



# Important Information

*Keep for Your Records*

**Madison Medical**

**O: 918.935.2727**

**F: 918.764.9625**

<https://atozmm.com/>

**OAS**

**O: 918.642.5492**

**F: 918.601.2740**

<https://okadvantagestorehouse.com/>

**A to Z Medical**

**O: 918.935.2727**

**F: 918.764.9625**

<https://atozmm.com/>

24 Hour Service

(918) 644-3391 / Clinician (918) 306-1549

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## **Welcome to the family!**

Thank you for choosing us as your provider of home medical equipment and supplies! Our companies have been in business since 1996 and with the help of our partners, we are committed to providing quality services and are committed to improving our patient's lives.

We employ a highly qualified, professional medical staff to ensure our patients' needs will be met. As a team that is dedicated to helping you, we work closely with physicians and insurance companies to ensure that we can provide the highest quality of healthcare for our patients.

### **A few important points about us:**

- If you have a medical emergency, we suggest you call 911. Do not call us, our staff does not provide CPR. Should you have Advance Directives or a Do Not Resuscitate (DNR) order, please provide us with a copy & a copy of those orders should be available at all times for emergency personnel.

- Please call us at anytime between 8:00 AM and 5:00 PM at (918) 935-2727 on weekdays if you have a question or comment about your bill or any of our services. Our staff will be happy to serve you.

Thank you,

Lance Madison, Owner

## **Customer Information Handout**

Welcome! Thank you for choosing our companies to be your medical equipment supplier. This handout provides you with information for your overall health care. Please keep this handout for reference and call our office anytime if you have questions.

In specific, this handout shares information with you about the following:

- ◆ Our commitment in providing quality services and products
- ◆ Our grievance procedure
- ◆ Patient communication form
- ◆ Your rights and responsibilities as a customer
- ◆ Medicare supplier standards
- ◆ Our billing and payment policies
- ◆ Notice of privacy practices
- ◆ HIPAA regulations

We are dedicated to providing comprehensive home care services to our customers with the utmost quality and professionalism. We accept only those customers whose home health needs, as identified by the referring source, can be met by the services we offer. We not only provide quality home care products, we genuinely care for the customers we serve.

Our services include the following:

- ❖ 24 hours, 7 days-a-week emergency services

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- ❖ Customer instruction and training on all products provided
- ❖ Experienced office staff to assist you
- ❖ Assistance with your reimbursement billing questions, in relation to your insurance carrier requirements.

On the backside of a sales order that lists your product you will be asked to acknowledge that you received this handout and that you have read and understood the information we have provided to you.

### **Scope of Services**

- Blood Glucose Meters & Supplies (Non-Mail Order)
- Canes / Crutches
- Commodes, Urinals, Bedpans
- CPAP-BIPAP Devices & Supplies
- Diabetic Shoes & Custom Inserts
- Enteral Nutrients, Equipment & Supplies
- Heat & Cold Application
- High Frequency Chest Wall Oscillation (HFCWO) \* AffloVest\*
- IPPB Devices
- Nebulizer & Supplies
- Negative Pressure Wound Therapy Pumps & Supplies
- Off-the Shelf Orthoses
- Osteogenesis Stimulators
- Ostomy Supplies
- Oxygen (Stationary & Portable Concentrators ONLY)
- Patient Lifts
- Power Operated Vehicles (Electric Scooters)
- Power Chairs
- Respiratory Assist Device (BiPAP w/ Back Up Rate)
- Suction Pumps
- Lift Chairs
- Surgical Dressing
- Tracheostomy Supplies
- TENS Units
- Urological Supplies
- Respiratory Home Ventilators - All Types
- Walkers
- Wheelchair & Accessories

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## **Geographic Coverage**

- ❖ We cover the entire state of Oklahoma, with the exception of oxygen which is done locally around our store locations.

## **Mission Statement**

Our company's mission is to meet the home health care needs of our clients/patients in the areas we cover by providing the highest quality medical equipment, supplies, and services. We respect the rights of our clients/patients, and are dedicated to providing responsive, timely customer service. We ensure that members of our team receive ongoing continuing education so that they are knowledgeable about the latest home health care technology and are able to serve our clients/patients effectively.

