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Respiratory Benefits Program (RBP) Client Responsibility Form

Clients receiving respiratory benefits must meet the current RBP eligibility criteria.

Client Responsibility Form

RBP clients must be informed and agree to:

1. Notify RBP and the Respiratory Specialty Supplier if you move to a different address, no longer require the equipment, move out of province, move to a long-term care facility, are admitted to hospital or change your family physician;
2. Inform the Respiratory Specialty Supplier if you are traveling out of the province, the dates and the destination. The Respiratory Specialty Supplier may help with your oxygen arrangements. Submit your receipts indicating full payment to RBP. If the currency is not in Canadian dollars, submit currency rate at the time of travel. You will be reimbursed at the daily rate of \$10.88/\$11.90 for urban/rural locations.
3. Contact the RBP Unit at 780-342-8767 if you wish to change your Respiratory Specialty Supplier;
4. Pay the Respiratory Specialty Supplier for the disposable supplies such as oxygen tubing, nasal cannula, humidifier bottles, etc. These items are not covered by RBP;
5. Follow the fire safety guidelines if you are on oxygen. Oxygen clients are advised never to smoke when using their oxygen equipment. Others are advised to keep five feet away with lit cigarettes. If your smoking habit endangers your or others' safety, the Respiratory Specialty Supplier may discontinue your oxygen therapy and RBP will support this action;
6. Cooperate in doing the required testing as arranged by the Respiratory Specialty Supplier or physician for oxygen funding to be continued. If testing is not done prior to the oxygen expiry date, your Respiratory Specialty Supplier may bill you for the days that are not covered by RBP;
7. Take good care of the equipment you have been supplied with. It is your responsibility to replace any equipment that is lost, stolen or damaged;
8. Show no physical or verbal abuse to the Respiratory Specialty Supplier or their staff. Failure to comply may result in the Respiratory Specialty Supplier removing their equipment and services;
9. Sign the Client Declaration Form.

Signature of the Client: _____ **Date:** _____

Name: _____