

Plaza Home Care
 220 W. Wilson St.
 Villa Rica, GA 30180
 (770) 459-2999 After Hours (770) 459-1059

Customer Information Handout

Welcome! Thank you for choosing PLAZA HOME CARE 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 at 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
- ◆ Guidelines for infection control in the home
- ◆ Our service, delivery and warranty policies
- ◆ Our billing and payment policies
- ◆ Notice of privacy practices

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 on call services for Oxygen Patients
- ◆ Business hours: Monday through Friday 9am – 5pm / Saturday 9-1pm
- ◆ Customer instruction and training on all products provided
- ◆ Experienced clinical, delivery and office staff to assist you
- ◆ Routine delivery and set-up
- ◆ Assistance with your reimbursement billing questions, in relation to your insurance carrier requirements.

At the end of this handout you will be asked to acknowledge that you received this handout and that you have read and understand the information we have provided to you.

SCOPE OF SERVICES

Respiratory Equipment	Medical Equipment	Specialty Equipment	Bariatric Equipment
<ul style="list-style-type: none"> ◆ Oxygen Concentrators ◆ Portable Oxygen Systems ◆ Nebulizers ◆ CPAP's ◆ Oximeters 	<ul style="list-style-type: none"> ◆ Hospital Beds ◆ Walkers ◆ Walker Accessories ◆ Quad Canes ◆ Lifts ◆ Commodes ◆ Bathroom Safety Aids 	<ul style="list-style-type: none"> ◆ Diabetic Shoes ◆ Diabetic Supplies ◆ Low Air Loss Overlays ◆ Alternating Pressure Mattresses ◆ StarMatt Overlays ◆ Lift Chair Recliners ◆ Compression Stockings 	<ul style="list-style-type: none"> ◆ Hospital Beds ◆ Wheelchairs ◆ Commodes ◆ Walkers ◆ Trapezes ◆ Low Air Loss Mattresses ◆ Scooters

Geographic Coverage

We services the following counties: Carroll, Paulding, Douglas, Haralson and surrounding areas.

Mission Statement

We are committed to providing you and your family with quality medical equipment and supplies. We will earn your trust by listening to your needs, following through on our word, and providing uncompromising levels of customer service.

Compliance and Commitment

PLAZA HOME CARE is 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.

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, you can speak to the person delivering you equipment at the next visit.
2. If you do not want to wait to speak to the delivery person or if the issue you have involves our employee, you can call our office and speak with the manager.
3. If your issue cannot be solved locally you may contact the company at the number on the cover of this handout.

Patient Concerns

PLAZA HOME CARE strives 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 that you call us to describe any complaint, problem, concern or compliment you may have. The manager of this location will research your concern in order to resolve all complaints and / or problems.

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 equipment from fire, water, theft or other damage while it is in your possession.
3. Use the equipment 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 at home for scheduled service visits or notify us in advance to make other arrangements.
6. Notify us immediately of:
 - a. Equipment failure, damage 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 equipment 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.

Medicare DMEPOS Supplier Standards

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.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the 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.

NOTE: Please contact our office with any further questions about your rights under Medicare regulations.

Cleaning Procedures for Our Products

PLAZA HOME CARE ensures that at the time of delivery, the equipment has been cleaned and sterilized. When this equipment is picked up it will be contained and transported to our warehouse for a thorough cleaning and disinfecting.

While this product is in your home, please follow the steps below to keep clean.

1. Unplug all electrical equipment before cleaning.
2. All of our equipment can be cleaned using a damp soft cloth and mild detergent.
3. Never use ammonia or bleach solution while cleaning the equipment.

If you have any questions, please do not hesitate to contact our office at the number on the cover of this handout.

Important Electrical Safeguards

Improper Use of This Equipment Will Result In Electrical Shock and/or Damage to the Equipment.

1. Do not use an extension cord with this equipment.
2. Always ensure that this equipment is properly grounded. Per Article 250 of the National Electrical Code this equipment has been supplied with a three-pronged power cord, which should be inserted into a grounded receptacle, or used with a properly grounded adaptor.
3. Some forms of transportable equipment may be used outdoors and are powered by an auxiliary power source (batteries). Non-transportable equipment should be used indoors only.
4. Do not use this equipment near water.

5. Do not place liquid on or near electrical equipment.
6. Always place equipment on a firm, stable base.
7. Report any problems with the equipment. If the equipment is not working properly or has been damaged please contact a Customer Service Representative at the phone located on the front page of this handout.