## **Compliance and Commitment**

Our company's are committed to complying with all federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact your service location at the telephone number on the front of this handout. You may contact HQAA- Community Health Accreditation Program – (800) 642-6065

## **Patient Grievance Procedure**

All of our customers are very important to us. So that we can resolve any problems that arise in a rapid and effective manner, we have developed the following patient grievance procedure.

1. When you have a concern please contact the company at the number on the cover of this handout. Also for discreet matters or praises please contact our owners at:

- Philip Zoellner, CEO - pz@zoellnermedicalgroup.com
- Lance Madison, CFO - lancemadison@atozmm.com

We have included a Patient Communication Form on the following page for you to complete should you wish to contact us.

## **Disaster Plan**

- ❖ • Please call us a minimum of 24 hours in advance if you need an oxygen delivery. While we are available 24 hours a day by telephone, if you have a respiratory equipment problem or need oxygen, we may take up to two hours to arrive at your residence during non-business hours. It's always better to plan ahead!
- ❖ • In the case of a disaster or extremely severe weather, which results in a long-term (more than 4 hours) power outage, we will attempt to contact you to assess your needs & our ability to serve you safely. Remember, you are ultimately responsible for residing in a location that has adequate electrical service. Please develop a plan now to move, taking our equipment with you, to a location that has adequate electrical service. We suggest you always have portable oxygen, battery-powered radio available to monitor the weather & a

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flashlight, both with fresh batteries.

- ❖ • If you have a medical emergency, we suggest you call 911. Do not call us, our staff does not provide CPR. Should you have Advance Directives or a Do Not Resuscitate (DNR) order, please provide us with a copy & a copy of those orders should be available at all times for emergency personnel.
- ❖ • Please call us anytime between 8:00 am - 5:00 pm on weekdays if you have any questions or comments about your bill or any of our services. Our staff will be happy to serve you.

Thank you,

Lance Madison

### **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.**

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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 of and must instruct beneficiaries on the 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.

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14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any 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 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 for 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 CFR § 424.57 (d).
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 CFR § 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.

**MEDICARE DMEPOS SUPPLIER STANDARDS** DMEPOS suppliers have the option to disclose the following statement to satisfy the requirements outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary. The products and/or services provided to you by ( supplier legal business name or DBA) 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 <https://www.ecfr.gov/>. Upon request we will furnish you a written copy of the standards.

## **Patient's Bill of Rights and Responsibilities**

You have the right to:

1. Considerate and respectful service.
2. Obtain service without regard to race, creed, national origin, sex, age, disability or illness, or religious affiliation.
3. Confidentiality of all information pertaining to you, your medical care and service.
4. A timely response to your request for service and to expect continuity of services.
5. Select the home medical equipment supplier of your choice.
6. Make informed decisions regarding your care planning.
7. Be told what service will be provided in your home, how often and by whom.
8. An explanation of charges including policy for payment.
9. Agree to or refuse any part of the plan of service or plan of care.
10. Voice grievances without fear of termination of service or other reprisals.
11. Have your wishes honored as they apply to advance directives you have formulated.
12. Have your pain assessed as it relates to the services provided.
13. Have your communication needs met.

### **You have the responsibility to:**

1. Ask questions about any part of the plan of service or plan of care that you do not understand.
2. Protect the products/supplies from fire, water, theft or other damage while it is in your possession.
3. Use the products/supplies for the purpose for which it was prescribed, following instructions provided for use, handling care, safety and cleaning.
4. Supply us with needed insurance information necessary to obtain payment for services and assume responsibility for charges not covered. You are responsible for settlement in full of your account.
5. Be on time for scheduled service visits or notify us in advance to make other arrangements.
6. Notify us immediately of:
  - a. Damaged products/supplies or need of supplies.
  - b. Any change in your prescription or physician.
  - c. Any change or loss in insurance coverage.
  - d. Any change of address or telephone number, whether permanent or temporary.
  - e. Discontinued products/supplies or services.
7. Be respectful of the property owned by our company and considerate of our Personnel.
8. Contact us if you acquire an infectious disease during the time we provide services.

