



Advanced Sleep Therapy, LTD

CUSTOMER ORIENTATION FORM

Please check each item that has been provided to the patient and reviewed:

- My rights and responsibilities as a customer.
- My Release of Information/Assignment of Benefits/Insurance Information.
- My Communications Form and hot line number to report an infraction of my rights.
- A Consumer Satisfaction Survey to report a concern or share a compliment.
- My Delivery Ticket denoting equipment and/or products delivered.
- My 30 Day Mask Fit guarantee.
- The safe environment of my home and its suitability to the equipment and/or products delivered.
- The safe and proper operation of the equipment and/or products delivered.
- Equipment and supply cleaning procedures.
- Warranty information and maintenance requirements.
- Important Advanced Sleep Therapy Limited telephone numbers, including after-hours information.
- Received information regarding Emergency Preparedness.
- Received information regarding Advance Directives.
- HIPAA Privacy Notice.
- I have been instructed not to cover the exhalation ports on my mask.

My signature attests that I have received, read, and/or been instructed in detail, on the above check information:

Customer

Date

Advanced Sleep Therapy Limited Representative

Date