicinal supplies
- If phone service is out, use battery-operated radio to access emergency broadcast systems for messages during emergencies.
- Register with your local electrical company as a priority electrical user if you use electrical medical equipment (infusion pump) or an oxygen system.
- If a family member is confined to a bed or chair, make sure they have an emergency call system, such as a phone, bell or intercom, within reach. Arrange for someone to remain available within the building to assist them in an emergency.

### **POISON PREVENTION:**

- Label all poisons and store in a safe place away from food and medicine.
- Call: 1-800-222-1222 for poison control.
- Keep all substances in their original containers
- Store cleaning supplies in a safe place, away from food and medicine
- Have Syrup of Ipecac on hand in case of accidental poisoning and follow directions on the label.

## **Customer's Referral Guide to Home Care Services**

Genesis Home Health Services offers a complete range of professional Home Health and Hospice care through its Home Health department. Genesis Home

Medical Equipment offers oxygen, and respiratory supplies and services. Genesis FirstMed Pharmacy offers infusion as well as enteral feedings. In order to meet the needs of you and your family, Genesis Visiting Nurse Association and Hospice offer services that can be provided in your own home.

Genesis FirstMed Pharmacy, Genesis Home Medical Equipment, Genesis Visiting Nurses, and Genesis Hospice are all departments of Genesis Health System and have a financial relationship with that entity.

(Genesis At Home Entities are able to bill for service to Medicare, Medicaid and Insurance).

## **GENESIS HOME HEALTH SERVICES:**

### **GENESIS FIRSTMED PHARMACY:**

- 24-hour coverage by Registered Pharmacists
- Delivered to patient's home
- Home Infusion Services
- Home Medications
- IV antibiotics
- Total Parenteral Nutrition (TPN)
- Chemotherapy
- Pain Management
- Enteral Feedings and G-tube supplies
- Bariatric Medication Management
- Specialty Pharmacy

### **GENESIS VISITING NURSES ASSOCIATION:**

- Medicare/Medicaid Certified Skilled Services
- Registered Nurses (RN)
- Speech and Language Pathologists
- Licensed Practical Nurses (LPN)
- Social Workers (MSS)
- Certified Home Health Aides
- Arrangements for all Medical Equipment and Supplies
- Physical Therapists
- 24 hour on-call nurses
- Occupational Therapists
- All payer sources accepted

### **GENESIS HOME MEDICAL EQUIPMENT:**

#### **RESPIRATORY SERVICES:**

- Complimentary Respiratory Services (with physician order)
- 24-hour coverage
- Licensed Respiratory Therapists

- Oximetry testing
- Patient education
- Respiratory assessment

#### **HOME EQUIPMENT AND SUPPLIES:**

- Aerosol therapy
- Concentrators
- CPAP/BIPAP and related supplies

#### **LIGHTWEIGHT PORTABLE OXYGEN SYSTEMS:**

- Liquid oxygen systems
- Medication nebulizers
- Peak flow meters
- Spacers
- Suction equipment
- Tracheostomy supplies
- Bath supplies/equipment
- Urinary supplies
- Lifts and lift chairs
- Beds
- Canes
- Crutches
- Walkers
- ASSISTIVE TECHNOLOGY PROFESSIONALS:
- Power mobility devices
- Wheel chair specialty seating/mapping

#### **GENESIS HOSPICE:**

In addition to all services available under Genesis Home Health Services:

- Nursing Care
- Personal care assistance and light housekeeping services
- On-call 24/7 staff
- Short-term inpatient care for symptom management
- Physical, Speech, Music, Massage and Occupational Therapy related to quality of life
- Medical Equipment and supplies related to the terminal illness and approved by the interdisciplinary group.
- Coverage for drugs related to the terminal illness
- Emotional support
- Assistance with Social Services
- Educational and Consulting Services
- Pastoral Care
- Respite Care
- Bereavement Care
- Volunteer Services

# Admission Agreement

## TREATMENT CONSENT:

I hereby authorize Genesis FirstMed Pharmacy and its agents to provide the patient/ client named herein with any equipment/services that have been ordered by the client's attending physician.

