

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21, 22 and 27 of the Health Information Act and sections 33, 34, 39 and 40 of the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of providing and determining eligibility for health benefits under the Alberta Aids to Daily Living and Extended Health Benefits Regulation. If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, 13th Floor, TELUS House, 10020 100 Street NW, Edmonton, Alberta T5J 0N3 Telephone: 780-427-0731 Fax: 780-422-0968.

To be reviewed and signed by the client / individual for client.

The Specialty Supplier must keep the completed form on file and provide to ABC on request.

- 1. Contact the BPAP Specialty Supplier if there are issues with the equipment and the BPAP therapy. If problems cannot be resolved over the phone, the Client (caregiver) is expected to come and/or bring the equipment to the Specialty Supplier's office.
2. Notify the Specialty Supplier if their address changes, if they no longer use or require BPAP, and if they enter a long-term care facility, move out of province, or change physician.
3. Contact the Specialty Supplier if they choose not to use the therapy. BPAP funding will be discontinued.
4. Take good care of the equipment supplied. Clients are responsible to replace any equipment that is lost, stolen or damaged. Specialty Supplier can withdraw equipment and services if equipment is misused.
5. Pay privately for the rental or purchase of BPAP if the unit from the Specialty Supplier was taken out of the province and is not working.
6. Comply with Specialty Supplier policies regarding abuse-free environments. Failure to comply may result in the Specialty Supplier removing their equipment and services.
7. Comply with the therapy. If Client is not compliant to the therapy, the Client must be actively working towards achieving compliance of 4 hours per day for 70% of the time. If the Client has not reached this standard of compliance within 9 months from the BPAP initiation, BPAP funding will be discontinued.
8. Collaborate in their care by participating in the required assessment and/or tests arranged by the Specialty Supplier or physician to determine the continuation of BPAP funding. Failure to comply may result in an invoice from the Specialty Supplier that clients may be required to pay.
9. Obtain the BPAP supplies from their current BPAP Specialty Supplier. The eligible BPAP items and their quantities provided are based on Client's clinical needs as assessed by the Specialty Supplier. The basic eligible BPAP items and their maximum quantities are as follows:
a) Mask (full face or nasal) - one (1) per year.
- There is an option to replace the mask or to replace parts of the mask (e.g. cushions, forehead gel, etc) at the Specialty Supplier's discretion.
- Clients who require ventilation for long hours (e.g. 16 hours or more per day) are eligible for two (2) masks per year.
- Clients under age 13 are eligible for two (2) masks per year.
b) Headgear - one (1) per year.
c) Chin strap - one (1) per year.
d) Filters - twelve (12) per year.
e) Circuit - one (1) per year.
f) Oxygen diverter or pressure one way valve - one (1) per year if client is using oxygen with the BPAP.
10. Sign the BPAP Client's Roles and Responsibilities form and AADL Respiratory Client Declaration form.

Signature of Client/Individual for client Name (Please PRINT) Relationship to Client
Date (Mon dd, yyyy) Phone Number (if not client)