

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

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information of dates and services, the services provided, and the medical conditions being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of Professional Respiratory Services LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote equality.

Law Enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not effect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

MEDICARE DMEPOS SUPPLIER STATEMENT

The products and/or services provided to you by Fuller Medical Solutions are subject to the supplier standards contained in the Federal Regulations shown at 42 Code of Federal Regulations Sections 424.57 ©. These standards can be obtained at <http://acfr.gpoaccess.gov>. Upon request, we will furnish you a written copy of the standards. These standards concern business, professional, and operational matters (e.g. honoring warranties and hours of operation).

Fuller Medical Solutions duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices

We are also required to abide by the privacy policies and practices that are outlined in this notice. As permitted by law we reserve the right to amend or modify our privacy policies and practices. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies will be applied to all protected health information we maintain. You may generally inspect or copy the protected health information we maintain. A request must be submitted in writing as permitted by federal regulation. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practice, you can do so by sending a letter outlining your concerns to:

Fuller Medical Solutions **BOC** <tel:410-581-6222> **AL Department of Health** **1-800-252-1818**
1460 W Main St, Ste B
Centre, AL 35960

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address

You will not be penalized or otherwise retaliated against for filing a complaint. The name and address of the person you can contact for further information concerning our privacy practices is:

Sarah Fuller

Fuller Medical Solutions
1460 W Main St, Ste B
Centre, AL 35960

This notice is effective 10/01/2017

ABOUT "ADVANCE DIRECTIVES"

The best person to make decisions about your medical care is you. The best time to make decisions about what kind of medical care you would like, should you become terminally ill, is in advance, while you are healthy and able to make your wishes known.

What is an Advance Directive?

An advance directive is a written or oral statement that is made and witnessed in advance of serious illness or injury describing your wishes with regard to medical decisions. An advance directive allows you to state your choices about healthcare or to name someone to make those choices for you should you become unable to make decisions about your medical treatment or care.

What is a Living Will?

A living will generally describes the type of medical care you want or do not want if you are unable to make your own decisions. It is called a *Living Will* because it takes effect while you are still living. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way that your wishes will be understood.

What is a Healthcare Surrogate Designation?

A "healthcare surrogate designation" is a signed, dated and witnessed document naming another person such as a spouse, child or close friend as your agent to make medical decisions for you should you become unable to make them for yourself. This designation is often included in the Living Will.

You may wish to name a second person as an alternate, should your first choice for healthcare surrogate not be available. Be sure, however, to notify these persons that you have named them as healthcare surrogates, and inform them of your wishes. It is also a good idea to give them, as well as your physician and attorney, a copy of both your living will and the healthcare surrogate designation documents.

Do I have to complete an Advance Directive under (state) law?

No, there is no legal requirement to complete an advance directive. However, if you have not completed an advance directive or designated a healthcare surrogate, healthcare decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative or a close friend, in that order.

What if I change my mind after I have completed a Living Will and/or designated a Healthcare Surrogate?

You can change or cancel these documents at any time, either orally, or in writing.

What should I do with my Advance Directive?

Make sure that someone, such as your physician, lawyer or family member knows that you have an advance directive and where it is located.

If you have designated a healthcare surrogate, give that person a copy or the original.

Give your physician a copy for your medical file.

Keep a copy of your advance directive in a place where it can be found easily.

Keep a card or note in your wallet or purse that states that you have an advance directive and where it is located.

If you change your advance directive, make sure your physician, lawyer and/or family member has the latest copy.

Patient Rights and Responsibilities

To confidentiality of information about their health, social, and financial circumstances.

To be informed of extent to which payment may be expected from Medicare, Medicaid, or any other payer known to the home care provider, and to be informed of the changes for which the patient may be liable.

To be admitted by a home care agency only if it has the quality resources needed to provide care safely and at required intensity based on a professional assessment.

To be advised of services and frequency of services to be received in advance of disciplines providing service.

To be instructed what to do in case of an emergency.

To expect agency staff to be considerate and respectful, properly trained and competent to perform duties.

To receive care without discrimination and to have their cultural, psychosocial, spiritual, and personal beliefs and preferences respected.

To be informed of procedure to lodge complaints, to voice grievances without fear of discrimination or reprisals and to know the disposition of such complaints.

To be advised of the phone number and hours of operation of their state's home health complaint "hotline"

To be notified of care to be furnished, disciplines involved, frequency of visits proposed, and any changes in the care plan.

To be informed in writing of rights under their state law to make decisions concerning medical care including:

- The right to formulate advance directives
- The right to refuse services or treatment
- The right not to receive experimental treatment without voluntary consent
- The right to receive a copy of plan if requested
- To be given reasonable notice before services are terminated, to be provided a list of resources, and to have assistance in making alternative arrangements for continued care.

Language translation services and services for those who have sensory impairments will be provided for any patient and/or caregiver to ensure them an opportunity to participate in the Plan of Care.

The agency will protect patients from real or perceived abuse, neglect, exploitation.

Patient has the right to voice complaints without fear of discrimination or reprisal and to know the disposition of complaints.

For questions, please contact:

Fuller Medical Solutions

1460 W Main St, Ste B

Centre, AL 35960

(256)266-1142