## RELEASE OF INFORMATION:

I authorize release of any and all patient information to assist in patient care and care decisions; to facilitate payment or review by any third party payers or Genesis FirstMed Pharmacy personnel, agents, or consultants, and to facilitate transfers to other facilities. Information will also be released as allowed by any state or federal law, including the Safe Medical Device Act. I may revoke this release by notifying Genesis FirstMed Pharmacy in writing. This does not affect releases already made.

## RETURNS:

All medications and supplies are non-returnable. This is to ensure the safety of all of our patients.

## TELEPHONE CONTACT:

By providing us with your wireless/cell phone numbers, you are hereby granting us, and our agents or independent contractors, your consent to receive calls on your wireless/cell phone number for billing and debt collection purposes.

# Assignment of Benefits

## BILLING INFORMATION:

I request that payment of authorized Medicare or third party payer benefits be made to me or, on my behalf, to Genesis FirstMed Pharmacy for any services, supplies, or equipment furnished to me by that provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration or any other third party payer and their agents any information needed to determine these benefits or the benefits payable for related services. Insurance benefits for the client named herein may or may not offer coverage for the equipment/services provided. If insurance benefits do offer coverage, Genesis FirstMed will file an insurance form. However if the insurance does not compensate Genesis FirstMed with the entire fee or does not reimburse them directly or without delay, I agree, with my signature on this document, to pay the unpaid charges promptly. Payment for services not reimbursed by insurance, including co-payments and deductibles, must be paid within thirty (30) days of the billing date, unless other arrangements are made.

Addendums to Packet

- The Joint Commission | SpeakUp and Help prevent errors in your care.
- The Joint Commission | SpeakUp and prevent infection.



- American Red Cross | Fire Prevention & Safety Checklist
- American Red Cross | Flood Safety Checklist
- American Red Cross | Power Outage Checklist



# Genesis FirstMed Pharmacy

1227 E. Rusholme St  
Davenport, IA 52803

(563) 421-6366

or toll free (877) 861-4891

## OFFICE HOURS

Monday through Friday  
8:30 a.m. to 6:00 p.m.  
(Except holidays)

There is a Pharmacist on call  
24 hours a day for emergent needs.



<https://www.genesishealth.com/FirstMed>

# Speak Up™ To Prevent Infection



## 1. Clean your hands ...

- Use an alcohol-based hand sanitizer.
- Use soap and water if your hands are visibly dirty.
- Clean your hands before eating or touching food.



## 2. Remind caregivers to clean their hands ...

- As soon as they enter the room.
- This helps prevent the spread of germs.
- Your caregivers may wear gloves for their own protection.



## 3. Stay away from others when you are sick ...

- If possible, stay home.
- Don't share drinks or eating utensils.
- Don't touch others or shake hands.
- Don't visit newborns.



## 4. If you are coughing or sneezing ...

- Cover your mouth and nose.
- Use a tissue or the crook of your elbow.
- Clean your hands as soon as possible after you cough or sneeze.
- Ask for a mask as soon as you get to the doctor's office or hospital.
- Keep a distance of about 5 feet between you and others.



## 5. If you visit a hospital patient ...

- Clean your hands when entering or exiting the hospital.
- Clean your hands before going in or out of the patient's room.
- Read and follow the directions on signs posted outside the patient's room.
- You may be asked to put on a mask, gloves, a paper gown, and shoe covers.
- If sanitizer wipes are in the room, read the instructions. Some wipes are only for cleaning equipment and surfaces, and are not safe for skin.
- If you are unsure about what to do, ask the nurse.



## 6. Get shots to avoid disease ...

- Make sure your vaccinations are current — even for adults.
- Help prevent diseases like the flu, whooping cough and pneumonia.

