



PERSONAL SUPPORT MEDICAL SUPPLIERS, INC

PERSONAL RESPIRATORY SUPPORT

PERSONAL SUPPORT-HME

215-464-7304

Customer Information Booklet



Table of Contents

PAGE 1

Introduction

PAGE 2

Objectives
Mission Statement
Compliance Commitment

PAGE 3

Medicare Supplier Standards

PAGE 4

Medicare Supplier Standards

PAGE 5

Patient' Bill of Rights
Patient's Responsibilities

PAGE 6

Hours of operation
Delivery
Rental / Purchased Equipment
Service
Returns

PAGE 7

Financial
Insurance Coverage

PAGE 8

Billing and Payments

PAGE 9

Patient Grievance

PAGE 10

Patient Communication Form

PAGE 11

Emergency Preparedness
Infection Control

PAGE 12

Traveling With Oxygen

PAGE 13-17

Notice of Privacy

PAGE 18

Flyer

PAGE 19

Acknowledgment of Receipt of
Notice of Privacy

PAGE 20

Acknowledgment of Receipt of Booklet

PAGE 21

Customer Survey

Introduction

Welcome! Thank you for choosing Personal Support Medical Suppliers Inc. as your Home Medical Equipment supplier. This booklet will provide you with beneficial information. Please keep this booklet for reference, and call our office at anytime if you have questions.

We are a home medical equipment organization dedicated to providing comprehensive services to our customers with the utmost quality and professionalism. We accept only those customers whose home health needs, as identified by the referring source, can be met by the services we offer.

We Care For Your Health™

Our service includes the following:

- Emergency service 24 hours, 7 days a week.
- Instruction and training by our trained Support Care Specialists.
- Equipment maintenance visits, as recommended by manufacturer's guidelines.
- Clinical assessment as ordered by your physician.
- Assistance with your reimbursement and billing questions in relations to the product and / or service received.

Near the end of this booklet you will be asked to acknowledge that you have received this booklet and that you have read and understand the information we have provided you.

Hours of operation
9:00am to 5:00pm
Monday through Friday
24/7 emergency services

1414 South Broad Street – By appointment only

Objectives

Our Vision

Our company's management goals are to continuously strive to provide the highest quality home health care equipment, supplies and services to our community and customers. Our purpose is to assist our customers with the proper selection of equipment or products to best meet their medical needs, as prescribed by their physician, while being mindful of our fiscal responsibility.

We are committed to improving our standards of performance as it relates to patients and staff needs and expectations. We achieve this commitment by:

- Communicating a clearly defined mission.
- Recruiting highly professional personnel.
- Providing opportunities for growth and development for our personnel.
- Providing on-going education and training to develop skills and knowledge consistent with our services.
- Providing resources to implement and support the equipment and services we provide.

We do not discriminate against any person because of race, color, sex, religion, national origin or age.

We hold in high regard our compliance with all applicable federal, state, county and local laws and regulations.

Mission Statement

- Improving the quality of life of patients and serving our communities.
- Keeping our company continually compliant with all federal, state, county and local laws and regulations.
- Increasing the value of our company and the service we provide.
- Offering our employees fair compensation, recognition for a job well done, opportunities for growth, and work atmosphere of mutual trust and respect.

Compliance Commitment

If you have any questions or concerns regarding any of our activities, please contact our office at the telephone number on the front of this booklet.

Medicare Supplier Standards

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
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 program, or from any other Federal procurement or non-procurement program.
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.
8. A supplier must permit the Centers for Medicare and Medicaid Services (CMS), or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listing 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 or cell phone 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 complete operation.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
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 contact.
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 of the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and returned 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, upon request, any information required by the Medicare statute and implementing regulations.

NOTE: Please contact our office with any further questions.

You have the right to be informed as to who will be your Support Care Specialist and how you can contact them.

