



CPAP EQUIPMENT PROGRAM

It is critical that each CPAP machine be calibrated to the individual pressure setting as prescribed by a licensed professional. Better Health is not licensed to set the level on your machine. Apria Healthcare can assist with the pressure level on your machine. **It is very important that you contact Gary Ake at Apria at 910-426-4000 to schedule an appointment to have the pressure set.** Failure to do so could result in adverse effects on your health. Furthermore, clients are responsible for maintenance of CPAP supplies, including filters and proper cleaning. A humidifier chamber may not be included with your machine as it is not required for all machines. If you require an adapter for oxygen with your CPAP, the adapter is not provided by Better Health. Questions and concerns regarding maintenance, filter replacement, settings and proper cleaning, should be referred to a respiratory therapist.

STATE OF NORTH CAROLINA

RELEASE

COUNTY OF CUMBERLAND

The undersigned, _____, acknowledges that he/she has read and understands the above statement regarding importance of having a licensed professional set the pressure on his/her CPAP machine and other vital information. He/she has requested the use of equipment from Better Health of Cumberland County (BHCC); and for and in consideration of using said equipment, the undersigned hereby for himself and his heirs, executors, administrators, successors and assigns, forever releases, acquits, discharges, and holds harmless Better Health of Cumberland County, and its employees, officers, officials, and agents from any and all claims, causes of action, or demands for personal injury or property damage arising out of the negligence of the employees, officers, officials, and agents of Better Health of Cumberland County for any liability arising out of the delivery and/or pickup or use of said equipment. I understand that it is **my responsibility to contact the above representative at Apria Healthcare** to ensure that the equipment is properly calibrated, and that failure to do so could result in adverse health effects.

(Recipient Signature)

(Recipient Name Printed)

(Date)

(BHCC Authorized Representative)

(Date)