The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.



**To prevent health care errors, patients are urged to...**

**Help Prevent Errors in Your Care**

Ambulatory Care



Everyone has a role in making health care safe. That includes doctors, nurses and other health care professionals. Health care organizations all across the country are working to make health care safe. You can make your care safer by being an active, involved and informed member of your health care team.

The "Speak Up" program is sponsored by The Joint Commission. They agree that patients should be involved in their own health care. These efforts to increase consumer awareness and involvement are also supported by the Centers for Medicare & Medicaid Services.

This program gives simple advice on how you can make health care a good experience. Research shows that patients who take part in decisions about their own health care are more likely to get better faster. To help prevent health care mistakes, patients are urged to "Speak Up."

**S**peak up if you have questions or concerns. If you still don't understand, ask again. It's your body and you have a right to know.

- Your health is important. Do not be embarrassed if you don't understand what your doctor, nurse or other health care professional tells you.
- Don't be afraid to ask about safety. If you're having surgery, ask the doctor to mark the area that is to be operated on.
- Don't be afraid to tell the nurse or the doctor if you think you are about to get the wrong medicine or treatment.
- Don't be afraid to tell a health care professional if you think he or she has confused you with another patient.

**P**ay attention to the care you get. Always make sure you get the right treatments and medicines by the right health care professionals. Don't assume anything.

- Tell your nurse or doctor if something doesn't seem right.
- Health care workers should introduce themselves. Look for their identification (ID) badges.
- Notice whether your caregivers have washed their hands. Hand washing is the most important way to prevent infection. Don't be afraid to remind a doctor or nurse to do this.
- Make sure your nurse or doctor checks your ID. Make sure they do this before giving you medicine or treatment.

**E**ducate yourself about your illness. Learn about the medical tests you will get. Learn about your care plan.

- Ask your doctor about the special training and experience that qualifies him or her to treat your illness.
- Find out about your condition. Good places to get information are from your doctor, your library, respected websites and support groups.
- Write down information that your doctor tells you. Ask your doctor if he or she has any written information you can keep.
- Read all medical forms. Make sure you understand them before you sign them. If you don't understand ask your doctor or nurse to explain them.
- Make sure you know how to work any equipment that is being used in your care. If you use oxygen at home, do not smoke or let anyone smoke near you.

**A**sk a trusted family member or friend to be your advocate (advisor or supporter).

- Your advocate can ask questions that you may not think about when you are stressed.
- Ask this person to be with you during your treatment or operation. Your advocate can help make sure you get the right medicines and treatment.
- Your advocate can remember answers to questions you have asked. They can speak up for you when you cannot speak up for yourself.
- Make sure this person understands the care you want. Make sure they know what you want done about life support and other life-saving efforts.
- Read the consents for treatment with your advocate before you sign them. Make sure you both understand exactly what you are agreeing to.
- Make sure your advocate understands the care you will need when you get home. Your advocate should know what to look for if your condition gets worse. They should also know who to call for help.

**K**now what medicines you take. Know why you take them. Medicine errors are the most common health care mistakes.

- Ask why you should take the medicine. Ask for written information about it. Find out its brand and generic names. Ask about the side effects of all medicines.
- If you do not recognize a medicine make sure that it is for you. Ask about medicines that you take by mouth before you swallow them. Read the labels on the bags of intravenous (IV) fluids. If you're not well enough to do this ask your advocate to do it.
- If you are given an IV ask the nurse how long it should take for the liquid to "run out." Tell the nurse if it seems to be dripping too fast or too slow.
- When you get a new medicine tell your doctors and nurses about your allergies. Tell them about any bad reactions you have had to other medicines.
- If you take a lot of medicines ask your doctor or pharmacist if it is safe to take them together. Do the same thing with vitamins, herbs, and over-the-counter drugs.
- Make sure you can read the handwriting on prescriptions written by your doctor. If you can't read it the pharmacist may not be able to either. Ask somebody at the doctor's office to print the prescription.

