Client Bill of Rights

Every client has the right to:

1. Considerate and respectful service.
2. Obtain service without regard to race, creed, national origin, sex, age, sexual orientation, disability or illness, or religious affiliation.
3. Confidentiality of all information pertaining to you, your medical care and service.
4. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
5. A timely response to your request for service and to expect continuity of services.
6. Select the home medical equipment supplier of your choice.
7. Make informed decisions regarding your care.
8. Agree to or refuse any part of the plan of service.
9. Be given a statement of services provided and associated costs/payment responsibilities.
10. Be told what service will be provided in your home, how often, and by whom.
11. Be fully informed in advance about service/care to be provided and any modifications to the plan of service.
12. Participate in the development and periodic revision of the plan of service.
13. Informed consent and refusal of service or treatment after the consequences of refusing service or treatment are fully presented.
14. Be informed in advance of the charges, including payment for service expected from third parties and any charges for which the client will be responsible.
15. Have one's property and person treated with respect, consideration, and recognition of client dignity and individuality.
16. Voice complaints without fear of termination of service or other reprisals. Please call company representatives with your concerns.
17. Be able to identify visiting staff members through proper identification.
18. Voice grievances/complaints or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal.
19. Have grievance/complaints regarding treatment that is (or fails to be) furnished, or lack of respect of property investigated.
20. Receive appropriate service without discrimination in accordance with physician orders.
21. Be fully informed of one's responsibilities.
22. Be informed of provider service limitations.
23. Be informed of any financial benefits when referred to an organization.
24. Have your wishes honored as they apply to advance directives you have formulated.
25. Be informed of client rights under state law to formulate advanced care directives.
26. Be informed of anticipated outcomes of service and of any barriers in outcome achievement.
27. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client property.

Client Responsibilities

1. Ask questions about any part of the plan of service that you do not understand.
2. Protect the equipment from fire, water, theft or other damage while it is in your possession.
3. Maintain a safe, clean environment and appropriate electrical supply for equipment.
4. Use the equipment for the purpose, for which it was prescribed, following instructions provided for use, handling, care, safety and cleaning.
5. Be home for scheduled service visits or notify us in advance to make arrangements.
6. 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, when equipment or services are no longer needed, any admissions to a home health care agency, nursing home or hospice.
7. Be respectful of the property of our company and considerate of our personnel.
8. Contact us if you acquire an infectious disease during the time we are providing services.

Infection Control

Germs can be found in all areas of your home, such as tabletops and bathrooms, and also around food and pets. Germs can also be found in the air and on your skin, especially on the hands. Most of the germs that live in the air or on your skin will not hurt you. Some germs, if allowed to enter the bloodstream, could cause an infection or serious illness.

Alcohol-Based Rubs

1. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
2. Rub your hands together.
3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds

Washing Hands with Soap and Water

1. Wet your hands with clean, running water (warm or cold), turn on the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Proper Respiratory Hygiene/Cough Etiquette

1. Cover mouth and nose when sneezing/coughing.
2. Use tissues and dispose immediately in a receptacle.
3. Observe hand hygiene after soiling of hands with respiratory secretions.
4. Wear a surgical mask to prevent spread of respiratory secretions.

For more information on infection control and proper hand washing techniques contact:

Centers for Disease Control and Prevention
1600 Clifton Rd, Atlanta, GA 30333
800-CDC-INFO 800.232.4636
TTY: 888.232.6348 (24 Hours/Every Day)
cdcinfo@cdc.gov
www.cdc.gov/handwashing

Client Emergency Preparedness

There are many types of disasters that can occur within the PNW. Disasters and emergencies include high winds with widespread destruction, earthquakes, wildfires, electrical blackouts, floods, and other emergencies that may cause an interruption of your services. Following a disaster, MyMedSupplies (MMS) will make every attempt to contact you if you utilize equipment that requires monitoring on an on-going basis.

PLEASE NOTE:

If any of your equipment does not have electric power, go directly to the nearest emergency shelter having a generator. Always complete a weekly check of your equipment and/or supplies. If you should need supplies at times other than our scheduled deliveries, please contact us. If you have any concerns about what to do regarding your MMS equipment and/or supplies during an emergency, please contact us.

