



## NOTICE OF PRIVACY PRACTICES / HIPAA

### PURPOSE

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. In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Therapy Supply House Inc is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a covered entity such as Therapy Supply House Inc. must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how Therapy Supply House Inc. meets those minimum standards. It is also meant to inform you of the ways that Therapy Supply House Inc. may use the personal information it collects about you and how it may disclose it.

THERAPY SUPPLY HOUSE INC. believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information. THERAPY SUPPLY HOUSE INC. maintains the right to update our Notice of Privacy Practices. Your personal health information will always be maintained by our current policies designated in our current Notice of Privacy Practices. If you have any comments or questions about our Notice of Privacy Practices, you may call our Privacy Officer at (713) 669-0500.

### UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for a successful means of communicating between all healthcare professionals that contribute to your care.

HIPAA protects information found in your medical record from disclosure without your authorization. The information protected by HIPAA includes:

- Any information related to your past, present or future physical or mental health.
- The past, present or future payment for health services you have received.
- The specific care that you have received, are receiving, or will receive.
- Any information that identifies you as the individual receiving the care.
- Any information that someone could reasonably use to identify you as receiving the care. This information is referred to as protected health information throughout this notice.

### TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

As a covered entity, THERAPY SUPPLY HOUSE INC. is required to inform you of how it may use your protected health information. In providing treatment to you, THERAPY SUPPLY HOUSE INC. will use your protected health information for the purposes of treatment, payment, and healthcare operation.

**Treatment** - As it pertains to THERAPY SUPPLY HOUSE INC. treatment means providing to you drugs, medications, supplies, and durable medical equipment services as ordered by your physician. Treatment also includes coordination and consultation with your physician and other healthcare providers. As THERAPY SUPPLY HOUSE INC. provides these services to you, information obtained during this process will be recorded in your medical record. THERAPY SUPPLY HOUSE INC. will use this information, in coordination with your physician, to determine the best course of treatment for you.

**Payment** - Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by THERAPY SUPPLY HOUSE INC. This includes, but is not limited to, eligibility determination, pre-certification, billing, and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

**Healthcare operations** - Operations can include, but are not limited to, review of your protected health information by members of THERAPY SUPPLY HOUSE INC's professional healthcare staff to ensure compliance with all federal and state

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regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by THERAPY SUPPLY HOUSE INC. healthcare operations also include THERAPY SUPPLY HOUSE INC. business management and general administrative activities.

#### OTHER USES AND DISCLOSURES

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, THERAPY SUPPLY HOUSE INC. must obtain a specific signed authorization form from you. You may revoke such authorization at any time, except to the extent THERAPY SUPPLY HOUSE INC. has acted in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. THERAPY SUPPLY HOUSE INC. may in the following circumstances disclose your protected health information:

1. Therapy Supply House Inc. may disclose limited health information about you to notify local agencies (i.e. power, gas, phone, and emergency medical services), in the event of an emergency (i.e. flood hurricanes, etc.), of your need for life sustaining equipment or assistance in evacuation due to your medical condition.
2. Therapy Supply House Inc. may disclose to a member of your family, other relative, or a close personal friend, or any other persons identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to health care.
3. Therapy Supply House Inc. may disclose protected health information to others as required by law.
4. Therapy Supply House Inc. may disclose protected health information for certain public health activities and purposes.
5. Therapy Supply House Inc. may disclose protected health information to a legally authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
6. Therapy Supply House Inc. may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
7. Therapy Supply House Inc. may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing, and similar activities.
8. Therapy Supply House Inc. may disclose protected health information to attorneys, accountants, and others acting on behalf of Therapy Supply House Inc. provided they have signed written contracts agreeing to safeguard the confidentiality of the information.
9. Therapy Supply House Inc. may leave a message for you on your answering machine or at an alternative phone number or contact that you have given us for that purpose.
10. Therapy Supply House Inc. may mail marketing information, as requested by you, while you are a customer of Therapy Supply House Inc.

#### PRIVACY POLICY

The following describes the manner in which we will use and disclose your personal health information:

1. We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies, or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which includes family members or other financially responsible parties of which you have informed us. Examples include insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state, or local authority (as required by law), or to remind you of equipment, supplies or service needs.
4. We may release appropriate information about you to family or friends that are helping you with financial responsibilities incurred while receiving equipment, supplies, or services from us.
5. We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and having our staff testify about the care we have provided.