**U**se an ambulatory care center, surgery center, office-based surgery practice, imaging center or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits ambulatory care centers to see if they meet The Joint Commission's quality standards.

- Ask if the organization has taken care of people with your illness or condition. How often do they perform the treatment you need? What special care do they give to help patients get well?
- If you have more than one ambulatory care center to choose from ask your doctor which one offers the best care for you.

- Before you leave the facility ask about follow-up care. Make sure that you understand all of the instructions.
- Go to Quality Check at [www.qualitycheck.org](http://www.qualitycheck.org) to find out if your ambulatory care center is "accredited." Accredited means that the center works by rules that make sure that patient safety and quality standards are followed.

**P**articipate in all decisions about your treatment. You are the center of the health care team.

- You and your doctor should agree on exactly what will be done during each step of your care.
- Know who will be taking care of you. Find out how long the treatment will last. Know how you should feel.
- Understand that more treatments, tests or medicines may not always be better for you. Ask your doctor how a new treatment, test or medicine will help.
- Keep copies of your medical records. Share them with your health care team. This will give them better information about your health history.
- Don't be afraid to ask for a second opinion. If you are not sure about the best treatment for your condition, talk to one or two more doctors. The more information you have about all the kinds of treatment available to you the better you will feel about the decisions made.
- Ask to speak with others who have had the same treatment or operation. They may help you prepare for the days and weeks ahead. They may be able to tell you what to expect and what worked best for them.

# Be Red Cross Ready

## Fire Prevention & Safety Checklist

The most effective way to protect yourself and your home from fire is to identify and remove fire hazards. Sixty-five percent of home fire deaths occur in homes with no working smoke alarms. During a home fire, working smoke alarms and a fire escape plan that has been practiced regularly can save lives.

- If a fire occurs in your home, **GET OUT, STAY OUT** and **CALL** for help.
- Install smoke alarms on every level of your home, inside bedrooms and outside sleeping areas. Test them every month and replace the batteries at least once a year.
- Talk with all household members about a fire escape plan and practice the plan twice a year.

### Prevent home fires



### Practice fire safety at home



### In case of fire ...



#### Steps You Can Take Now

- Keep items that can catch on fire at least three feet away from anything that gets hot, such as space heaters.
- Never smoke in bed.
- Talk to children regularly about the dangers of fire, matches and lighters and keep them out of reach.
- Turn portable heaters off when you leave the room or go to sleep.

#### Cooking Safely

- Stay in the kitchen when frying, grilling or broiling food. If you leave the kitchen for even a short period of time, turn off the stove.
- Stay in the home while simmering, baking, roasting or boiling food. Check it regularly and use a timer to remind you that food is cooking.
- Keep anything that can catch fire—like pot holders, towels, plastic and clothing—away from the stove.
- Keep pets off cooking surfaces and countertops to prevent them from knocking things onto the burner.

#### Caution: Carbon Monoxide Kills

- Install carbon monoxide alarms in central locations on every level of your home and outside sleeping areas.
- If the carbon monoxide alarm sounds, move quickly to a fresh air location outdoors or by an open window or door.
- Never use a generator, grill, camp stove or other gasoline, propane, natural gas or charcoal-burning devices inside a home, garage, basement, crawlspace or any partially enclosed area.

#### Smoke Alarms

- Install smoke alarms on every level of your home, inside bedrooms and outside sleeping areas.
- Teach children what smoke alarms sound like and what to do when they hear one.
- Once a month check whether each alarm in the home is working properly by pushing the test button.
- Replace batteries in smoke alarms at least once a year. Immediately install a new battery if an alarm chirps, warning the battery is low.
- Smoke alarms should be replaced every 10 years. Never disable smoke or carbon monoxide alarms.
- Carbon monoxide alarms are not substitutes for smoke alarms. Know the difference between the sound of smoke alarms and carbon monoxide alarms.

