

Patient ID #: _____

To avoid interruption of medical supply service — within 10 days of receiving —
sign, date, and return this form using the provided envelope.

Patient Name: _____ Date of Birth: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Email: _____



Permission to Receive Home Medical Supplies

1. I give permission for **Finnegan Health Services** to provide all medical supplies approved by my doctor; including past, present, and future request.
2. I give permission for **Finnegan Health Services** to file and receive payment for insurance benefits on my behalf for any supplies I receive.

I agree and/or understand that:

- **Finnegan Health Services** will send my medical record information to my insurance company.
- I must pay my share of the costs, such as a copay or deductible if this is required by my insurance. These estimated amounts will be provided.
- I must pay for the cost of the services if I do not have insurance.
- I understand that I may have to pay for non-covered services, including services received above the insurance benefit limitations.
- I must only order same or similar supplies from one company.
- I can return unopened, reusable supplies for a refund to my account.
- I must notify Finnegan Health Services immediately if my address, doctor, or insurance information changes.
- Medical supplies will be delivered within 3-4 business days after all necessary paperwork is received and completed.
- **Finnegan Health Services** can contact me via phone, text message, email, or any other means of communication about my services.
- I understand how to use my supplies/equipment and it may have a limited warranty.
- I want my insurance to purchase (not rent) my equipment (i.e.: walker/cane)

3. I understand my rights:
 - I have the right to refuse, discuss, and/or make changes to my services.
 - I received/reviewed: Patient/Client Bill of Rights, Medicare DMEPOS Supplier Standards, HIPAA, and Complaint Procedures. **These forms can be found on finneganhealth.com**

SIGN HERE _____

DATE HERE _____

If the patient is unable to sign, a representative may sign **above on their behalf.*

Representative's Name (print) _____

Reason Patient Cannot Sign _____



1501 N. University Ave | Ste 400
 Little Rock, AR 72207
 Toll-Free: 1-888-789-6600
 Fax: 501-663-6668

www.finneganhealth.com
 wecare@finneganhealth.com

Patient ID #: _____

Customer Service Survey

To ensure that we're providing you with the best possible care, please take 60 seconds to fill out this optional survey.

Your Name: _____ Your email: _____

The Best Phone Number to Reach You: _____

How do you rate us? (1=Needs Improvement, 3=Average, 5=Excellent)

1) Ease of placing an order or setting up a new account?	1	2	3	4	5
2) Courteous and knowledgeable customer service?	1	2	3	4	5
3) Staff responded promptly to my needs & provided solutions?	1	2	3	4	5
4) Order processed quickly and accurately?	1	2	3	4	5
5) Selection and quality of merchandise?	1	2	3	4	5
6) Products correct and delivered in a timely manner?	1	2	3	4	5
7) How do you rate our overall service?	1	2	3	4	5

Please elaborate (optional): _____

Are you receiving enough supplies every month? Yes No

Are you happy with the brand we're providing you? Yes No

Other suggestions or comments to improve our service with you:

Are you in need of any of the following supplies? (Check any that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Tracheostomy | <input type="checkbox"/> Gloves <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL | <input type="checkbox"/> Bath Grab Rail <input type="checkbox"/> 12" <input type="checkbox"/> 16" <input type="checkbox"/> 18" |
| <input type="checkbox"/> Pull-ups | <input type="checkbox"/> Colostomy | <input type="checkbox"/> Oral Nutritional | <input type="checkbox"/> Raised Toilet Seat |
| <input type="checkbox"/> Bladder Pads | <input type="checkbox"/> Urostomy | (Formula or Pudding) | <input type="checkbox"/> Commode Chair |
| <input type="checkbox"/> Bed/Chair Pads | <input type="checkbox"/> Ileostomy | <input type="checkbox"/> Enteral Nutritional | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Wipes | <input type="checkbox"/> Food Thickener | (Formula or Pump Supplies) | _____ |
| <input type="checkbox"/> Catheter Supplies | <input type="checkbox"/> AeroChamber | <input type="checkbox"/> Bath Chair/ Transfer Bench | _____ |
| <input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Peak Flow Meter | <input type="checkbox"/> Shower Hose | _____ |