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The following describes your rights to the information we maintain about you:

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, Therapy Supply House Inc. is not required to agree to the request for restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Uses.
4. You have the right to access, inspect and obtain a copy of your medical record, subject to certain limitations.
5. You have the right to obtain and account disclosures of your medical record for purposes other than treatment, payment, and healthcare operations.
6. You have the right to request communication of your medical record by alternative means (i.e. electronically) or at alternative locations.
7. You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.
8. You have the right to direct the use of your personal health information at any of our locations.
9. You have the right to terminate or revise your authorizations or consents that pertain to our use of your personal health information, and have those terminations or revisions affect any new equipment, supply, or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All requests must be in written form.
10. You have the right to request a copy of your personal health information as long as any federal, state or local law does not prohibit it. This request must be in writing. There is a charge for copying, producing, and delivering your information.
11. You have the right to request, in writing, a revision to your personal health information. Revision requests will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the reasons for the modification. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.
12. You have the right to request an accounting of *non-routine disclosures* we have made with your personal health information. You can receive one free accounting in a twelve- month period. We will charge for any accounting services that exceed one per twelve months. You must agree to this charge before we provide any accounting of services. These requests cover dates of service on or after April 14th, 2003.
13. You have the right to file a complaint about our use of your personal health information with us or the Secretary of the Department of Health and Human Services.

#### RESPONSIBILITIES OF THERAPY SUPPLY HOUSE INC.

In accordance with HIPAA, THERAPY SUPPLY HOUSE INC. is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you with notice of our legal obligations and privacy practices regarding information it may accumulate about you, and I am obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction and make every effort to accommodate reasonable requests for communication of health information by alternative means.
4. Post its Notice of Uses on its website at <https://therapysupply.com/>.
5. Please be advised that in addition to these responsibilities, THERAPY SUPPLY HOUSE INC. reserves the right to change the terms of its Notice of Uses and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Uses, it will provide you with a revised notice to the most recent address you have supplied to THERAPY SUPPLY HOUSE INC. THERAPY SUPPLY HOUSE INC. will not use or disclose your protected health information without your authorization except as described in this notice.

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## PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

### **You have the right to:**

1. Be fully informed in advance about the service to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the service plan.
2. Participate in the development and periodic revision of the plan of service.
3. Informed consent and refusal of service after the consequences of refusing service are fully presented.
4. Be informed, both orally and in writing, in advance of the service being provided, of the charges, including payment for service expected from third parties and any charges for which the patient will be responsible.
5. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
6. Be able to identify staff members through proper identification.
7. Voice grievances/complaints regarding service, lack of respect of property or recommend changes in policy, staff, or service without restraint, interference, coercion, discrimination, or reprisal.
8. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
9. Choose a health care provider.
10. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
11. Be advised of the agency's policies and procedures regarding the disclosure of patient records.
12. Receive appropriate service without discrimination in accordance with physician orders.
13. Be informed of any financial benefits when referred to an organization.
14. Be fully informed of one's responsibilities.
15. Be informed of provider service limitations.

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

1. To ask questions about any part of the plan of service or plan of care that you do not understand.
2. To protect the equipment from fire, water, theft, or other damage while it is in your possession.
3. To use the equipment for the purpose for which it was prescribed, following instructions for use, handling, care, safety, and cleaning.
4. To 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. To be at home for scheduled visits or notify us to make other arrangements.
6. To 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 in address or telephone number, whether permanent or temporary.
  - e. Any discontinued equipment or services.
7. To be respectful of the property owned by our company and considerate of our personnel.
8. To contact us if you acquire an infectious disease during the time we provide service.

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## 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.

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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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## PATIENT COMPLAINT / GRIEVANCE POLICY

Patients/clients and caregivers have the right to have all complaints heard, investigated and whenever possible, resolved. THERAPY SUPPLY HOUSE INC. promotes open communication between patients /parents /guardians and staff. The Company respects both the patients' rights and the need for effective communication.

Patients/clients are free to voice complaints or grievances regarding policies or services and recommend changes without coercion, discrimination, reprisal, or unreasonable interruption of services. The complaint process includes intake, investigation, corrective action as applicable, complaint resolution, and follow-up.

Patients receive required documentation about The Company's complaint-resolution process within their intake documentation.

THERAPY SUPPLY HOUSE INC. receives, investigates, and responds to complaints and recommendations received from patients/clients. Upon admission, THERAPY SUPPLY HOUSE INC. provides oral and/or written notification of its complaint-resolution process and other resources for registering complaints. The patient's/customer's record must document all communication, signed, and dated by a staff member.

A patient/client may file a complaint or grievance by calling customer service (713) 669-0500. The complaint may also be submitted in writing to the Company President, at our Katy Fwy office.