#### Fire Escape Planning

- Ensure that all household members know two ways to escape from every room of your home.
- Make sure everyone knows where to meet outside in case of fire.
- Practice escaping from your home at least twice a year and at different times of the day. Practice waking up to smoke alarms, low crawling and meeting outside. Make sure everyone knows how to call 9-1-1.
- Teach household members to **STOP, DROP** and **ROLL** if their clothes should catch on fire.

#### Follow Your Escape Plan!

Remember to **GET OUT, STAY OUT** and **CALL 9-1-1** or your local emergency phone number.

- If closed doors or handles are warm, use your second way out. Never open doors that are warm to the touch.
- Crawl low under smoke.
- Go to your outside meeting place and then call for help.
- If smoke, heat or flames block your exit routes, stay in the room with doors closed. Place a wet towel under the door and call the fire department or 9-1-1. Open a window and wave a brightly colored cloth or flashlight to signal for help.

#### Use Caution with Fire Extinguishers

- Use a portable fire extinguisher **ONLY** if you have been trained by the fire department and in the following conditions:
  - The fire is confined to a small area, and is not growing.
  - The room is not filled with smoke.
  - Everyone has exited the building.
  - The fire department has been called.
- Remember the word **PASS** when using a fire extinguisher.
  - **P**ull the pin and hold the extinguisher with the nozzle pointing away from you.
  - **A**im low. Point the extinguisher at the base of the fire.
  - **S**queeze the lever slowly and evenly.
  - **S**weep the nozzle from side to side.

### Let Your Family Know You're Safe

If you experience a home fire or any disaster, register on the American Red Cross Safe and Well Web site available through [RedCross.org](http://RedCross.org) to let your family and friends know about your welfare. If you don't have Internet access, call **1-866-GET-INFO** to register yourself and your family.



For more information on disaster and emergency preparedness, visit [RedCross.org](http://RedCross.org).

# Be Red Cross Ready

## Flood Safety Checklist

Floods are among the most frequent and costly natural disasters. Conditions that cause floods include heavy or steady rain for several hours or days that saturates the ground. Flash floods occur suddenly due to rapidly rising water along a stream or low-lying area.

### Know the Difference

**Flood/Flash Flood Watch**—Flooding or flash flooding is possible in your area.

**Flood/Flash Flood Warning**—Flooding or flash flooding is already occurring or will occur soon in your area.

### What should I do?



- Listen to area radio and television stations and a NOAA Weather Radio for possible flood warnings and reports of flooding in progress or other critical information from the National Weather Service (NWS).
- Be prepared to evacuate at a moment's notice.
- When a flood or flash flood warning is issued for your area, head for higher ground and stay there.
- Stay away from floodwaters. If you come upon a flowing stream where water is above your ankles, stop, turn around and go another way. Six inches of swiftly moving water can sweep you off of your feet.
- If you come upon a flooded road while driving, turn around and go another way. If you are caught on a flooded road and waters are rising rapidly around you, get out of the car quickly and move to higher ground. Most cars can be swept away by less than two feet of moving water.
- Keep children out of the water. They are curious and often lack judgment about running water or contaminated water.
- Be especially cautious at night when it is harder to recognize flood danger.
- Because standard homeowners insurance doesn't cover flooding, it's important to have protection from the floods associated with hurricanes, tropical storms, heavy rains and other conditions that impact the U.S. For more information on flood insurance, please visit the National Flood Insurance Program Web site at [www.FloodSmart.gov](http://www.FloodSmart.gov).