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## **Service, Delivery and Warranty**

### **Business Hours:**

Our hours of operation are 9:00 A.M. to 3:00 P.M, Monday- Friday in Fairfax and 8:00 A.M. to 5:00 P.M. in Tulsa. Office hours vary in Oklahoma City. Twenty-four hour emergency service is available for product/supply related emergencies that may arise after hours, on weekends and/or holidays.

### **Warranty**

The majority of products sold or rented by our company carries a manufacturer's warranty ranging up to 1 year. Our company will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. Our company will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

### **Financial Policy**

All products/supplies going on account require prior verification of insurance coverage before delivery. If this is not possible due to a weekend or other after-hours setup, verification must be done on the next business day.

- ◆ We do not guarantee coverage of or payment of insurance claims.
- ◆ We do not guarantee any time frame for processing of insurance claims or subsequent billing from our office. It will be completed in a timely manner.

## **Insurance Coverage**

### **Customer's Responsibility:**

- ◆ Provide us with all insurance information necessary to file your claim.
  - ◆ Notify our office of any changes or loss of insurance coverage.
  - ◆ Pay all deductible and balance remaining after secondary insurance is filed.
  - ◆ The customer is responsible for payment in full of all claims not covered by insurance. You will be informed before delivery if we know that an item is not covered and assignments will not be accepted.
  - ◆ Any arrangements or agreement for payment other than those described above must have approval from the location manager. Special terms and approval signatures must be documented on original paperwork.
- Customers are responsible for payment in accordance with our company's terms. Assignment of benefits to a third party does not relieve the customer of the obligation to ensure full payment. Billing third party payers is not an obligation, but rather a service we offer if all necessary billing information and signatures are provided.

**Medicare** -We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed

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charges and billing the beneficiary the 20% payment and any deductible. We offer Electronic Claims Transmission for billing non-assigned orders. Presentation of your Health Insurance Card is necessary.

**Medicaid-** We may provide product/supplies to Medicaid recipients upon verification and approval of coverage status and medical justification. Presentation of your State Beneficiaries Identification Card and personal ID are required.

**Private Insurance** We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information. You are also responsible for notifying us of any insurance changes. Presentation of your insurance card and personal ID are required. Remember, billing a third party insurance does not guarantee payment. Financial responsibility remains with you, the patient.

### **Rental Agreement**

I, the undersigned, understand that the equipment I am receiving today is being provided to me on a monthly basis. I accept full responsibility for loss or damage to the equipment resulting from negligence, theft, abuse, or accident. I agree to pay the current market value of the stated equipment to the companies in the event of loss or damage. If repairs or servicing is required for this equipment, I agree to contact the companies to do the necessary work. I agree that rental equipment remains the property of the companies until such time as the purchase option is met and all monies due are paid in full. Until such time, this equipment will be returned when no longer medically needed by this patient. I understand that I am responsible for the charges for this rental equipment on a monthly basis. The assignment of insurance monies does not alter my obligation to pay. If my insurance stops paying rental for any reason, I agree to pay the monthly charges on a monthly basis. If I make use of my Medicare benefits, I agree to adhere to Medicare rules and regulations concerning this rental equipment. I have received complete instructions in the use and care of the equipment should an accident occur, I agree to notify the companies if I move, enter a nursing facility of any kind, enter a hospital, or become a Hospice patient. I understand that Medicare Part "B" does not cover rental of this equipment while the patient is in a nursing facility. I will call the companies or write to the appropriate address in the event of these occurrences. I understand that I am responsible for reimbursing our companies for any rental payments denied to them by Medicare or any other insurance carrier due to having previously rented or currently renting the same or similar equipment from another supplier.

### **Notice of Privacy Practices**

You have the following rights regarding medical information we maintain about you:

◆ **Right to Inspect and Copy.** You have the right to inspect, request a summary and obtain a copy of your medical information about you or your care.

To inspect and obtain a copy of medical information about you or your care, you must submit your request in writing to the company address listed at the end of this agreement.

If you request a copy of information, we may charge a reasonable fee for the costs of copying, mailing and preparing an explanation or summary of the medical information associated with your request. We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are

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denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request. We will comply with the outcome of the review.