The complainant will be notified within 5 business days of receipt that the complaint has been received and is being investigated. The Company will initiate an investigation by interviewing staff involved, reviewing delivery van logs, checking the patient's file including delivery slips and other documentation. If necessary, the patient and/or caregiver will be contacted for more information. If collateral sources are to be contacted for information, the patient will be notified, and information release forms will be obtained. Within 14 business days, a written response of the outcome of such investigation for the complaint resolution will be sent to the patient.

A complete report of the initial complaint and subsequent investigation and resolution is to be kept by the Compliance Manager in a secure file, and a summary is documented in the patient's file.

If you have questions, would like additional information, or if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

**Health and Human Services Commission  
Complaint and Incident Intake**

Mail Code E-249

P.O. Box 149030

Austin, Texas 78714-9030

Complaint hotline: (800) 458-9858, Option 5

Email: [hfc.complaints@hhs.texas.gov](mailto:hfc.complaints@hhs.texas.gov)

Fax: (833) 709-5735

OR

**Therapy Supply House Inc.**

8572 Katy Fwy Ste 109

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## EMERGENCY POLICIES & PROCEDURES FOR PATIENTS

The goal at THERAPY SUPPLY HOUSE INC. is to provide services to our clients as promptly and efficiently as possible. However, safety must be a priority in consideration of our clients and staff alike. In the case of an emergent event that could cause interruption of services, such as natural disaster or inclement weather, Management and Customer Service will attempt to work with clients scheduled to receive a delivery within the specific timeframe of the event to coordinate alternate arrangements, such as early delivery or customer pickup, to ensure supplies can be received in a safe and timely manner.

If such an event should occur, deliveries will have to be prioritized to ensure the health and safety of high priority clients will not be compromised (i.e. feeding pump patients). This prioritization is as follows:

### PRIORITIZATION OF DELIVERY:

1. OXYGEN AND OTHER SEVERE RESPIRATORY PATIENTS
2. FEEDING PUMP PATIENTS
3. FORMULA PATIENTS
4. DURABLE MEDICAL SUPPLIES/EQUIPMENT
5. INCONTINENCE SUPPLY PATIENTS

In the case of inclement weather (i.e., severe snowstorm, thunderstorm, hurricane, etc.), deliveries will be pushed up in an attempt to deliver to as many clients as possible before the storm is in full effect. Clients whose routes will be delivered ahead of time will receive an automated voice message informing them that the early delivery will take place due to the inclement weather. It is then the responsibility of the client and/or client's caregiver to call Customer Service to make an alternative arrangement if they will not be able to accept this early delivery. If Therapy Supply House is unable to deliver products to clients safely, and/or no alternate arrangements are made, it is agreed that the clients' deliveries will be made as soon as safety conditions are restored and/or deemed possible by Management.

### EVACUATION DUE TO AN EMERGENT EVENT

A wide variety of emergencies, both man-made and natural, may require Therapy Supply House to be evacuated. These emergencies include fires, explosions, floods, earthquakes, hurricanes, tornadoes, toxic material releases, radiological and biological accidents, civil disturbances, and workplace violence. In the case in which any of the above-mentioned events occur and Therapy Supply House is to be evacuated, The Company will strive to send a message to the affected clients remotely. Clients will receive automated notification - within 12 hours after the event- informing the client that an emergent event has occurred, and services may not be able to be provided unless alternate arrangements are made. It is then the responsibility of the client or client's caregiver to call the number provided in the message to pursue the attempt to make such an arrangement.

If the client and Therapy Supply House are unable to successfully make an alternate arrangement for their delivery, it is agreed that the client's delivery will be made as soon as safety conditions are restored and/or deemed possible by Management.

The ability for Therapy Supply House to assist in these situations will take into account environmental conditions, safety concerns and any restrictions placed on travel by federal, state or local authorities.

Additional resources can be found at <https://www.readyharris.org/>, which is Harris County Emergency Management for general information or disaster Registry for medical items. The Harris County emergency management email is [ask@oem.hctx.net](mailto:ask@oem.hctx.net) and they can be reached in an emergency.

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## CUSTOMER/PATIENT RESPONSIBILITIES

1. Customer agrees that rental equipment will be used with reasonable care, not altered, or modified, and returned in good condition (normal wear expected). Rental equipment shall at all times remain the property of THERAPY SUPPLY HOUSE INC.
2. Customer agrees to promptly report to THERAPY SUPPLY HOUSE INC. any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
3. Customer agrees to provide THERAPY SUPPLY HOUSE INC. with access to all rental equipment for repair/replacement, maintenance and/or pick-up of the equipment.
4. Customer agrees to use the equipment for the purpose so indicated and in compliance with the physician's prescription. Customer agrees to keep the equipment in their possession and at the address to which it was delivered unless otherwise authorized by THERAPY SUPPLY HOUSE INC.
5. Customer agrees to notify THERAPY SUPPLY HOUSE INC. of any hospitalizations or change in health insurance, address, telephone number, physician, or when the medical need for rental equipment no longer exists.
6. Customer agrees to accept all financial responsibility for home medical equipment furnished by THERAPY SUPPLY HOUSE INC.