### What supplies do I need?



- Water—at least a 3-day supply; one gallon per person per day
- Food—at least a 3-day supply of non-perishable, easy-to-prepare food
- Flashlight
- Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
- Extra batteries
- First aid kit
- Medications (7-day supply) and medical items (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- Multi-purpose tool
- Sanitation and personal hygiene items
- Copies of personal documents (medication list and pertinent medical information, deed/lease to home, birth certificates, insurance policies)
- Cell phone with chargers
- Family and emergency contact information
- Extra cash
- Emergency blanket
- Map(s) of the area
- Baby supplies (bottles, formula, baby food, diapers)
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Tools/supplies for securing your home
- Extra set of car keys and house keys
- Extra clothing, hat and sturdy shoes
- Rain gear
- Insect repellent and sunscreen
- Camera for photos of damage

### What do I do after a flood?



- Return home only when officials have declared the area safe.
- Before entering your home, look outside for loose power lines, damaged gas lines, foundation cracks or other damage.
- Parts of your home may be collapsed or damaged. Approach entrances carefully. See if porch roofs and overhangs have all their supports.
- Watch out for wild animals, especially poisonous snakes that may have come into your home with the floodwater.
- If you smell natural or propane gas or hear a hissing noise, leave immediately and call the fire department.
- If power lines are down outside your home, do not step in puddles or standing water.
- Keep children and pets away from hazardous sites and floodwater.
- Materials such as cleaning products, paint, batteries, contaminated fuel and damaged fuel containers are hazardous. Check with local authorities for assistance with disposal to avoid risk.
- During cleanup, wear protective clothing, including rubber gloves and rubber boots.
- Make sure your food and water are safe. Discard items that have come in contact with floodwater, including canned goods, water bottles, plastic utensils and baby bottle nipples. When in doubt, throw it out!
- Do not use water that could be contaminated to wash dishes, brush teeth, prepare food, wash hands, make ice or make baby formula.
- Contact your local or state public health department for specific recommendations for boiling or treating water in your area after a disaster as water may be contaminated.

### Let Your Family Know You're Safe

If your community experiences a flood, or any disaster, register on the American Red Cross Safe and Well Web site available through [RedCross.org/SafeandWell](http://RedCross.org/SafeandWell) to let your family and friends know about your welfare. If you don't have Internet access, call **1-866-GET-INFO** to register yourself and your family.



# Be Red Cross Ready

## Power Outage Checklist

Sudden power outages can be frustrating and troublesome, especially when they last a long time. If a power outage is 2 hours or less, you need not be concerned about losing your perishable foods. For prolonged power outages, though, there are steps you can take to minimize food loss and to keep all members of your household as comfortable as possible.

### Energy Conservation Recommendations

- Turn off lights and computers when not in use.
- Wash clothes in cold water if possible; wash only full loads and clean the dryer's lint trap after each use.
- When using a dishwasher, wash full loads and use the light cycle. If possible, use the rinse only cycle and turn off the high temperature rinse option. When the regular wash cycle is done, just open the dishwasher door to allow the dishes to air dry.
- Replace incandescent light bulbs with energy-efficient compact fluorescent lights.

### How do I prepare for a power outage?



To help preserve your food, keep the following supplies in your home:

- One or more coolers—Inexpensive Styrofoam coolers work well.
- Ice—Surrounding your food with ice in a cooler or in the refrigerator will keep food colder for a longer period of time during a prolonged power outage.
- A digital quick-response thermometer—With these thermometers you can quickly check the internal temperatures of food to ensure they are cold enough to use safely.

Put together an emergency preparedness kit with these supplies in case of a prolonged or widespread power outage:

- Water—one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
  - Food—non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
  - Flashlight (NOTE: Do not use candles during a power outage due to the extreme risk of fire.)
  - Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
  - Extra batteries
  - First aid kit
  - Medications (7-day supply) and medical items
  - Multi-purpose tool
  - Sanitation and personal hygiene items
  - Copies of personal documents (medication list and pertinent medical information, deed/lease to home, birth certificates, insurance policies)
  - Cell phone with chargers
  - Family and emergency contact information
  - Extra cash
- If someone in your home is dependent on electric-powered, life-sustaining equipment, remember to include backup power in your evacuation plan.
  - Keep a non-cordless telephone in your home. It is likely to work even when the power is out.
  - Keep your car's gas tank full.