PATIENT RESPONSIBILITIES

You and Finnegan Health Services 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 client of Finnegan Health Services, you are responsible for the following:

1. To provide complete and accurate information at all times, including but not limited to: Insurance Information and any/all Insurance changes; up to date name, address, and telephone numbers; up to date Medical Information including diagnosis, Physician information, changes in status or need, etc. **You must notify Finnegan Health Services of all/any changes.**
2. To notify Finnegan Health Services. If you are hospitalized, staying in a nursing home temporarily or permanently, and/or if your physician modifies or ceases your home care prescription.
3. To order Medical Supplies as medically needed and use them as they are intended. To not order supplies if there is excess on hand, if used as a convenience item deemed by your Insurance, and if supplies are not medically necessary at the time of use.
4. To inform a Finnegan Health Services, as appropriate, of your health history, including past hospitalizations, nursing home stays, illnesses, injuries, etc.
5. To be involved 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.
6. To review Finnegan Health Services safety materials and actively participate in maintaining a safe environment in your home.
7. To request additional assistance or information on any phase of your health care plan that you may not fully understand.
8. To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
9. To notify Finnegan Health Services when you will not be home at the time of a scheduled delivery of supplies.
10. To notify Finnegan Health Services when encountering any problems with your medical supplies and/or services.
11. To make a conscious effort to properly care for your supply items and to comply with all other aspects of the home health care plan developed for you.
12. To notify Finnegan Health Services of denial and/or restriction of the Finnegan Health Services privacy policy.

PATIENT BILL OF RIGHTS

1. Be informed about the service/care to be provided and any modifications
2. Specific charges for services to be paid by you and those charges covered by insurance, third-party payment or public benefit programs;
3. Participation in the plan of care and/or any change in the plan before it is made;
4. Authorization of a designated representative to exercise your rights such as signing patient consent or authorization forms on your behalf;
5. The organization maintains documentation of compliance of required information such as the patient consent form to clients;
6. Receive services without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle;
7. Make informed decisions about care and treatment plans and to receive information in a way that is understandable to you;
8. Be notified in advance of transfer, when and why care will be discontinued;
9. Receive and access services consistently and in a timely manner in accordance with the organization's stated operational policy;
10. Participate in the selection of options for alternative levels of care or referral to other organizations as indicated by the client's need for continuing care;
11. Be referred to another provider organization if the organization is unable to meet your needs or you are not satisfied with the care they are receiving;
12. Voice grievances regarding treatment, care or respect for property without reprisal for doing so;
13. Receive information on grievance procedures
14. Document a response from the agency regarding investigation and resolution of the grievance;
15. Direct medical questions to and/or seek clinical advice from your nurse, physician or home health agency.
16. Direct questions /concerns to Finnegan Health Services 1-888-789-6600.
17. Please be advised that Finnegan Health Services is responsible for resolving your questions or concerns, and it is the company's goal to respond to questions and concerns in a timely manner;

18. Your property/person will be treated with respect; consideration, and recognition of client/patient dignity and individuality
19. The confidentiality of your clinical records and the organization's policy for accessing and disclosure of clinical records;
20. Receive information regarding the organization's liability insurance upon request;
21. Receive a copy of the organization's Notice of Privacy Practices.
22. Be free from any mental, physical abuse, neglect or exploitation of any kind from agency staff
23. Patient is to be informed of one's responsibilities
24. Be able to identify visiting personal by ID
25. Choose a health care provider, including an attending physician
26. Receive care without discrimination in accordance with physician's orders
27. Be informed of any financial benefits when referred to an organization

HELPFUL AGENCY NAMES AND TELEPHONE NUMBERS

MEDICARE: 1-800-MEDICARE
Medicaid Eligibility/General: 1-800-482-8988
Arkansas State Board of Pharmacy: 501-268-4351
Arkansas State Medical Board: 501-296-1802
Social Security: 1-800-772-1213

ACCREDITATION COMMISSION FOR HEALTH CARE, INC.

