

W.H. Pickett Drug Co

675 North Main Street, Waterbury, Ct 06704

Tel: 203-753-5158 Fax: 203-597-0625

web: www.whpickettdrug.com

Hours: Monday through Friday 9am – 8pm

Saturday 9am - 3pm

Sunday - Closed

YOUR INSURANCE

We honor most insurances. We submit all documentation necessary to assure that your claim is processed correctly and accurately. We do the best we can to utilize our years of experience to assist in getting your claim paid correctly. The ultimate responsibility for payment of our charges is yours.

MISSION STATEMENT

W.H. Pickett Drug has been serving the community for over 25 years with personalized service and traditional values. We pride ourselves in providing the customer with excellent service, value and respect of their rights. We also pride ourselves on helping customers obtain assistance when necessary funding is not available so they may receive their therapies.

With this as our mission we at W.H. Pickett Drug Co are continually updating our facility and practices so that we may continually provide this valuable service to our customers.

HCFA MEDICARE DMEPOS SUPPLIER STANDARDS

1. The supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. The 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 application for billing privileges.
4. The supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. The 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. The 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. The 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. The supplier must maintain a physical facility on an appropriate site.
8. The supplier must permit HCFA, 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. The 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 or cell phone is prohibited.
10. The 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. The supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. The supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. The supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. The 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. The 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. The supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. The supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. The supplier must not convey or reassign The supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. The 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. The supplier must agree to furnish HCFA any information required by the Medicare statute and implementing regulations.

As an individual receiving home care services from W.H. Pickett Drug Co, let it be known and understood that you have the following rights:

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons entering your residence to provide home care for you.
3. To be provided with adequate information from which you can give your informed authorization for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
4. To be fully informed in advance of any changes in the care or treatment to be provided by our organization when those changes may affect your well being.
5. To participate in the development and modification of your care plan.
6. To accept or refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
7. To be advised, before care is initiated, of the extent to which payment for services may be expected from Medicare/Medicaid, insurance, or you liability for payment, billing cycles and changes in payment.
8. To have your privacy and your property respected at all times and to be treated with respect, consideration, and recognition of dignity and individuality.
9. To express concerns or grievances or recommend modifications to your home care service without fear of restraint, interference, coercion, discrimination, or reprisal.
10. To expect that all information received by this organization shall be kept confidential and shall not be released without written authorization.
11. The right to review W.H. Pickett Drug Co's Privacy Notice.
12. The right to confidentiality and privacy of all patient/client medical information or Protected Health Information.
13. To receive the appropriate or prescribed service in a professional manner without discrimination.
14. To be informed of any financial benefits when referred to another organization.
15. To be fully informed of your rights and responsibilities in a language you understand.
16. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.
17. Know that if he/she is found unresponsive, W.H. Pickett Drug Co's policy is for staff to call 911 for emergency medical intervention.
18. To be informed of anticipated outcomes of services or care and of any barriers in outcome achievement. (Required for clinical services.)

Suggestions, Concerns, Complaints....

Customer concerns are an important form of feed-back for our company. Any questions or concerns regarding your service or equipment should be directed to the Manager at W.H. Pickett Drug Co that we can improve our service. You are entitled to a written response to your formal complaint. **(203) 753-5158** Or you can contact National Heritage Insurance Company 1-800-633-4227.

If your concerns are not addressed to your satisfaction, you may contact the Accreditation Commission for Healthcare. To report any concerns or register a complaint call 919-785-3011 or email achc@achc.org

Matters concerning billing, insurance and payment disputes are not within the authority of the Accreditation Commission.

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.

This Pharmacy is covered by the medical information privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (generally called "HIPAA") and its Regulations. As a result, we are required to comply with HIPAA and the Regulations in the use and disclosure of health information by which our patients can be individually identified. This health information is referred to as "Protected Health Information" or "PHI" for short. We are also required under Section 164.520 to give our patients this notice (in paper or electronically as the patient wishes) of our legal duties and privacy practices concerning their Protected Health Information, and also to tell our patients about their rights under HIPAA and the Regulations.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

There are two categories for the use and disclosure of our patients' Protected Health Information: (1) information that we can use and disclose without the patient's prior consent; and (2) information that we cannot use or disclose without the patient's prior authorization.