## RETURNED GOODS POLICY

Products delivered to clients may be returned if the product is defective, the incorrect product or quantity of product, or any other acceptable reason- as determined by Management.

Any products presented for return will not be accepted unless they are in the original package and unused and unopened.

We cannot accept returns of any items that have been used on or next to the skin.

The product return/pick up arrangement must be made by the client with Customer Service as soon as possible.

The products must be in unused condition; otherwise, the client shall be responsible for the cost of the products.

The client agrees to inform Therapy Supply House whenever there are any changes to residence, physician, insurance carrier or prescription. Failure to notify Therapy Supply House EMAIL/TEXT may result in the client being responsible for 100% of the charges for the supplies which were delivered.

## EQUIPMENT WARRANTY INFORMATION

Every product sold or rented by our company carries a manufacturer's warranty. Therapy Supply House Inc. will notify all Medicare beneficiaries of the warranty coverage and we will honor all warranties under applicable law. Therapy Supply House Inc. will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment when this manual is available.

I have been instructed and understand the warranty coverage on the product I have received. Specific warranty information can be found at [therapysupply.com/manufacture-manuals](http://therapysupply.com/manufacture-manuals).

## MEDICARE CAPPED RENTAL AND INEXPENSIVE OR ROUTINELY PURCHASED ITEMS NOTIFICATION FOR SERVICES ON OR AFTER JANUARY 1, 2006

I understand that Medicare defines the equipment that I received as being either a capped rental or an inexpensive or routinely purchased item.

### FOR CAPPED RENTAL ITEMS:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare Beneficiary
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

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#### FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanism, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

#### CONSENT TO COMMUNICATION

This consent authorizes Therapy Supply House Inc. to communicate with me using open internet email channels.

This consent allows THERAPY SUPPLY HOUSE INC. to communicate with me using any email address that I provide to THERAPY SUPPLY HOUSE INC., and/or any email address that I send communications to THERAPY SUPPLY HOUSE INC. from.

I understand that THERAPY SUPPLY HOUSE INC. email exchanges should generally be limited to communications that do not contain sensitive patient information.

I authorize THERAPY SUPPLY HOUSE INC. to email me my invoices and accompanying patient information packet.

I authorize THERAPY SUPPLY HOUSE INC. to notify me of appointments by text appointment reminders.

I authorize THERAPY SUPPLY HOUSE INC. to email me reminders when I am eligible to reorder supplies.

I authorize THERAPY SUPPLY HOUSE INC. to notify me of appointments by email appointment reminders. And I authorize THERAPY SUPPLY HOUSE INC. to share information about its programs and services offered in the community, including programs or services specific to me, using email communications. I may also receive patient surveys, promotional offers or information about THERAPY SUPPLY HOUSE INC. charities and fundraising programs.

I understand that I can “opt out” of the use of email as a means of communication by sending an email to THERAPY SUPPLY HOUSE INC. at [intake@therapysupply.com](mailto:intake@therapysupply.com) or by calling (713) 669-0500. I understand that some messages already scheduled for delivery may be sent after I opt out, and I authorize THERAPY SUPPLY HOUSE INC. up to ten business days to fully process my opt-out request.

Some risks of using email are outlined below and a copy of which has been provided to me.

#### SOME RISKS OF USING EMAIL

Email is inherently unsecure unless it is fully encrypted requiring the use of strong authentication and password protection. Most email does not meet those standards. Among the many risks of using email to communicate sensitive medical information:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by many intended and unintended recipients without my knowledge or agreement.
- Emails may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender, or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.
- Email can be used for Phishing. Phishing is a technique of obtaining sensitive personal information from individuals by pretending to be a trusted sender.
- The use of open internet email channels is not secure or encrypted – meaning that messages between could potentially be viewed by unauthorized persons who might intercept or read those emails.
- Therapy Supply House and its providers may not monitor my emails or may not even receive them.

#### Therapy Supply House

8572 Katy Fwy, Ste 109 Houston TX 77024 | [www.therapysupply.com](http://www.therapysupply.com)

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- Email is not an appropriate method for sharing urgent or emergent information.
- Therapy Supply House will never ask for personal identifying information or other sensitive information using open email. Such information might include date of birth, mother's maiden name, social security numbers, or other personal identifying information.

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