Your Support Care Specialist is: _____

You may contact your Support Care Specialist at:

215-464-7304

Patients Bill of Rights and Responsibilities

Patient's rights - You have the right:

1. Be fully informed in advance about care to be provided and of any modifications to the care plan.
2. Participate in the development and periodic revision of the plan of care.
3. Refuse services or treatment after the consequences of refusing treatment are fully presented.
4. Be informed in advance of the charges for services, including payment for care expected from third parties, and any charges the client will be liable for.
5. Have one's property and person treated with respect, consideration, and recognition of client dignity and individuality.
6. Be able to identify visiting staff members through proper organizational identification.
7. Voice grievances/complaints or recommended changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal.
8. Choose a healthcare provider.
9. Confidentiality of all information contained in client records.
10. Be informed of client rights under state law to formulate advanced care directives.
11. Receive appropriate and professional care without discrimination in accordance with physician orders.
12. Be informed of any financial benefits when referred to an organization.
13. Be informed of anticipated outcomes of care and of any barriers in outcome achievement.
14. Be fully informed of one's responsibilities.

Patients Responsibilities - You have the responsibility:

1. To ask questions about any part of the plan of care that you do not understand.
2. To protect the equipment from fire, water, theft or other damage while it is in your possession.
3. To use the equipment for the purpose for which it was prescribed, following instructions provided for use, handling, care, safety, and cleaning.
4. To supply us with needed insurance information necessary to obtain payments for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account. To forward payment sent to you in lieu of services we provided.
5. To be at home for scheduled service visits or notify us in advance to make other arrangements.
6. To notify us immediately of:
 - Equipment failure, damage, or need of supplies.
 - Any change in your prescription or physician.
 - Any change or loss in insurance coverage.
 - Any change in address or telephone number, whether permanent or temporary.
 - Discontinued equipment or services.
7. To be respectful of the property owned by our company and considerate of our personal.
8. To contact us if you acquire an infectious disease during the time we provide services.

Business Hours

Our hours of operation are 9:00AM to 5:00 PM. 24-hour emergency service is available for equipment related emergencies after hours, and on weekends and holidays. Please note that if emergency is life threatening, you are required to call **911**.

Delivery

Deliveries are provided on purchases and/ or rentals. It is preferable that routine and repeat orders be called in **24 hours** in advance. Same day deliveries are for **new referral/ customer initial set-ups**.

Rental Equipment

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up. During rental period service, Parts and labor are provided free of charge except in case of misuse or abuse. If the rented equipment has been damaged through misuse or abuse, the maintenance and repair costs become the customer's responsibility (we will not bill insurance carrier).

Purchased equipment and warranties

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided to you at the time of delivery of the purchased item. All warranties will be honored under applicable State laws. Used equipment purchased from our company has a **90-day** warranty on parts and labor.

Service and Repair

Equipment purchased from our company that is no longer covered by the manufacturer's warranty will be subject to current labor charges. The customer will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions and how to obtain any service required. All service and repair require scheduling in advance by calling the office during business hours.

Returns

Merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by a sales receipt. To receive a refund the item must be new and in the original packaging. Some items will require a 25% restocking fee. Refunds are subject to management discretion. If item returned was ordered by physician, a discontinuation order is required and/ or AMA form signed by customer.

Oxygen content, disposable supplies, diagnostic instruments, wheelchairs undergarments, stockings, items worn next to the skin, or any opened sterile packaged goods will not be accepted for return, refund, or credit unless the item is substandard or otherwise defective.

Financial Policy

All new equipment setups going on account require prior verification on insurance coverage before equipment is setup. If this is not possible due to weekend or other after hour's setup, verification will be done on the next business day.

- We do not guarantee coverage of, or payment of insurance claims.
- We do not guarantee any time frame for processing of insurance claims or subsequent billing from our office. It will be done in as timely a manner as possible.

Insurance Coverage – Customer's Responsibility:

- Provide us with all insurance information necessary to file your claim
- Notify our office of any changes or loss of insurance coverage
- Pay all deductible and balance remaining after secondary insurance is filed.
- The customer is responsible for payment in full of all claims not covered by insurance. You will be informed before delivery if we know that an item is not covered and assignment will not be accepted. In some cases, insurance will send payment for services rendered by company to customer. Customer must endorse and send payment to the company.
- Any arrangements or agreements for payment other than those described above must have approval from management. Special terms and approval signature must be documented on original paperwork.

Medicare Claims

If Medicare denies payment, you will be notified. At that time, if you wish to keep the equipment, it may be converted to private rental. If Medicare assignment is accepted, at no time will the charges on those items be more than the yearly deductible plus the 20% that Medicare does not pay. In many cases, the deductible amount and the 20% is paid by other insurance. We will follow through with the appeal process on Medicare claims that are denied. This will be done on non-assigned claims at the customer's request.