FOR OUR CUSTOMERS WITH SPECIAL ELECTRICAL NEEDS

In order to request "priority service" from your utility in the event of a power outage follow these three easy steps to have your account flagged.

1. Obtain a letter from your doctor stating the need for priority service due to "life support" equipment.
2. Call your local utility for your local district's office address.
3. Mail the doctors letter to your district's office.

Service, Delivery and Warranty

Business Hours

Our hours of operation are Monday through Friday 9:00 A.M. to 5:00 P.M. and Saturday 9-1pm .
24 hour on call service is available for equipment related emergencies that may arise after hours, on weekends and/or holidays.

Delivery

Deliveries are provided on purchases and/or rentals. It is preferable that routine and repeat orders be called in 24 hours in advance.

Rental Equipment

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up.

Purchased Equipment and Warranties

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided to you at the time of purchase. All warranties will be honored under applicable state laws. Used equipment purchased from our company has a 90-day warranty on parts and labor.

Service and Repair

Service or repair on equipment purchased from our company that is no longer covered by the manufacturer's warranty will be subject to current labor chargers. The customer will be informed of their responsibilities regarding the ongoing care and service of the equipment and will be provided with maintenance instructions and how to obtain any service required. All service and repair must be scheduled by calling the office during regular business hours.

Financial Policy

All new equipment setups going on account require prior verification of insurance coverage before equipment is setup. 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 done in as timely manner as possible.

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 assignment will no be accepted.
- ◆ Any arrangements or agreement for payment other than those described above must have approval from the location manager. Special terms and approval signature must be documented on original paperwork.

Medicare Claims

Durable medical is covered under your Medicare Part B benefit. If Medicare is your insurance carrier and denies payment, you will be notified. At that time, if you wish to keep the equipment it may be converted to private rental. In most cases, if you have supplemental insurance, the deductible amount and the 20% is paid by other insurance. We will follow through with the appeal process on Medicare claims that are denied. However, this will only be done on non-assigned claims at the customer's request.

The customer is also advised that:

- ◆ Inexpensive, routinely purchased durable medical equipment may be rented or purchased.
- ◆ There will be a minimum of one-month rental on all equipment rentals.

- ◆ Rental charges will be assessed until we are notified to pick up the equipment.
- ◆ Any charges incidental to the use or operation of the equipment (such as electricity) is the responsibility of the customer.
- ◆ There is no charge for delivery or pickup of rental equipment.
- ◆ All claims, assigned or non-assigned, will be filed on behalf of the patient.

Billing and Payment Policy

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 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 equipment to Medicaid recipient 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 of us 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.

Advance Medical Directives

Advance Medical Directives are legal documents that allow you to give directions for your future medical care. They can assist you in communicating your choices should you become physically or mentally unable to do so.

Two types of advance directives are living wills and durable power of attorney. You can use advance directives to limit certain life prolonging measures when there is little or no choice of recovery. For example, you may wish to address:

- CPR – Cardiopulmonary Resuscitation
- IV Therapies
- Feeding Tubes
- Ventilators
- Dialysis
- Pain Relief

Your choices regarding your medical care should be discussed with your family, friends, physicians, clergy and attorney.

At PLAZA HOME CARE our employees are not certified to administer CPR. If a situation would arise, the employee is instructed to call 911, unless you, your physician or legal representative informs us otherwise.

Please take the time to inform our office of any existing advance directives. Information regarding your advance directives can be given to our Customer Service Department.

Should you have any questions regarding advance directives or our policy, please contact our Customer Service Department at the number shown on the front page of this handout.

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:

**PLAZA HOME CARE
220 W. WILSON ST.
VILLA RICA, GA 30180**

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 associate with your request. We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are 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 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:

**PLAZA HOME CARE
220 W. WILSON ST.
VILLA RICA, GA 30180**

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 that you have previously authorized us to make or other disclosures specifically exempted for the disclosure accounting by the federal.

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.

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 who 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.

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 if this notice.

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 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 be collected from you, an insurance company or a third party. For example, we may need 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 Healthy 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 reaction 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 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

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:

**PLAZA HOME CARE
220 W. WILSON ST.
VILLA RICA, GA 30180**

All complaints must be submitted in writing. 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 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.

Patient Communication Form

PLAZA HOME CARE strives 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.

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 your compliment / concern:

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

Action taken/Resolution:

Date Resolved: _____

Manager's signature: _____ Date: _____