

Directions for Use

This sample letter is intended to be used by healthcare providers to assist patients who are traveling with a peritoneal dialysis (PD) cyclor and/or other PD supplies to potentially waive baggage fees associated with airline limits for bag number or weight.

It is recommended that you copy and paste the content of this letter onto your own letterhead to personalize the letter for your institution. Obtain patient consent to disclose protected health information (PHI) to airlines.

Date

Re: [Patient's Name]

To Whom It May Concern:

[Patient's Name] is a patient under my care requiring regular peritoneal dialysis. It is medically necessary for this patient to carry dialysis supplies while traveling. The supplies may include a portable dialysis machine packaged in a specially designed hard-sided protective suitcase. The weight of the suitcase and its contents may exceed the 50 lb. weight limit for many airlines, and often requires this patient to check more than one bag.

The Air Carrier Access Act (ACAA) prohibits U.S. and foreign air carriers from discriminating against an individual in air transportation based on their disability. 14 CFR Part 382 (Part 382) defines the responsibilities of airlines and the rights of passengers with disabilities under the ACAA including people who use portable dialysis machines at home. As such, portable dialysis machines are not counted against the airline carry-on or checked baggage limits and their associated charges¹.

Note that, in compliance with the HIPAA Privacy Rule, all information above and this patient's protected health information (PHI) is strictly confidential. The Privacy Rule provides federal protections for PHI held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of PHI needed for patient care and other important purposes.

If you have any questions regarding this matter, please feel free to contact me at the clinic phone number listed below.

Your kindness is greatly appreciated.

Physician or Designee

Clinic Name and Phone Number

1. https://www.transportation.gov/sites/dot.gov/files/docs/Portable_Dialysis_Machine_Notice_0.pdf