A. PATIENTS PRIOR CONSENT NOT REQUIRED

- (1). Treatment. In the first category, we are permitted to use and disclose our patients' Protected Health Information in connection with their medical treatment in situations such as allowing a family member or other relative or a close personal friend or other person involved in the patient's health care to pick up the patient's prescriptions and to receive Protected Health Information that is directly related to the patient's care. In doing so, we are to use our professional judgment and experience with common practice in determining what is in the patient's best interest. Other examples include sending information about a patient's prescriptions to the patient's family doctor or to a specialist who is treating the patient or to a hospital where the patient is receiving care, particularly if the patient has suffered a health emergency.
 - (2). Payment. If a patient is covered by a pharmacy benefit plan, we are entitled to send Protected Health Care Information to the plan or to another business entity involved in our billing system describing the medication or health care equipment we have dispensed so that we can be paid.
 - (3). Health Care Operations. In addition, we can provide Protected Health Information for health care operations such as evaluations of the quality of our patients' health care in order to improve the success of treatment programs. Other examples include reviews health care professionals, insurance premium rating, legal and auditing functions, and business planning and management.
 - (4). Other Permitted Uses and Disclosures. There are a number of other specified purposes for which we may disclose a patient's Protected Health Information without the patient's prior consent (but with certain restrictions). Examples include public health activities; situations where there may be abuse, neglect or domestic violence; in connection with health oversight activities; in the course of judicial or administrative proceedings; in response to law enforcement inquiries; in the event of death; where organ donations are involved; in support of research studies; where there is a serious threat to health and safety; in cases of military or veterans' activities; where national security is involved; for determinations of medical suitability; for government programs for public benefit; for workers' compensation proceedings; when our records are being audited; when medical emergencies occur; and when we communicate with our patients orally or in writing about refilling prescriptions, about generic drugs that may be appropriate for a patient's treatment, or about alternative therapies.
- B. PATIENT'S PRIOR AUTHORIZATION REQUIRED**
For purposes other than those mentioned above, we are required to ask for our patients' written authorizations before using or disclosing any of their Protected Health Information. If we request an authorization, any of our patients may decline to agree, and if a patient gives us an authorization, the patient has the right to revoke the authorization and by doing so, stop any future uses and disclosures of the patient's health information that the authorization covered. An example of a situation where the patient's prior authorization would be required would be if we wish to conduct a marketing program that would involve the use of Protected Health Information.

2. PATIENTS' RIGHTS

HIPAA and the Regulations provide our patients with rights concerning their Protected Health Information.

With limited exceptions (which are subject to review), each patient has the right to the following:

- (a). Patient's Record. Each patient can obtain a copy of his or her Protected Health Information by completing our request form. The only charge will be based on our cost in responding to the request. The amount of the charge will vary depending on the format the patient requests and whether the patient wants the record or a summary, and whether it is to be delivered by mail or otherwise. The patient will be told of the fee when the patient's request is received.
- (b). Accounting for Disclosures. By completing our request form, each patient is entitled to obtain a list of the disclosures of the patient's Protected Health Information that have occurred within a period of 6 years after April 14, 2003, except for disclosures made for the purposes of treatment, payment or health care operations, and certain others. There will be no charge for the first request in any 12month period, but we are entitled to charge a reasonable cost-based fee for additional requests made in the same period of time.
- (c). Amendments. Each patient may ask to change the record of his or her own Protected Health Information by completing our request form, explaining why the change should be made. We will review the request, but may decline to make the change if, in our professional judgment, we conclude that the record should not be changed.
- (d). Communications. By completing our request form, each patient can ask us to communicate with him or her about their own Protected Health Information in a confidential manner such as by sending mail to an address other than the home address or using a particular telephone number.
- (e). Special Restrictions. By completing our request form, each patient can ask us to adopt special restrictions that further limit our use and disclosure of the patient's Protected Health Information (except where use and disclosure are required of us by law or in emergency circumstances). We will consider the request; but in accordance with HIPAA and the Regulations, we are not required to agree to with the request.
- (f). Complaints. If a patient believes that we have violated the patient's rights as to the patient's Protected Health Information under HIPAA and the Regulations, or if a patient disagrees with a decision we made about access to the patient's Protected Health Information, the patient has the right to complete our complaint form and deliver it to our Contact Person listed below. Our Contact Person is required to investigate, and if possible, to resolve each such complaint, and to advise the patient accordingly. The patient also has the right to send a written complaint to the U.S. Department of Health and Human Services at the addresses shown on the complaint form. Under no circumstances will any patient be retaliated against by this Pharmacy for filing a complaint.

We are required by law to protect the privacy of our patients' Protected Health Information, to provide this notice about our privacy practices, and follow the privacy practices that are described in this notice. We reserve the right to make changes in our privacy practices that will apply to all the Protected Health Information we maintain. A new notice will be available on request before any significant change is made.

RESPONSIBILITIES OF THE CLIENT/PATIENT

You and W.H. Pickett Drug Co are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care program. As a patient of W.H. Pickett Drug Co, 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 W.H. Pickett Drug Co's 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 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 W.H. Pickett Drug Co when you will not be home at the time of a scheduled home care visit.
8. To notify W.H. Pickett Drug Co prior to changing your place of residence or your telephone number.
9. To notify W.H. Pickett Drug Co when encountering any problem with equipment or service.
10. To notify W.H. Pickett Drug Co if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health care plan developed for you.
12. To notify W.H. Pickett Drug Co of denial and/or restriction of the W.H. Pickett Drug Co's privacy policy.