◆ Right to Amend.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the company address listed at the end of this agreement.

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- ◆ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- ◆ Is not part of the medical information kept by us.
- ◆ Is not part of the information which you would be permitted to inspect and copy.
- ◆ Is accurate and complete.
- ◆ Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This accounting is a list of the disclosures we made of medical information about you. This list will include disclosures made for treatment, payment of Advacare Systems health care operations, disclosures you have previously authorized us to make or other disclosures specifically exempted for the disclosure accounting by the federal.

To request this list or accounting of disclosures, you must submit your request in writing to the company address listed at the end of this agreement.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, such as paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

- ◆ Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide your emergency treatment.

To request restrictions, you must make your request by writing to the company address listed at the end of this agreement.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse.

◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the company address listed at the end of this agreement.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

◆ **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You must 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 receive a paper copy of this notice.

To obtain a paper copy of this notice, submit a request in writing to the company address listed at the end of this agreement.

### **HIPAA**

We cannot disclose any patient/client information to family members, friends or healthcare workers that are not directly related to your treatment of care. Information can be authorized to be shared with a written statement. Patients will need to sign a form allowing who can speak & accept signatures from. This form can be hand delivered to our office or mailed to the company address listed at the end of this agreement.

Also you are allowing our companies to leave messages on my home phone and cell phone voicemail. We may also leave messages via text and email if noted on the backside of your delivery ticket.

### **How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we are permitted to use and disclose medical information as a health provider, although certain of these categories may not apply to our business and we may not actually use or disclose your medical information for such purposes. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and

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disclose information will fall within one of these categories.

◆ For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your physician, home health agency, and/or respiratory therapist who are involved in taking care of you. For example, telephone contact for medication refills, mail contact for billing and collection purposes, etc. We may also disclose medical information about you to people who may be involved in your medical care after you have received our products and services, such as family members, clergy or others we use to provide services that are part of your care.

◆ For Payment. We may use and disclose medical information about you so that the treatment services we provide you may be billed to you and payment collected from you, an insurance company or a third party. For example, we may need to give your health plan information about products and services we provided to you so your health plan will pay us or reimburse you for the products and services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

◆ For Health Care Operations. We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run our company and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

◆ Delivery Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.

◆ Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

◆ Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

◆ Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care or payment for such care. We may also notify your family member, personal representative or another person responsible for your medical care regarding your location, general condition or death. In addition, we may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

◆ Research. Under certain circumstances, we may use and disclose medical information about you for

research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one product or service to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will almost always ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

◆ **As Required By Law.** We will disclose medical information about you when required to do so by federal,

state or local law.

◆ **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure, however, would only be someone able to help prevent the threat.

### Special Situations

◆ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about

you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

◆ **Worker's Compensation.** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

◆ **Public Health Activities.** We may disclose medical information about you for your public health activities.

These activities generally include the following.

- To prevent or control disease, injury or disability.
  - To report births and deaths.
  - To report child abuse or neglect.
  - To report reactions to medications or problems with products.
  - To notify people of recalls of products they may be using.
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ◆ **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, and licensure. These

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activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

◆ **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

◆ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime under certain circumstances.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct occurring on our premises.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

◆ **Coroners, Medical Examiners and Funeral Directors.** We may release information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out their duties.

◆ **National Security and Intelligence Activities.** We may release medical information about you to authorized

federal officials for intelligence, counterintelligence and other national security activities authorized by law.

◆ **Protective Services for the President and Others.** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

◆ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

◆ **Sale of Business Assets.** We reserve the right to transfer medical information about you to a third party in conjunction with the sale of our company or certain assets belonging to our company.

Changes to This Notice

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We reserve the right to change this notice at any time. We reserve the right to make the revised or change notice effective for medical information we already have about you as well as any information we receive in the future.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, write to the company address listed at the end of this agreement.

All complaints must be submitted in writing to our office manager, who is listed on the complaint form, at the end of this agreement. You will not be penalized for filing a complaint.