CREATE A PLAN: Have an evacuation plan for you and your family that considers if you are together or if you are separate. Make an easy to carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

BE INFORMED

Be aware of what disasters or emergencies may occurs in your area. Be aware of what your state and local emergency plans are. Follow all radio or television instructions of your local authorities.

To learn more about emergency preparedness within our area, please visit the Red Cross website for more information: www.redcross.org

MyMedSupplies

Patient Intake Information

Scope of Service

Home Medical Equipment and Supplies
Incontinence Supplies
Urological Supplies

Commitment to Quality

If you have complaints or concerns regarding the quality of our services or products, please contact the Manager or Compliance Officer at any one of our locations. We investigate every grievance individually and send a written response of findings to the affected party within 14 days. To file a complaint with the Attorney General's Office, contact them at 800.551.4636. Their hours of operations are 10:00 am to 3:00 pm; Monday through Friday.

We are accredited by Accreditation Commission for Health Care, and you may call them if your complaint continues to be unresolved. Their contact information is 855.937.2242.

Locations

Spokane Valley
6326 E Trent Ave, Ste A
Spokane Valley, WA 99212
509.867.3466 • Fax: 866.583.9296
Monday - Friday 9am to 5:30pm

Lacey
6149 Martin Way E
Lacey, WA 98516
360.456.5475 • Fax: 866-583-9296
Monday - Friday 9am to 5:30pm

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MyMedSupplies is committed to preserving the privacy and confidentiality of your protected health information(PHI) which is created and/or maintained at one of our service locations. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your protected health information. This NOTICE will provide you with information regarding our privacy practices and applies to all of your protected health information created and/or maintained at one of our service locations, including any information that we receive from other health care providers or facilities. The NOTICE describes the ways in which we may use or disclose your protected health information and also describes your rights and our obligations concerning such uses or disclosures. We will abide by the terms of this NOTICE, including any future revisions that we may make to the NOTICE as required or authorized by law. We reserve the right to change this NOTICE and to make the revised or changed NOTICE effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current NOTICE, which will identify its effective date, in our service locations and on our website at www.MyMedSupplies.com.

The privacy practices described in this NOTICE will be followed by:

- Any health care professional authorized to enter information into your medical record(s) created and/or maintained at our service locations,
- All employees who have access to your protected health information at our service locations; and
- Any caregiver which is allowed to help you while receiving services at one of our service locations.
- The individuals identified above will share your protected health information with each other for purposes of treatment, payment and health care operations, as further described in the NOTICE.

How MyMedSupplies May Use or Disclose Your Protected Health Information.

FOR TREATMENT: MyMedSupplies may use your protected health information to provide you with health care products, supplies, treatments or services (collectively "services"). We may collect and share appropriate information about you to document the medical necessity of the services we are providing. For example: diagnosis, prescriptions, referral and physician, or health care provider information.

FOR PAYMENT: MyMedSupplies may use and disclose your protected health information for purposes of billing and collecting payment for the services we provide. For example: a bill may be sent to you or a third party payer, such as an insurance company (e.g. Medicare/ Medicaid) or health care plan. The information on the bill may contain information that identifies you, your diagnosis, and services used in the course of your service.

FOR HEALTH CARE OPERATIONS: MyMedSupplies may use and disclose protected health information about you for operational purposes. For example: As part of our ongoing performance improvement programs, MyMedSupplies may contact you via phone, email, or text with surveys regarding our performance. Your protected health information may be disclosed to MyMedSupplies staff for risk or quality improvement, health care outcomes and utilization reporting, and to remind you of service needs.

FAMILY MEMBERS, FRIENDS, CAREGIVERS, & REFERRAL SOURCES:

MyMedSupplies may disclose your protected health information to individuals, such as family members, caregivers and friends, who are involved in your care or who help pay for your care. MyMedSupplies may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example: if your spouse or caregiver comes into the service location with you, we assume that you agree to our disclosure of your protected health information while they are present and assisting with your care.

REQUIRED BY LAW: MyMedSupplies may use and disclose information about you as required by law. For example: MyMedSupplies may disclose information or the following purposes, judicial and administrative proceeding pursuant to legal authority, to report information related to victims of abuse, neglect or domestic violence, and to assist law enforcement officials in their law enforcement duties.

DECEDENTS: Your protected health information may be used or disclosed to a coroner, medical examiner or a funeral director. Also we may disclose to a family member, or those who were involved in your care or payment for health care prior to your death, your protected health information that is relevant to such persons' involvement unless doing so is inconsistent with any prior expressed preferences that is known to us from you.