The customer is also advised that:

- Inexpensive, routinely purchased durable medical equipment may be rented or purchased.
- There will be a minimum of one-month rental on all equipment rentals.
- Rental charges will be assessed until we are notified to pick up the equipment.
- Any changes incidental to the use or operation of the equipment is the responsibility of the customer.
- All claims assigned and non-assigned, will be filed on behalf of the customer/ patient.

Billing and Payments

Customers are responsible for payments in accordance with our company's terms. Assignment of benefits to a third party does not relieve the customer of the obligation to ensure full payment. Billing third party payers is not an obligation, but rather a service we offer if all necessary billing information and signatures are provided.

Medicare

We accept Medicare Part B assignment, billing Medicare for 80% of allowed charges and billing the beneficiary the 20% payment and any deductible. If you have supplementary insurance be sure to provide us with that information. We offer Electronic Claims Transmission for billing non-assigned orders. Presentation of your Health Insurance Card is necessary.

Medicaid

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification. Presentation of your State Beneficiaries Identification Card and personal ID are required.

Private Insurance

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. Presentation of your State Beneficiaries Identification Card and personal ID are required.

Managed Care

We will provide equipment upon approval and authorization from the managed care representative.

Presentation of your State Beneficiaries Identification Card and personal ID are required. Remember, Your managed care provide has a disclaimer stating that **"Authorization is not a guaranty of payment"** and billing third party insurance **DOES NOT GUARANTEE PAYMENT**. Financial responsibility remains with you, the customer.

Patient Grievance

The following is our Patient Grievance Procedure:

1. When you have a concern, you can speak to the person delivering your equipment, at the next visit.
2. If you do not want to wait to speak to the delivery person, or if the issue you have involves our employee, you can call our office and speak with the manager.

We have included a patient communication form for you to complete should you wish to contact us in writing.

Patient Communication Form

We appreciate your candid comments as well as your assistance in helping us to continually improve our service(s) to our valued customers.

Date: _____

Name: _____

Telephone Number: _____

Describe your compliment/ concern: _____

OFFICE USE ONLY

Action Taken: _____

Quality Assurance Coordinator: _____

Date: _____

Emergency Preparedness

In case of an emergency, always call 911

Be prepared for emergencies!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

1. Have someone such as a family member or neighbor designate to check on you if an emergency situation occurs.
2. Determine an evacuation route and alternatives.
3. Arrange for a friend or relative in another town to be a communication contact for the extended family.
4. Make a habit of tuning in to daily weather forecasts and be aware of changing conditions.
5. Find out where the main utility switches are in your home and assign someone to turn them off in an emergency situation.
6. Have flashlight and extra batteries nearby for power outage. Keep extra blankets available in case the heat goes out.
7. Refill medication renewals promptly to ensure you have adequate supplies on hand.
8. Be sure you have an emergency back up source/supply for any medical equipment requiring electricity.
9. Always keep a list of emergency phone numbers available, including your medical equipment supplier(s).

Tips on Infection Control

Contact with infected body fluids, such as, blood, urine, feces, mucous, or the droplets that are sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Sometimes infections are spread through items that have been contaminated by drainage from infected sores, or discharges from the nose, mouth, eyes, or genital/rectal area. Controlling the spread of infections means interrupting the way illness travels from one person to another. Maintaining a clean environment helps to keep infections under control, and maintaining personal hygiene is very important to your health.

- Follow the equipment cleaning instructions given to you at the time of setup.
- Good hand washing is the single most important way to control infection.
- Wash your hands with soap and water, frequently and thoroughly.
- Clean contaminated household frequently and thoroughly.
- Meet your health needs.

Traveling with Oxygen

If you are traveling with oxygen cylinders and other oxygen equipment provided by us, the equipment and cylinders cannot be exchanged for equipment or cylinders from another company. If you would like us to help make financial arrangements for you to obtain service from another supplier, those arrangements must be made **at least 2 weeks in advance**. We **will not** be responsible for payment to the other company on your behalf.

If you do not make these arrangements before your travel, you may encounter problems with getting your oxygen. You are responsible for full or partial payments for your traveling oxygen services.