## **Other Uses of Medical Information**

Other uses of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose medical information about you, you may revoke the authorization, in writing, at any time. If you revoke the authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

## **BASIC HOME SAFETY INSTRUCTIONS**

These Home Safety Instructions are provided to assist you in identifying safety hazards in your home. To prevent accidents, you should correct any hazards you identify:

### **Environmental Safety**

- Remove throw rugs whenever possible to avoid tripping.
- If you can't remove throw rugs, use rugs with non-skid backing to avoid slipping.
- Repair or replace torn carpeting to avoid tripping.
- Make the transition between types of flooring (such as wood floor to carpeted floor) as even as possible and secure to prevent tripping.
- Avoid waxing wood or linoleum floors to prevent slipping.

### **2. Stairs**

- Rise between steps should ideally be no more than 5 inches.
- Make sure handrails are well anchored (or install handrails) on both sides of the stairway.
- Non-skid treads can be placed on wooden stairs to prevent slipping.
- Make sure carpeting on stairs is secure.

### **3. Furniture Layout**

- Arrange furniture so that pathways are not cluttered.

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- Chairs and tables need to be sturdy and stable enough to support a person leaning on them.
- Avoid furniture with sharp edges and corners - if furniture does have sharp edges or corners, pad them.
- Chairs with arm rests and high backs provide more support when sitting and more leverage when getting in and out of the chair.

#### 4. Lighting

- Be sure that your lighting is ample to prevent falls and to assure that you can read medication labels and instructions easily.
- Light switches should be immediately accessible upon entering the room.
- Good lighting in hallways, stairs, and bathrooms is especially important.

#### 5. Medicines

- Keep medicines out of the reach of children. If you keep your medicines out, be sure to put away when grandchildren or other small children visit.
- Dispose of expired medicines properly - flushing down the toilet is usually best.

#### 6. Sliding Glass Doors

- Mark sliding glass doors with stickers to prevent someone from walking through the glass door.

### Bathroom Safety

#### 1. Bathtub

- Install skid-resistant strips or rubber mat.
- Use a bath seat if it is difficult to stand during a shower or too difficult to get up out of the tub.
- Install grab bars on the side of the tub or shower for balance.
- DO NOT use the soap dish or towel bars for balance - these can pull out of the wall very easily.
- Adjust water temperature to 120° or less, to prevent scalding.

#### 2. Toilet

- Use an elevated toilet seat or commode if you need support getting on and off the toilet or you are not able to bend you hip normally after surgery.
- Install grab bars around the toilet if you need more leverage to get off the toilet.

#### 3. Doors

- Avoid locking the bathroom doors or use only locks that can be opened from both sides when you may need assistance in the bathroom.

### Kitchen Safety

- Store frequently used items at waist level - use a Reacher or Grabber to avoid standing on a chair or footstool when items are not at eye level.
- Mark "ON" and "OFF" positions clearly on the dials on the stove.



- Use the front burners of the stove to avoid reaching over burners (unless there are small children in the home - in that case, use back burners).
- Make sure pan/pot handles are not over other burners and not over the edge of the stove.
- Slide heavy pans across the stove instead of trying to lift them.
- Keep baking soda near the stove to extinguish small cooking fires and keep a fire extinguisher in the kitchen if possible.
- Make sure the sleeves of your clothing are not loose or dangling while cooking - they could easily catch fire.
- Tables with 4 legs are more stable than pedestal-type tables.

#### Electrical Safety

- Keep Appliances Away from Water - Dropping water on an appliance or dropping an appliance into water (tub, sink, etc.) can cause electrocution.
- Use Only Appliances in Good Repair - Don't use lamps or appliances that appear to have a "short" when operated.
- Inspect Cords - Don't use appliances with cords that are frayed or have wires exposed.
- Grounded Plugs - Use grounded plugs or 3-prong adapters for medical equipment.
- Proper Use of Extension Cords - keep cords out of pathways to avoid excessive wear and prevent tripping.
- Proper Use of "Octopus" Plugs - Don't plug multiple appliances into one electrical outlet to prevent overheating the plug.