4700 Falls of Neuse Rd., Suite 280
Raleigh, NC 27609 Phone: (919) 785-1214 Fax: (919) 785-3011

REPORTING PROCEDURE FOR COMPLAINTS

Step 1: Contacting us; Talk to a member of Finnegan Health Services. This can be done quite informally, either directly or by telephone. Usually, the best staff member to talk to will be the person who dealt with the matter you are concerned about, as they will be in the best position to help you quickly and to put things right. If they are not available, or you would prefer to approach someone else, then ask for another staff member. We will try to resolve the problem on the spot if we can. If we can't do this, for example, because information we need is not at hand, then we will take a record of your concern and arrange the best way and time for getting back to you. This will normally be within five working days or we will make some other arrangement acceptable to you.

Step 2: Taking your complaint further; we hope you will only feel the need to make a formal complaint as a last resort and that you will speak to the person dealing with the matter first giving a chance to correct the problem. However, if you are still unhappy, the next step is to ask to speak to the manager or make your complaint in writing addressed to the manager of Finnegan Health Services, setting out the details, explaining what you think went wrong and what you feel would put things right. If you are not happy about writing a letter, you can always ask a member of staff to take notes of your complaint. You should make sure you agree with what they have recorded and that they provide you with your own copy for reference. This record will be passed promptly to the manager of the company. Once the manager receives a written complaint it will be fully investigated. Your complaint will be acknowledged verbally or in writing within five working days of receiving it and the letter will say when you can expect a full response. This should normally be within 14 days unless the matter is complicated, such as where other organizations need to be contacted. Where this is the case, we will still let you know what action is being taken and tell you when we expect to provide you with a full response.

Step 3: The next stage; If you are not satisfied with the Manager's investigation you can take your complaint to the President of the company. All materials relating to your complaint and to the managers investigation will be sent to the President. A report will be sent to you within seven working days that they have received your complaint and tell you when to expect a full response.

Take your complaint outside the organization: If you are not satisfied with the President's response, you can seek advice from an outside source. It may be possible to seek help from an advice agency or other organization. You may also Contact ACHC. Finnegan Health Services will provide you with details of any services local to your area if we can. Customers may submit a complaint by calling Finnegan Health Services at 1-888-789-6600 and providing their name and contact information or they may submit the complaint anonymously. Providing a contact name and information will enable the company to inform the customer about the actions taken in response to the complaint, and

also to contact them should additional information be needed. It is our policy to treat all information given as confidential and not to disclose it to any other party. However, it may be necessary to share the complaint with the subject organization in the course of a complaint investigation.

NOTICE OF PRIVACY PRACTICES (Notice) Finnegan Health Services.

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.**

The following categories describe ways that Finnegan Health Services may use and disclose protected health information. Protected health information is any information about you that may link you to your medical condition or medical information.

- **For Treatment:** We may use protected health information to provide you with medical services and products. We may disclose protected health information about you to physicians, nurses or other health care entities to provide you with your supplies. For example, we may request diagnosis information from your physician to ensure that the correct supplies are being provided for treatment.

- **For Payment:** We may use and disclose protected health information to bill and collect payment for health care services and products we provide. Also, we may disclose your information to other health care providers or entities involved in the coordination of your care for their billing purposes. For example, we may inform your health insurance provider about supplies you are going to receive to obtain a prior approval or to determine if your plan will cover the supplies.

- **For Health Care Operations:** We may use and disclose your protected health information for a variety of business activities that are called health care operations. For example, we may use protected health information to evaluate the performance of our staff in providing services and products to you or to work with others who assist us in complying with this Notice and other applicable laws. Also, if you requested that we send order updates to your e-mail address; we may use and disclose protected health information for that purpose.

