

*******PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS*******

Mark Drug Medical Supply-Notice of Privacy Policies

This notice of privacy policies describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related health services.

We are required to abide by the terms of this notice of privacy policies. We may change the terms of our notice at any time. The new notice will be effective for all the protected health information that we maintain at this time. Upon request we will provide you with any revised notice of privacy policies by calling the office or asking for one the next time you visit the store.

Understanding your health record/information

Each time you visit a healthcare provider; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred as your medical record, serves as a:

- Basis for planning your care
- Means of communication among the many healthcare professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool for health professionals
- Sources of data for medical research and facility planning and marketing
- Sources of information for public health officials charged with improving the health of the nation
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information helps you to:

- Ensure its accuracy
- Better understand who, what, where, and why others may assess your health information
- Make more informed decisions when authorizing disclosure to others

Your health information rights

Although your health records in the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of information practices at your request
- Inspect and obtain a copy of your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke authorization to use or disclose health information except to the extent that the action has already been taken

Our responsibilities

Mark Drug Medical Supply is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy policies with respect to information we collect and maintain about you
- Abide by terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations

We will not use or disclose your health information without your authorization except as described in this notice. If you believe your rights have been violated, you can file a complaint with our privacy contactor with the secretary of health and human services. There will be no retaliation for filing a complaint. You may contact our privacy manager, Margie Waskowski, at 847-537-8500 for further information on the complaint process.

Examples of disclosure for treatment, payment and health operations

We will use your health information for:

- Treatment (i.e. information obtained by a therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you). We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist them in treating you.
- Payment (i.e. a bill may be sent to you or a third party payer). The information accompanying the bill may include information that identifies you as well as your diagnosis, procedures and supplies used.
- Regular health operations (i.e. members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it). The information will then be used in an effort to continually improve the quality healthcare and service we provide.

There are some services provided in our organization through contacts with business associates. Examples include our billing service and a copy service we use when making copies of your health records. When these services are contracted we may disclose your health information to our business associates so they can perform the job we've asked of them and bill you or your third party payer for the services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

We may use or disclose health information to:

- assist in notifying a family member, personal representative or another person responsible for your care
- researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information
- provide appointment reminders or information about treatment alternatives or health related benefits and services that may be of interest to you
- the Food and Drug Administration (FDA) health information relative to adverse events with respect to food supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements
- the extent authorized by and to the extent necessary to comply with laws relating workers compensation to other programs established by law
- public health or legal authorities charged with preventing or controlling disease, injury or disability
- agents of a correctional institutions should you be an inmate of a correctional institution, necessary for your health and the health and safety of others
- law enforcement as required by law or in response to a valid subpoena

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

If you have questions about this notice, please contact our privacy manager, Margie Waskowski

This notice was published and became effective October 12, 2002.

Medicare Supplier Standards

National Supplier Clearing House- P.O. Box 100142, Columbia, South Carolina 29202-3142- 866-238-9652
A CMS Contracted Intermediary and Carrier: 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. 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. 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 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 complete 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 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 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 sub contracted, 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.