



ORTHOTICS & PROSTHETICS

Quality Since 1988

www.collieroandp.com

NOTICE: PATIENT PRIVACY

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization. As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right hand side of this page indicates the date of the most current Notice in effect. You have the right to receive a copy of our most current Notice in effect. If you have not yet reserved a copy of our current Notice, please ask at the front desk and we will provide you with a copy.

If you have any questions, concerns or complaints about the Notice or your medical information, please contact Richard Todd of our office at (916) 979-9729.

3814 Auburn Blvd. Suite 75 • Sacramento, CA 95821 • (916) 979-9729 • FAX (916) 971-9393

3161 Putnam Blvd. • Pleasant Hill, CA 94523 • (925) 943-1119 • FAX (925) 943-2493

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Patient Responsibility

YOU HAVE THE RESPONSIBILITY TO:

- Adhere to the plan of treatment or service established by their physician.
- Participate in the development of an effective plan of care which will involve the management of pain, if appropriate.
- Provide medical and personal information necessary to plan and provide services.
- Communicate any information, concerns and/or questions related to pain.
- Be available at the time deliveries are made and to allow company's representative to enter their residence at reasonable times to repair or exchange equipment or to provide care.
- Notify the company if he/she is going to be unavailable.
- Treat company personnel with respect and dignity without discrimination.
- Provide a safe environment for staff to provide care and services.
- Care for and safely use equipment, according to instructions provided, for the purpose it was prescribed and only for/on the client for whom it was prescribed. Monitor the quantity of oxygen, nutritional products, medications and supplies in their homes and reorder as required to assure timely delivery of the required items.
- Protect equipment from fire, water, theft or other damage. The client agrees not to transfer or allow his/her equipment to be used by any other person without prior written consent of the company and further agrees not to modify or attempt to make repairs of any kind to the equipment.
- Except where contrary to federal or state law, the client is responsible for equipment rental and sale charges which the client's insurance company or companies does not pay. The client is responsible for settlement in full of his/her accounts.
- The company should be notified of any changes in the client's physical condition, physician's prescription or insurance coverage. Notify the company immediately of any address or telephone changes whether temporary or permanent.

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Patient Rights

YOU HAVE THE RIGHT TO:

- Be treated with dignity, courtesy and respect.
- Have relationships with Care providers that are based on honesty and ethical standards of conduct.
- Reasonable coordination and continuity of services from referring agency to home medical equipment service provider, timely response when home care equipment is needed or requested and to be informed in a timely manner of impending discharge.
- Be fully informed upon admission of the company's policies, procedures, ownership or control of the local facility and the process for receiving, reviewing and resolving your complaints or concerns.
- Receive complete explanations of charges for services and equipment, including eligibility for third-party reimbursement and an explanation of all forms you are requested to sign.
- Receive quality equipment and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social status, age or disability.
- Receive equipment and services from qualified personnel and to receive instructions on self care, safe and effective operation of equipment and your responsibilities regarding equipment and services, including pain and pain management modalities.
- Participate in decisions concerning the nature and purpose of any technical procedure which will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action.
- Confidentiality of all your records (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.
- Express dissatisfaction and to suggest changes in any service without discrimination, reprisal or unreasonable interruption of services.
- Be advised of the telephone number and hours of operation of the state's Home Health "Hot Line." The hours are 9 AM to 5 PM and the number is 800-927-HELP (4357).
- Be advised of the telephone number for Medicare Complaints 800-633-4227.
- Be advised of the telephone number and hours of operation of the accrediting organization, BOC International. The hours are Monday Friday 8 AM to 5 PM and the telephone number is 877-776-2200.
- Be advised of any change in the plan of care before the change is made.
- Participate in the planning of the care and in planning changes in the care, and to be advised that you have the right to do so.
- Accept or refuse medical treatment while competent and to make decisions about care/services to be received should you lose competency.

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NOTICE

RETURN POLICY

If item was substandard, unsuitable or inappropriate at the time of delivery it can be returned unconditionally.

Purchased or rented equipment that no longer meets the needs of the client may be returned to the company within thirty (30) days from start of service, provided the equipment:

- Has been cared for appropriately and used for the purpose it was prescribed and only for the client for whom it was prescribed
- Has not been modified or repaired by someone other than an authorized representative
- Is not a product intimate in nature

WARRANTY POLICY

All equipment purchased, rented or leased as “new” from the company will be in good working order according to manufacturer’s specifications. All new equipment is warranted by the facility for a period of thirty (30) days from the date of purchase or home delivery.

The company will assist the client, as necessary and appropriate, to facilitate the reimbursement or equipment replacement pursuant to all equipment manufacturers’ warranties. The company will provide, or arrange for, loaner equipment equivalent to the original equipment during any repair period except for orthotics and prosthetics.

COMPLAINT POLICY

All customers have the right to lodge complaints without fear of discrimination or reprisal and to know the disposition of complaints. The organization has the responsibility to respond to those complaints promptly and to resolve complaints whenever possible to the satisfaction of the individual.

Should you wish to lodge a complaint or to praise us about our products or services, see any staff member or call:

Complaints Call State Hotline

916 979-9729 800 927-4357

Accrediting Organization

This facility is accredited by or has applied for accreditation from

BOC International

877.776.2200

Medicare

1-800-Medicare (800-633-4227)

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