In addition to treatment, payment and health care operations, Finnegan Health Services may use and disclose your protected health information as follows:

- **Alternative Treatment/Supplies:** We may use and disclose protected health information to inform you of new alternatives and products that may help you manage your health.

- **Marketing:** We may use medical information about you to contact you by telephone or by other means to advise you of services or products that may be available. However, your protected health information will not be disclosed to third parties for marketing purposes without your prior written authorization.

- **Individuals Involved in Your Care or Payment for Your Care:** We may release protected health information about you to a friend or family member who you have listed as a contact involved in your medical care. Additionally, we may give information to an individual who helps pay for your care.

- **As Required By Law:** We will use and disclose protected health information about you when required to do so by federal, state or local law.

- **Public Health Risks:** We may disclose protected health information about you for public health activities. Examples of these include notification for product recalls or reporting problems about products.

- **Health Oversight Activities:** We may disclose protected health information about you to a health oversight agency for activities authorized by law. Examples of these activities include audits, investigations, inspections and licensure.

- **Lawsuits/Disputes/Court Proceedings:** If you are involved in a lawsuit, dispute or court proceeding, we may disclose protected health information about you in response to a court or administrative order. We may disclose protected health information about you in response to the following: subpoenas, discovery requests or other lawful processes by others involved in the dispute. This will only be done if efforts have been made to inform you about the request or to obtain an order protecting the information requested.

- **Law Enforcement:** We may release protected health information about you if asked to do so by a law enforcement official.

- **Threat to Health/Safety:** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Certain Government Functions:** We may release protected health information about you to authorized federal officials for the following government functions: intelligence, counterintelligence and other national security activities authorized by law; to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state; or to conduct special investigations; to a member of the armed forces as

required by military command authorities; or to correctional institutions or law enforcement officials.

- **Health-Related Benefits/Services:** We may use and disclose medical information about you to inform you of health-related benefits, services or products that may help you manage your health.

- **Workers' Compensation:** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

OTHER USES OF MEDICAL INFORMATION

If you provide us with permission to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written request. Note: We are unable to take back any disclosure(s) that we have already made with your authorization or pursuant to this Notice of Privacy Practices. Additionally, we are required by law to retain records of the medical services and products that we provided to you for a specific period of time.

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- **Right to Inspect and to receive Copy:** You have the right to inspect and to receive a copy of your protected health information that may be used to make a decision about your care. Usually, this includes medical and billing records. If you request a copy of your information, it must be submitted in writing and we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request under certain circumstances. You will be provided with a reason for the denial.

- **Right to Request Restrictions:** You have the right to request that we limit how we use or disclose your protected health information. We will consider your request, but are not legally bound to agree to the restrictions. We cannot agree to limit uses or disclosures that are required by law.

- **Right to Choose How We Contact You:** You have the right to request that we contact you at an alternate address or by alternate means.

- **Right to Have Protected Health Information Amended:** You have the right to request that we amend, correct or supplement your protected health information maintained by Finnegan Health Services Note: Finnegan Health Services may request for this to be submitted in writing. If you believe that we have information that is either inaccurate or incomplete, we may amend, correct or supplement the information and notify others who have copies of the information you deem to be inaccurate or incomplete. We may deny your request under certain circumstances. You will be provided with a reason for the denial.

- **Right to Receive This Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request.

- **Right to File a Complaint about Our Privacy Practices:** If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint with the Assistant Privacy Officer at Finnegan Health Services 1-888-789-6600 or the Secretary of the Department of Health and Human Services. We will not take any action against you or change our treatment of you in any way if you file a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices that are described in this Notice. We reserve the right to make the revised or changed privacy practices applicable to protected health information we already have about you as well as any information we receive in the future. A copy of our current Notice will be posted in our. Prior to a material change in this Notice, we will promptly revise and repost it. The Notice will contain the effective date in the bottom left corner. Please submit written requests to: Assistant Privacy Officer Finnegan Health Services 6805 West 12th Street STE F Little Rock, AR. 72204

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.