When traveling with oxygen system in an automobile, remember:

1. NO SMOKING

2. Secure tanks so that they cannot be easily moved. If a tank valve is bumped, the valve can inadvertently open releasing a large amount of oxygen rapidly.
3. Do not store oxygen tanks in an area of the car where the temperature will exceed 120 degrees Fahrenheit. Leave the windows open a crack to allow for some ventilation if tanks must be left for an extended period of time during warm weather.
4. Do not carry tanks in the trunk of a car. (To prevent damage to the tanks in a rear-end accident.)

It's a good idea to carry more than 1 tank with you when traveling, just in case your trip takes longer than expected.

Remember

- *Airline companies will provide you with oxygen in the plan.*
- *Heightened security alerts prevent us from accessing certain areas in airports, seaports or any other public transportation facilities.*
- *When arranging for a cruise – advise your travel agent that you use oxygen. Most likely the cruise line is contracted with one company to provide oxygen aboard the ship.*

Call your Support Care Specialist for any other questions regarding travel with oxygen, or any other medical equipment.

Notice of Privacy Practices – HIPAA

Purpose of this notice

This notice describes the ways in which we may use and disclose medical information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

Legal Requirements

The law requires us to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Obtain acknowledgment of receipt of this notice from you;
- Follow the terms of the notice that currently is in effect;
- Change the notice only in accordance with federal rules; and
- Provide our internal complaint process for privacy issues to you.

Who will follow our Privacy practices?

This notice describes PSMS's and that of all its employees, staff and other personnel. All PSMS's entities that have common ownership and/ or control. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

Our pledge

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services that we provide to you. We need this record to provide you quality care and to comply with certain legal requirements. This notice applies to all of the records of your care we generate. This notice also applies to other health information about you, such as information collected with your authorization during research studies. Your personal doctor and other entities providing products or services to you may have different policies or notices regarding their use and disclosure of your medical information.

Your rights

You're Right to Inspect and Copy. You have the right to inspect, request a summary and obtain a copy of your medical information about you or your care. Please submit a request in writing. We may charge a reasonable fee for the costs of copying, mailing and preparing an explanation or summary of the medical information associated with your request. We may deny your request to inspect and obtain copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed medical professional will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

You're Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Your Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This accounting is a list of the disclosures made for treatment, payment or PSMS's health care operations, disclosures that you have previously authorized us to make or other disclosure accounting required by Federal law. Your request must state a time period, which may not be longer than six years and may not include dates before January 1, 2004. Your request should indicate in what form you want the list, such as on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Your Right to Request Restrictions. You have the right to request restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request unless the information is needed to provide you emergency treatment. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both;
- To whom you want the limits to apply, for example, disclosures to your spouse.

Your Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Your Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at anytime. Even if you have agreed to receive this notice electronically, you are still entitled to receive a paper copy of this notice.

How we may use and disclose medical information

The following categories describe different ways that we are permitted to use and disclose medical information as a health care provider, although certain of these categories may not apply to our business and we may not actually use or disclose your medical information for such purposes.

- **For Treatment** – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your physician, home health agency, and/or any other therapist who

are involved in taking care of you. Family members, clergy or others we use to provide services that are part of your care.

- **For Payment** – We may use and disclose medical information about you so that the treatment and services we provide you may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations** – We may use and disclose medical information about you for our health care operations. These uses and disclosure are necessary to run our company and make sure that all of our patients receive quality care. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information for review and learning purposes. We may remove information that identifies you from this set of information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Delivery Reminders** - We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.
- **Treatment Alternatives** - We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services** - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for your care** - We may release medical information about you to a friend or family member who is involved in your medical care or payment for such care. We may also notify your family member, personal representative or another person responsible for your medical care regarding your location, general condition or death. In addition, we may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research** - Under certain circumstance, we may use and disclose medical information about you for research purposes. Before we use or disclose information for research, the project will have been approved through this research approval process. We will almost always ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **As Required by Law** - We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure however would only be to someone able to help prevent the threat.