#### Fire Prevention and Response

- Smoke Detectors are recommended in each bedroom, each hallway, and in the kitchen.
- A Fire Extinguisher (ABC type) should be mounted or stored in a central and accessible area - make sure the extinguisher is functioning and that all caring for you know how to use it.
- DO NOT smoke in bed - it is a very hazardous fire danger.
- DO NOT smoke while watching TV if you are sleepy or prone to fall asleep.
  - Have an evacuation plan for someone who is bed bound will need to be placed in a wheelchair and removed or placed on a blanket and dragged away from danger.
  - o Keep a hospital bed placed in the home (or the bedroom of someone who is ill) close to an exit.
  - o Plan how to get someone who is ill out of an apartment that is not on the first floor - know where the stairs are.
- Space Heaters - keep away from furniture, cords, curtains, or other items that could ignite. Keep away from walkways where they can be bumped and cause burns.
- Fireplaces - Make sure you have a fireplace screen.

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- Oxygen - Keep away from heat sources and open flames (including smoking) - oxygen is highly flammable. Post signs prohibiting smoking.
- Fire Response - Make sure you and all caring for you know how to use 911 for emergencies.

#### Disaster Plan

- In the case of a disaster or extremely severe weather, which results in a long-term (more than 4 hours) power outage, we will attempt to contact you to assess your needs & our ability to serve you safely. Remember, you are ultimately responsible for residing in a location that has adequate electrical service. Please develop a plan now to move, taking our equipment with you, to a location that has adequate electrical service. We suggest you always have a Portable, battery-powered radio available to monitor the weather & a flashlight, both with fresh batteries. Call our 24 hour service number for service if needed.

## **COMPANY INFORMATION**

In this agreement, the word “companies” pertains to the list of companies found below under the “Our Companies” section.

### **Our Companies**

- Madison Medical, LLC, 3010 S Harvard Ave, Suite 236, Tulsa, OK 74114
- A to Z Medical, 3010 S Harvard Ave, Suite 236, Tulsa, OK 74114
- Oklahoma Advantage Storehouse, LLC, 109 W Maple, Fairfax, OK 74637

### **Our Partners**

- NorthEastern Health System, 1400 E Downing St, Tahlequah, OK 74464
- Dedicated Sleep, 21260 S Springwater Rd, Estacada, OR 97023

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**Patient Communication Form**

Our companies strive to provide the highest quality health care services to all our patients. That is why your concerns are our concerns. To ensure that our services meet your complete satisfaction, we ask you to describe any complaint, problem, concern or compliment you may have.

After completing this form, please tear this page out of the handout and mail to your service location. The manager of your servicing location will research your concern in order to resolve all complaints and / or problems. You may also list these information provided below in an email addressed to:

**Kaytee Travis, Office Manager kayteetravis@atozmm.com**

We appreciate your candid comments as well as your assistance in helping us to continually improve our service(s) to our valued customers.

Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Telephone Number: (    )\_\_\_\_ - \_\_\_\_.

Please describe you compliment / concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Action taken/Resolution:

\_\_\_\_\_  
\_\_\_\_\_

Date Resolved: \_\_\_\_\_

Manager's signature: \_\_\_\_\_

# HIPAA ACKNOWLEDGEMENT

**ACKNOWLEDGEMENT OF PRIVACY POLICY & HIPAA RIGHTS:** A complete description of how your medical information will be used and disclosed by A to Z Medical, Madison Medical, LLC, Oklahoma Advantage Storehouse, LLC and Northeastern Health System, whom here now is represented as “the companies”.

I authorize “the companies” to release medical information to third party payers for the purpose of filing insurance related to my care.

I understand that this consent form will be valid and remain in effect for one year from today’s date or until revoked in writing.

I authorize the payment of medical benefits to “the companies” for services rendered. I understand that I am financially responsible for any product/services not covered by my insurance carrier.

I acknowledge employees of “the companies” to leave messages on my home phone and cell phone voicemail. “The companies” may also leave messages via text and email if noted below:

Email: \_\_\_\_\_

Cell phone to Text: \_\_\_\_\_

I authorize “the companies” to release my PHI regarding medical and/or financial information to the following people:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Patient/ HIPAA Legal Representative Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Patient** **Reason Patient Cannot Sign**

\_\_\_\_\_  
**Company Representative** \_\_\_\_\_  
**Date**