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.

EMERGENCY PREPAREDNESS

Learn what to do in case of power outages and personal injuries. Know how to connect and start a back-up power supply for essential medical equipment.

- Consider getting a medical alert system that will allow you to call for help if you are immobilized in an emergency. Most alert systems require a working phone line, so have a back-up plan, such as a cell phone or pager, if the regular landlines are disrupted.

- If you use an electric wheelchair or scooter, have a manual wheelchair for backup.

- Teach those who may need to assist you in an emergency how to operate necessary equipment. Also, label equipment and attach laminated instructions for equipment use.

- Store back-up equipment (mobility, medical, etc.) at your neighbor's home, school, or your workplace.

- Arrange for more than one person from your personal support network to check on you in an emergency, so there is at least one back-up if the primary person you rely on cannot.

- If you are vision impaired, deaf or hard of hearing, plan ahead for someone to convey essential emergency information to you if you are unable to use the TV or radio.

- If you use a personal care attendant obtained from an agency, check to see if the agency has special provisions for emergencies (e.g., providing services at another location should an evacuation be ordered).

- If you live in an apartment, ask the management to identify and mark accessible exits and access to all areas designated for emergency shelter or safe rooms. Ask about plans for alerting and evacuating those with sensory disabilities.

- Have a cell phone with an extra battery. If you are unable to get out of a building, you can let someone know where you are and guide them to you. Keep the numbers you may need to call with you if the 9-1-1 emergency line is overloaded.

NUTRITIONAL FEEDING

Your enteral feeding may be given by mouth or by a feeding tube. Use the amount recommended by your doctor.

For patients taking the oral liquid form of enteral nutrition:

This preparation is in ready-to-use form. No dilution is needed unless directed by your physician. Shake the preparation well before opening. Refrigerate after opening, out of the reach of children. Most formulas can be kept in the refrigerator for 1 to 2 days. Check the label of your product.

For patients using the powder form of this preparation:

For mixing or other use, follow carefully the instructions on the package. Any unused solution should be kept in the refrigerator, out of the reach of children. Most formulas can be kept in the refrigerator for 1 to 2 days. Check the label of your product.

Storage — To store the unopened container:

Keep out of the reach of children. Store away from heat and direct light. Do not store in the bathroom, near the kitchen sink, or in other damp places. Heat or moisture may cause the enteral nutrition formula to break down. Keep the enteral nutrition formula from freezing. Do not refrigerate, unless the product has been opened or mixed. Do not keep outdated enteral nutrition formulas or those no longer needed. Be sure that any discarded enteral nutrition formula is out of the reach of children.

BELOW ARE EMERGENCY NUMBERS IF YOUR FHS-SUPPLIED FEEDING PUMP MALFUNCTIONS:

Emergency Numbers

1. 911 if you are having a life and death emergency

2. Covidien (Manufacturer of Pump) 1-800-962-9888 choose option 1 then choose option 3 for tech support. This is the best number to call if you are having problems with your pump as they are trained to help you with any problems

3. Finnegan Health Services M-F during office hours 1-888-789-6600

HIPAA PATIENT PRIVACY NOTICE

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.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us. We will not retaliate against you.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Our Uses and Disclosures

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
 - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - We must follow the duties and privacy practices described in this notice and give you a copy of it.
 - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

If you have moved, or are moving in the near future, please contact Finnegan Health Services to update your address and avoid a missed delivery. In the case of a missed delivery, please contact Finnegan Health Services immediately, so we can locate your package. You can reach our Customer Service Department at 1-888-789-6600 or wecare@finneganhealth.com

Effective Date: 9/2013

*Privacy Officer:
Finnegan Health Services
Terrie Davis
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