

Lehan Drugs & Home Medical Equipment
Clinic
1407 South 4th St
DeKalb, IL 60115

Lehan Drugs @ the DeKalb
1850 Gateway Dr Suite A
Sycamore, IL 60178

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.

DATE OF NOTICE: May 1, 2005

SECTION A: Uses and Disclosures of Protected Health Information

Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as “Protected Health Information”). We are also required to provide you with this Notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment and healthcare operation purposes. We may obtain information to dispense prescriptions and for the documentation for pertinent information in your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care, services, such as when your case is reviewed to ensure that appropriate care was rendered. For reimbursement purposes, your Protected Health Information may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and computer switching companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement, provider review and training, underwriting activities, reviews and compliance activities, and planning, development management and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records daily and periodically store these backups off-site, and employ other precautions to safeguard the integrity of our Protect Health Information. In spite of these precautions it is possible but unlikely that a computer crash or other technological failure could cause the loss of data. In addition reasonable safeguards are employed to protect your Protected Health Information stored on electronic media. In addition, we may contact you to provide refill

reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you. In addition, we may disclose your health information to your plan sponsor. In addition we may contact you for the purpose of fund raising activities.

We may use and disclose your Protected Health Information, without your authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health Information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

From time to time we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create Protected Health Information Business associates are required to comply with all the privacy regulations on your behalf.

We may disclose protected Health Information about you without your authorization to comply with workers compensation laws as required by law enforcement, legal proceedings, public health requirements, health oversight activities and as required by law. Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described in Section B.

You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.

You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care giver, for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request please contact, in writing

Lehan Drugs Patrick Lehan, HIPAA Compliance Officer
1407 South Fourth Street, DeKalb, IL 60115
815-758-0911 or 815-758-0913

We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this Notice and the disclosure of Protected Health Information outlined herein. We may disclose this information to other persons who ask for you or your prescriptions by name. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required to honor those request. We are able to provide treatment services to you even if you object to sign the acknowledgment of the receipt of this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable

judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses and disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition we may use or disclose the protected Health Information to notify, identify, or locate a member of your family, your personal representative, another person responsible for care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick-up filled prescriptions or other similar forms of Protected Health Information.

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this Notice by contacting us as outlined in Section B or upon the receipt of pharmacy care services.

If you believe that your privacy rights have been violated, you may complain to us at the location described in Section B or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

SECTION B: Contacting Us

You may contact us for further information at:

Lehan Drugs Timothy Lehan, President

1407 South Fourth Street, DeKalb, IL 60115

815-758-0911 or 815-758-0913

1407 S. 4th St. DeKalb, IL 60115

Phone: 815-758-0911

Fax: 866-509-3169

www.lehandrugs.com

Responsibilities of the Patient

You and the Home Care Organization are partners in your health care plan. To insure the finest care possible, you must understand your role in your health care program. As a patient of Lehan Drug, Inc. you are responsible for the following:

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service.
2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies.
4. To review Lehan Drug, Inc. safety materials and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your health care plan if you do not fully

- understand.
6. To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
 7. To notify Lehan Drug, Inc. when you will not be at home at the time of a scheduled visit or delivery.
 8. To notify Lehan Drug, Inc. prior to changing your place of residence or your telephone number.
 9. To notify Lehan Drug, Inc. when encountering any problem with equipment or service.
 10. To notify Lehan Drug, Inc. if you are hospitalized or if your physician modifies or ceases your home care prescription.
 11. To make conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health plan developed for you.

Patient/Client Bill of Rights

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons who enter your residence to provide home care services for you
3. To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides treatment or services for you and be free from neglect or abuse, be it physical or mental.
5. To assist in the development and planning of your home care program so that it is designed to satisfy, as best as possible to your current needs.
6. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another home care provider, or the termination of service.
7. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal. The Medicare hotline number is 1-800-633-4227.
8. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments and risks of treatment.
9. To receive treatment and services within the scope of your home care plan, promptly and professionally, while being fully informed as to company policies, procedures, and charges.
10. To refuse treatment and services within the boundaries set by law, and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
11. To request and receive the opportunity to examine or review your medical records.
12. To receive privacy and confidentiality of all information contained in the client/patient record and of Protected Health Information.
13. To be informed of any financial benefits when referred to an organization.
14. To be fully informed of one's responsibilities.
15. To be informed of provider service/care limitations.

Patient/Client Complaint Procedures

If you have a complaint or concern, please feel free to contact us at any time.

Our complaint procedures are as follows:

1. You may call us, write to us, or stop by to file a complaint.
2. You must provide us with your name, phone number, and a summary of your complaint, including equipment, persons, billing problems, etc.
3. A member of our staff will take the information given to them and investigate the matter.
4. You will be notified within the first 24 hours of the receipt of the complaint as to what will be done about it. You will then be given an update two days after that and on a weekly basis thereafter until the complaint is resolved.
5. If the employee handling the complaint is unable to resolve the issue, a supervisor will be given the information and you will be notified of actions taken from then on.

You may also contact the following services directly with complaints:

Medicare: 1-800-633-4227
Illinois Dept. of Health Care and Family Services: (217) 785-7030
ACHC: (919) 785-1214

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.
1. 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.
1. 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 completed 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 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 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 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 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. 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.

9/9/2010

Palmetto GBA

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National Supplier Clearinghouse

P.O. Box 100142 · Columbia, South Carolina · 29202-3142 · (866) 238-9652

A CMS Contracted Intermediary and Carrier