### What should I do during a power outage?



Keep food as safe as possible.

- Keep refrigerator and freezer doors closed as much as possible. First use perishable food from the refrigerator. An unopened refrigerator will keep foods cold for about 4 hours.
- Then use food from the freezer. A full freezer will keep the temperature for about 48 hours (24 hours if it is half full) if the door remains closed.
- Use your non-perishable foods and staples after using food from the refrigerator and freezer.
- If it looks like the power outage will continue beyond a day, prepare a cooler with ice for your freezer items.
- Keep food in a dry, cool spot and keep it covered at all times.

### Electrical equipment

- Turn off and unplug all unnecessary electrical equipment, including sensitive electronics.
- Turn off or disconnect any appliances (like stoves), equipment or electronics you were using when the power went out. When power comes back on, surges or spikes can damage equipment.
- Leave one light turned on so you'll know when the power comes back on.
- Eliminate unnecessary travel, especially by car. Traffic lights will be out and roads will be congested.

### Using generators safely

- When using a portable generator, connect the equipment you want to power directly to the outlets on the generator. Do not connect a portable generator to a home's electrical system.
- If you are considering getting a generator, get advice from a professional, such as an electrician. Make sure that the generator you purchase is rated for the power that you think you will need.

### What should I do when the power comes back on?



- Do not touch any electrical power lines and keep your family away from them. Report downed power lines to the appropriate officials in your area.

### Throw out unsafe food.

- Throw away any food that has been exposed to temperatures 40° F (4° C) for 2 hours or more or that has an unusual odor, color or texture. When in doubt, throw it out!
- Never taste food or rely on appearance or odor to determine its safety. Some foods may look and smell fine, but if they have been at room temperature too long, bacteria causing food-borne illnesses can start growing quickly. Some types of bacteria produce toxins that cannot be destroyed by cooking.
- If food in the freezer is colder than 40° F and has ice crystals on it, you can refreeze it.
- If you are not sure food is cold enough, take its temperature with the food thermometer. Throw out any foods (meat, poultry, fish, eggs and leftovers) that have been exposed to temperatures higher than 40° F (4° C) for 2 hours or more, and any food that has an unusual odor, color or texture, or feels warm to touch.

### Caution: Carbon Monoxide Kills

- Never use a generator, grill, camp stove or other gasoline, propane, natural gas or charcoal-burning devices inside a home, garage, basement, crawlspace or any partially enclosed area. Locate unit away from doors, windows and vents that could allow carbon monoxide to come indoors.
- The primary hazards to avoid when using alternate sources for electricity, heating or cooking are carbon monoxide poisoning, electric shock and fire.
- Install carbon monoxide alarms in central locations on every level of your home and outside sleeping areas to provide early warning of accumulating carbon monoxide.
- If the carbon monoxide alarm sounds, move quickly to a fresh air location outdoors or by an open window or door.
- Call for help from the fresh air location and remain there until emergency personnel arrive to assist you.

### Let Your Family Know You're Safe

If your community experiences a disaster, register on the American Red Cross Safe and Well Web site available through [RedCross.org](http://RedCross.org) to let your family and friends know about your welfare. If you don't have Internet access, call **1-866-GET-INFO** to register yourself and your family.

# IMPROVE PATIENT OUTCOMES & REDUCE READMISSION

The Genesis FirstMed Pharmacy at GMC-East is committed to meeting your over-the-counter, prescription and specialty medication needs.

Electronically select "Genesis Hospital FirstMed" in Cerner and send prescriptions in advance of discharge.

## HOURS:

M-F: 8:30AM - 6:00PM

**PHONE & AFTER HOURS  
ON-CALL PHARMACIST:**

**563-421-6366**

