Pinnacle HomeCare, LLC

Patient Orientation Form

My signature at the bottom of this form attests that I have received, read, and/or been instructed (in detail) the following information:

- ☐ My rights as a customer.
- ☐ My responsibilities as a customer.
- ☐ My Communications Form and Patient Satisfaction Survey for complaints/concerns.
- ☐ My Ticket denotes equipment delivered.
- ☐ My Release of Information/Assignment of Benefits.
- ☐ The safe environment of my home and its suitability to the equipment delivered.
- ☐ Equipment and supply cleaning procedures.
- ☐ Important Pinnacle HomeCare, LLC telephone numbers (including after-hours information).
- ☐ Received information regarding Emergency Preparedness.
- ☐ Medicare Supplier Standards.
- ☐ HIPAA Privacy Notice.

Unattended supply deliveries okay (such as USPS shipping)?

☐ Yes ☐ No

Other additional information:

Customer

Date

Pinnacle Homecare, LLC Representative

Date