



Your Information. Your Rights. Our Responsibilities.

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.**

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting **Crystal Brown, Vice President at 800-223-9310.**
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Updated 04/2017

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We never market or sell personal information.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.



PO Box 1830
Conway, NH 03818
Phone: 800-223-9310
Fax: 603-356-3141

DMEPOS 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 enrollment 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 and must maintain a visible sign with posted hours of operation. The location must be 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.
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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose 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).
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. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f)
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.



PO Box 1830
Conway, NH 03818
Phone: 800-223-9310
Fax: 603-356-3141

Customer/Client Bill of Rights

At Austin Medical Products, Inc., our goal is to provide a better quality of life through our products. As our customer, you have legal rights and responsibilities. They are detailed below. One of your most important rights is your right to privacy; our policy is outlined in our Notice of Privacy Practices. Your other rights and responsibilities are as follows. If you have any questions, please ask a member of our office staff at 603-356-7004.

Rights and Responsibilities

The customer has, but is not limited to:

1. The right to purchase and receive products, regardless of race, national origin, religion, physical disability, gender, age, or marital status.
2. The right to have the products we manufacture and sell described to you in as much detail as required for you to make an informed decision about whether to purchase and use our products.
3. The right to offer suggestions concerning alteration of our products so that you receive the best possible outcome.
4. The right to return any products that you are unable to use, or that are damaged or defective for an exchange or refund.
5. The right to be informed in advance that Austin Medical Products, Inc. does not accept assignment, does not bill insurance companies, that the person placing an order is responsible for payment in full, and that in the case of Medicare, to be notified in writing in the case where Medicare is unlikely to reimburse you for the supplies that you purchase from us.
6. The right to prompt and reasonable responses to questions and requests.
7. The right to identify the person you are speaking with when calling into Austin Medical Products, Inc.
8. The right to voice grievances/complaints regarding any aspect of providing you with supplies without restraint, interference, coercion, discrimination, or reprisals.
9. The right to have grievances/complaints regarding any aspect of providing you with supplies investigated.
10. The right to purchase the products that we manufacture from other suppliers.
11. The right to expect that his/her order will be delivered within a reasonable amount of time.
12. The right to confidentiality and privacy of all information contained in your customer record and of protected health information.
13. The right to have access to your medical record within the limits and specific provision of applicable law, and to have the record read only by individuals involved in the administration of your purchases.
14. The right to be advised of our policies and procedures regarding the use and release of your personal and medical information.
15. The right to receive, upon request prior to purchase, a reasonable estimate of charges for supplies.
16. The right to be informed of any financial benefits that may be available by purchasing the product we manufacture from another supplier.
17. The right to receive a copy of a reasonable and understandable itemized bill and, upon request, to have the charges explained.
18. The right to express grievances regarding any violation of his/her rights, as stated in this Bill of Rights, through the grievance procedure of the medical supply provider, and to the appropriate state or federal agency, the Better Business Bureau or the Accreditation Commission for Health Care.
19. The right to be informed of your responsibilities.

For any concerns or problems that you do not wish to discuss with a representative of the facility, or to express a complaint about the facility, you or your family member may contact the agencies listed below.

Office of the Attorney General
Consumer Protection and Antitrust Bureau
33 Capitol Street
Concord, New Hampshire 03301
Tel.: (603) 271-3641

BBB of New Hampshire
25 Hall Street, Ste. 102
Concord NH 03301
Phone: (603) 224-1991

Accreditation Commission for Health Care, Inc.
4700 Falls of the Neuse Road, Suite 280
Raleigh, NC 27609
Phone: (919) 785-1214

The Patient's Responsibilities

The customer needs to participate in his/her supply management. The customer, parent or legal guardian is responsible for:

1. Providing accurate and complete information about present needs.
2. Reporting to the order fulfillment staff any changes in name, addresses, telephone numbers, payment information, and types of supplies needed prior to placing an order.
3. Asking questions when he/she does not understand any issue related to supplies, supply delivery, insurance coverage, and payment requirements.
4. Reporting damaged or defective supplies, and errors in supply delivery immediately upon receiving their supplies.
5. Ensuring financial obligations are fulfilled. All persons, our staff and customers alike, shall be treated with respect and dignity. This is a right due all persons regardless of race, national origin, religion, physical disability, gender, age, marital status, or sources payment.



PO Box 1830
Conway, NH 03818
Phone: 800-223-9310
Fax: 603-356-3141

Description of Services

Austin Medical Products, Inc. manufactures and distributes a custom stoma cover specifically designed to collect and retain the mucous discharge from the stoma of persons that have had continent intestinal reservoir surgery, which includes an ileo reservoir, a urinary reservoir or a regulated colostomy that is irrigated. Supplies are usually able to be shipped to the patient the same day the supplies are ordered, depending upon time of day and whether the item must be custom made. Products are distributed in a mail order setting. Austin Medical Products, Inc. does not accept assignment from any insurer, including Medicare, so payment by the patient is required either by credit card, debit card or paper check when products are ordered. Austin Medical Products, Inc. will file claims to Medicare for Medicare beneficiaries whose primary insurer is Medicare, so that they can be reimbursed by Medicare. Delivery of supplies is accomplished using small package carriers such as United Parcel Service and the U.S. Postal Service. If the patient is a new customer for Austin Medical products, Inc., certain documentation required by Medicare must be obtained prior to filling the first order.



PO Box 1830
Conway, NH 03818
Phone: 800-223-9310
Fax: 603-356-3141

Instructions for Use

AMPatch® STOMA COVERS AND INSERTS ARE FOR EXTERNAL USE ONLY

AMPatch® Application Instructions

1. Be sure skin is clean and dry (free of oil and soap residue).
2. Remove protective cover from hole in back.
3. Holding AMPatch® with the narrow piece of release paper in place, remove larger piece of release paper.
4. Be sure skin is flat and relaxed as much as possible.
5. Position as desired with hole over stoma and adhere to skin by pressing top of patch firmly.
6. Finally, remove narrow piece of release paper and adhere remainder of patch to skin.

AMPatch® Removal Instructions

1. Peel back the edge of the AMPatch® and hold the edge between the thumb and forefinger of one hand.
2. With the other hand, push or stretch the skin away from the patch.