BELLAPOTHECARY
Pharmacy and Home Healthcare
2045 Fairview Avenue
Easton, PA 18042
(610) 258-2311 Fax (610) 252-0972
Visit our website at www.bellapothecary.com

HIPAA PRIVACY FORM--NOTICE OF PRIVACY PRACTICES

Purpose: This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices. We must provide this Notice to each patient, make a good-faith attempt to obtain written acknowledgement to receipt of the Notice from the patient, have the Notice available at the Pharmacy and Home Healthcare Department for patients to request to take with them, post the Notice in our pharmacy in a clear and prominent location where it is reasonable to expect any patients seeking services from us to be able to read the Notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision. Thereafter, we must distribute the Notice to each new patient and to any person requesting a Notice. We must also post the revised Notice in our pharmacy as discussed above.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information, give you this notice about our privacy practices, our legal duties, and your rights concerning your health information and follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about your conditions, payments, and healthcare considerations.
-Treatment: We may use or disclose you health information to a physician or other healthcare provider providing treatment to you.
-Payment: We may use and disclose your health information, that identifies you, your diagnosis, medications, medical equipment and supplies to obtain payment for services we provide to you to a third party provider.
-Your Authorization: In addition to our use if your health information in connection with our healthcare operations, you may give us an authorization to use you health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except to those described in this Notice.
-To Your Family and Friends: We may disclose your health information to a family member, other relative, close personal friend, or any other person you identify to the extent necessary to help with your healthcare or payment for your healthcare, but only if you agree that we may do so,
-Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclose of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical equipment and/or supplies, or other similar forms of health information.
Marketing Health-Related Services: We will not use you health information for marketing communications without your written authorization.
-Required by Law: We may use or disclose your health information when we are required to do so by law.
-Abuse or Neglect: We may disclose you health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety or others.
-National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials' health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.
-FDA: We may disclose health information to the Food and Drug Administration with respect to products, defects, recalls, or post marketing surveillance.
-Workers Compensation: We may disclose information to the extent authorized to comply with laws relating to workers compensation.
-Public health: As required by law, we may disclose health information to public health or legal authorities responsible for controlling disease, injury, or disability.

PATIENT RIGHTS

-Access: You may request in writing to obtain access to your health care information.
-Restriction: You have the right to request that we place additional restrictions on our use or disclosed your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
-Amendment: You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our privacy officer. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using contact information listed at the end of this Notice. You may also submit a written complaint to the U.S Department if Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.
CONTACT OFFICER: JOHN ISAAC RPH

BELL APOTHECARY
Home Medical Equipment and Supplies

Patient Rights & Responsibilities
Consent to Privacy Practices

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care, may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify the Home Medical Equipment Company of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Home Medical Equipment Company in such instances.
3. The patient should promptly notify the Home Medical Equipment Company of any changes to their address or telephone.
4. The patient should promptly notify the Home Medical Equipment Company of any changes concerning their physician.
5. The patient should notify the Equipment Company of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

****

Consent to Privacy Practices of Bell Apothecary Effective Date: April 14, 2003

You have been provided with a copy of Bell Apothecary "Notice of Privacy Practices" that describes how we will use health information concerning our service to you. The notice details how we will use this information to provide treatment care for you, to gain reimbursement for our services and to improve our operations to better serve you and other patients.

We are required to document that:

- We have given you our Notice of Privacy Practices and that you have had the opportunity to review it;
- Bell Apothecary will notify you of changes in our Notice of Privacy Practices prior to implementing those changes;
- You may request restrictions as to how your health information may be used although Bell Apothecary is not required to agree to those restrictions;
- Any restrictions to which Bell Apothecary agrees to will be respected.
- You may revoke this consent in writing at any time, although Bell Apothecary can proceed with uses and disclosures that pertain to treatment, payment, or healthcare issues that take place before the consent was revoked.

(BELL APOTHECARY HOME HEALTH CARE)

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date - May 4, 2009*
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

Bell Apothecary

2046 Fairview Ave

Easton, Pa 18042

(610) 258-2311 (610) 252-0972 fax Monday - Friday 8 AM to 4 PM www.bellapothecary.com

PROTOCOL FOR RESOLVING COMPLAINTS FROM BENEFICIARIES

The beneficiary has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment and billing complaints will be communicated to management. These complaints will be documented in the Beneficiaries Complaint Log & completed forms will include name, address, phone number & health insurance ID number, summary of the complaint, date received, name of person receiving complaint, and summary of actions taken to resolve the complaint.

All the complaints will be handled in a professional manner, logged, investigated, acted upon and responded to in writing or telephone by a manager within a reasonable amount of time after the receipt of the compliant. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively up to the president/owner of the company.

If all options are exhausted with Bell Apothecary Home Healthcare with no satisfaction or resolution, the beneficiary may call the accreditation company, The Compliance Team (888) 291-5353 for assistance.

BENEFICIARY COMPLAINT FORM

Date of receipt of complaint:_____

Beneficiary Name:_____

Beneficiary Address:_____

Beneficiary Phone Number:_____

Beneficiary Health Insurance ID Number:_____

Description of Complaint:_____

_____

_____

_____

Action taken to resolve the complaint:_____

_____

_____

_____

Signature of Representative:_____ Date:_____