ORGAN, EYE OR TISSUE DONATION: Your protected health information may be used or disclosed to organ procurement organizations or other entities engaged in the procurement, banking or translation of cadaveric organs, eyes or tissue.

PUBLIC HEALTH AND SAFETY: Your protected health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control a serious threat to health or safety of you or any other person pursuant to the applicable law, disease, injury or disability, or for other health oversight activities.

HEALTH OVERSIGHT ACTIVITIES: MyMedSupplies may disclose your protected health information to a health oversight agency that is authorized by law to conduct health oversight activities. Including audits, investigations, and inspections or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

RESEARCH: We may use or disclose your protected health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your protected health information for research purposes until the particular research project for which your protected health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your protected health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your protected health information which is done for the purpose of identifying qualified participants will be conducted onsite at our service locations. In most instances, we will ask for your specific permission to use or disclose your protected health information if the researcher will have access to your name, address or other identifying information.

GOVERNMENT FUNCTIONS: Your protected health information may be disclosed to specialized government functions such as protection of public officials or reporting to various branches of the armed services.

CRIMINAL ACTIVITY: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

INMATES: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

WORKERS' COMPENSATION: Your protected health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

APPOINTMENT REMINDER: We may use or disclose your protected health information for purposes of contacting you to remind you of a health care appointment.

USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION:

MyMedSupplies will not use or disclose your protected health information for any other purposes not described in this NOTICE, unless we have your specific written authorization. You may revoke the written authorization at any time except to the extent MyMedSupplies has taken some action in reliance on such.

MARKETING ACTIVITES: All uses of and disclosures of you PHI for marketing purposes and sales of PHI will require your written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

You have the following rights regarding your protected health information. You may exercise each of these rights by providing us with a written request or completed form that you can obtain from MyMedSupplies. In some instances, we may charge you for the cost(s) associated with providing you with the requested information.

RIGHT TO COPY AND INSPECT

You have the right to inspect and request, in writing, a copy of your protected health information that may be used to make decisions about your health care. You have the right, in writing, to direct the use of your protected health information at any of our service locations.

RIGHT TO AMEND: You have the right to request, in writing, an amendment to your protected health information that is maintained by MyMedSupplies that is used to make health care decisions about you.

Amendment requests will be evaluated on an individual basis and revised if appropriate. We may deny your request if it is not properly submitted or does not include a reason to support your request. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request, in writing, an accounting of non-routine disclosures of your protected health information made by MyMedSupplies.

RIGHT TO REQUEST RESTRICTIONS: You have the right, in writing, to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You have the right to, in writing, restrict certain disclosures of PHI to a health plan when:

- The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law or regulation; and
- You (or any person other than the health plan) pay for treatment at issue out of pocket in full.

You also have the right, in writing, to request a limit on the protected health information we disclose about you to someone, such as a family member, caregiver or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular service that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and MyMedSupplies.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right, in writing, to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to receive a copy of this NOTICE. You may ask us to give you a copy of this NOTICE at any time. Even if you have agreed to receive this NOTICE electronically, you are still entitled to a copy of this NOTICE.

Our Duties Regarding Your Protected Health Information

MyMedSupplies will maintain the privacy of protected health information and provide individuals with notice of its legal duties and privacy practices with respect to protected health information. MyMedSupplies will notify any affected individuals following a breach of unsecured protected health information. MyMedSupplies will abide by the terms of the notice currently in effect.

MyMedSupplies will apply a change in a privacy practice that is described in the notice to protected health information that MyMedSupplies created or received prior to issuing a revised notice. MyMedSupplies reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. We will post a copy of the most current NOTICE, which will identify its effective date, in our service locations and on our website at www.MyMedSupplies.com.

Questions or Complaints

If you have any questions regarding this NOTICE or wish to receive additional information about our privacy practices, please contact our Compliance Officer toll free 888-441-1312. If you believe your privacy rights have been violated, you may file a complaint at any of our service locations or with the Secretary of the Department of Health and Human Services (DHHS). To file a complaint at any of our service locations, contact our Compliance Officer toll free 888-441-1312. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Medicare Supplier Standards

The products and/or services provided to you by MyMedSupplies are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at on our website, MyMedSupplies.com. Upon request we will furnish you a written copy of the standards.