

PAUL SHOE REPAIR & SALES INC.
1104 S. GLENDALE AVE
GLENDALE, CA 91205

PHONE: (818) 507-0341 FAX: (818) 507-9962 Hours: Monday – Friday * 8:00am - 7:00pm * Closed Holidays

PATIENT/CLIENT BILL OF RIGHTS

As an individual receiving product service, let it be known and understood that you have the following rights:

1. To select who provide your medical items/product/supply services.
2. To be provided with legitimate identification by any person or persons who enter your residence to provide services for you.
3. To receive the appropriate service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides services for you and be free from neglect or abuse, be it physical or mental.
5. To assist in the development and planning of your items/product use so that it is designed to satisfy, as best as possible, your current prescribed needs.
6. To be provided with adequate information from which you can give your informed consent for the commencement of your medical items/product service, the continuation of service, the transfer of service to another medical items/product provider, or the termination of service..
7. To request and receive information regarding your file
8. To receive treatment and services within the scope of your care plan, promptly and professionally, while being fully informed as to company policies, procedures and charges.
9. To refuse treatment and services within the boundaries set by law, and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
10. To request and receive the opportunity to examine or review your medical records.
11. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal. The Medicare hotline number is: 1-800-495-3232.

I have been given a copy of the Patient/Client Bill of Rights.

Patient's Signature: _____

Date: ____/____/____

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NOTICE OF PRIVACY PRACTICES

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 Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Key Issues

We may use and disclose your health information for providing durable medical items/product (DME), to obtain payment for DME, for administrative purposes, and to evaluate the quality of service that we provide. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. See details below for examples of information uses.

Your rights: In most cases, you have the right to look at or get a copy of health information about you. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We reserve the right to change the terms of our Notice of Privacy Practices. We will post and you may request a written copy of the revised Notice of Privacy Practices. For more information about our privacy practices, contact the person listed below.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The address is listed below. We will not retaliate against you for filing a complaint.

Payment: Your protected health information will be used, as needed, in activities related to obtaining payment for durable medical items/product. For example, obtaining approval for your communication device may require that your relevant protected health information be disclosed to your health insurance company or governmental plan to obtain approval for the items/product.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support out business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

Business Associates: We may share your protected health information with a third party "business associate" that performs various activities (e.g. billing, outside sales). Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Marketing: We may use or disclose certain health information in the course of providing you with information about items/product alternatives, health-related services, or fund-raising activities. You may contact us to request that these materials not be sent to you.

Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

Communication Barriers: We may use and disclose your protected health information if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object.

Public Health: For public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.

Health Oversight: To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse, or Neglect: To an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

Food and Drug Administration: In the course of legal proceedings.

Law Enforcement: For law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

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Research: To researchers when their research has been approved by an Institutional Review Board or Privacy Board.

Soldiers, Inmates, and National Security: To military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate disclosure of protected health information.

Workers' Compensation: To comply with workers' compensation laws.

Compliance: To the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

Your Rights

You have the right to:

Inspect and copy your protected health information: However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.

Request a restriction of your protected health information: You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

Request to receive confidential communications from us by alternative means or at an alternative location: We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

Ask us to amend your protected health information: You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

Receive an accounting of certain disclosures we may have made: This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility director, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Please contact us for more information: For more information about HIPAA, or to file a complaint:

Nancy Roepke U.S. Department of Health and Human Services
LC Technologies, Inc. Office of Civil Rights
1483 Chain Bridge Road, Suite 104 200 Independence Ave., SW
McLean, Virginia 22101 Washington, DC 20201
703/385-7133 877/696-6775

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.

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Break-In instructions for new shoes

Congratulations on receiving your new shoes. In accordance with Medicare regulations, they have been selected from our own inventory, from another company or have been fabricated to provide you with optimum comfort and protection. In order to receive the greatest benefits from this footwear, please follow these suggested guidelines.

Getting used to your shoes

People with decreased feeling in their feet may have a false sense of security as to how much at risk their feet actually are. An ulcer under the foot can develop in a couple of hours even if the shoes are expertly fit. In order to best avoid any irritation, please adhere to the following break-in schedule:

FIRST DAY	Wear One Hour
SECOND DAY	Wear Two Hours – Check feet after first hour
THIRD DAY	Wear Three Hours
FOURTH DAY	Wear Four Hours – Check feet after two hours
FIFTH DAY	Wear Full Day – Check after lunch

- IF AT ANY TIME YOU SEE RED SPOTS OR DARKNESS ON THE TOES OR OTHER BONY AREAS DURING THE FIRST FIVE DAYS: Discontinue wearing the shoes for the rest of the day and start routine again the next day beginning with one hour of wear.
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- IF A RED SPOT OR DARKNESS APPEARS WITH EVERY WEARING – DO NOT WEAR SHOES. Call our office for an adjustment appointment.
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- BE SURE TO INSPECT YOUR FEET EVERY DAY.