Special situations

- **Military and Veterans** – if you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate military authority.
- **Worker’s Compensation** – We may release medical information about you for worker’s compensation or similar programs that provide benefits for work related injuries or illness.
- **Public Health Activities** – We may disclose medical information about you for public health activities such as:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;

- To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law.
 - **Judicial and Administrative Proceedings** – If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute. An effort will be made to tell you about the request or to obtain an order protecting the information requested.
 - **Law Enforcement** – We may release medical information if asked to do so by law enforcement officials: In response to a court order, subpoena, warrant, summons or similar process; To identify or locate suspect, fugitive, material witness, or missing person; About the victim of a crime under certain circumstances; About a death we believe may be the result of criminal conduct; In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
 - **Coroners, Medical Examiners and Funeral Directors** – We may release medical information that may be necessary to identify a deceased person or determine the cause of death.
 - **National Security and Intelligence, Protective Services for the President and Others** – We may release medical information about you to authorized federal officials.
 - **Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
 - **Organ and Tissue Donation** – If you are an organ and tissue donor, we may release medical information to organizations that handle organ and tissue procurement.
 - **Sales of Business Assets** – We reserve the right to transfer medical information about you to a third party in conjunction with the sale of our company or certain assets belonging to our company.

Change to this Notice

We reserve the right to change this notice at anytime. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as information we receive in the future. A copy of this notice is posted in all of our offices and location of business.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the secretary of the Department of Health and Human Services. All complaints must be submitted in writing. There is no penalty for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at anytime. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. It is understood by you that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Where to Send Written Requests

Please send all requests in writing to:

Personal Support Medical Suppliers, Inc.

270 Geiger Road, Suite F

Philadelphia, PA 19115

Att: Quality Assurance Department.

Personal Support Medical Suppliers, Inc

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please print, sign your name and provide the date below to acknowledge that you received this notice of privacy practices.

Print name of patient or patient's representative

Signature of patient or patient's representative

If the signor is other than the patient, please complete the following:

Print name of patient

Patient representative's authority to act for the patient

Date:

Acknowledgment of Receipt of Patient Booklet

I, the undersigned, hereby acknowledge that I have received the Customer Information Booklet. I have read and understand:

- The company's objectives in providing quality services and products.
- My rights and responsibilities.
- Medicare supplier's standards.
- The company grievance procedure
- Patient communication form
- Emergency preparedness information and infection control in the home.
- The company's service, delivery and warranty policies.
- The company billing and payment policies
- Notice of privacy practices.

I am aware that, should I have any questions or problems with my equipment or supplies, I can call my Support Care Specialist at the telephone number provided to me. The company's representative performed an assessment of my home. I was made aware of all areas that need to be changed to improve the safety of my environment while using the equipment that is provided to me. I assume responsibility for making the suggested changes, or the responsibility for not making the changes.

I have received the following Patient Instructions Sheet(s):

- | | |
|---|--|
| <input type="checkbox"/> Operation Safety Instructions: Oxygen Concentrator | <input type="checkbox"/> Operation Safety Instructions: Hospital Bed |
| <input type="checkbox"/> Operation Safety Instructions: Cylinder Oxygen | <input type="checkbox"/> Operation Safety Instructions: Nasal Cpap/Bipap |
| <input type="checkbox"/> Operation Safety Instructions: Liquid Oxygen | <input type="checkbox"/> Operation Safety Instructions: Wheelchair |
| <input type="checkbox"/> Operation Safety Instructions: Aspirator | <input type="checkbox"/> Operation Safety Instructions: Ambulatory Aids |
| <input type="checkbox"/> Operation Safety Instructions: Hand Held Nebulizer | <input type="checkbox"/> Respiratory Equipment Cleaning Instructions |
| <input type="checkbox"/> Operation Safety Instructions: DME | <input type="checkbox"/> Other: _____ |

Patient Name: _____

Date: _____

Signature: _____

Customer Survey

To better serve you, it is vital that we have knowledge of, and understand our customer's needs and concerns. Please take the time to complete this simple survey and help us determine how we can improve our performance. We welcome the opportunity to serve you in the best way possible. Thank you.

Service you received

- | | | |
|---|--|--|
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Hospital Bed | <input type="checkbox"/> other equipment or supplies |
| <input type="checkbox"/> Cpap/Bipap | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Durable Medical Supplies | <input type="checkbox"/> Hand Held Nebulizer | <input type="checkbox"/> Inhaled respiratory Medications |

Please circle your level of satisfaction with the following:

5 = High	4 = Above Average	3 = Average	2 – Below Average	1 = Poor	
					5 4 3 2 1 N/ A
					5 4 3 2 1 N/ A
					5 4 3 2 1 N/ A
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					5 4 3 2 1 N/ A
					5 4 3 2 1 N/ A

How can we improve our services?

Quality Assurance departments 215-464-7304

fax 215-464-7308