



A JCAHO accredited health care provider

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PATIENT NOTICE OF PRIVACY PRACTICES
Continued Care of L. I., Inc.
Effective: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS OF THIS INFORMATION. PLEASE READ IT CAREFULLY.

I. OUR COMMITMENT TO YOUR PRIVACY

Continued Care of L. I., Inc. is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your medical information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your care. We will also accommodate reasonable requests you have made regarding communication of your medical information to you in a certain manner or at a certain location. We will notify you if we are unable to agree to a requested restriction.

We realize that these laws are complicated, but we must provide you with the following important information:

- Your privacy rights regarding your medical information.
- How we may use and disclose your medical information.
- Our obligations concerning the use and disclosure of your medical information.

The terms of this notice apply to all records containing your medical information that are created or retained by Continued Care of L. I., Inc. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment of this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of our records that we may create or maintain in the future. Our practice will post a copy of our current Notice in a visible location at all times and on our website - www.continuedcareofli.com.

II. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about you:

A. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. To request confidential communications, you must make a request in writing to the Vice President of Operations. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

B. Inspection and Copies. You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect and/or obtain a copy of your medical information. Continued Care of L. I., Inc. may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

C. Amendment. You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Continued Care of L. I., Inc. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. Continued Care of L. I., Inc. will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the medical information kept by or for the practice; (c) not part of the medical information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

D. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your medical information for non-treatment or operations purposes. Use of your medical information as part of the routine patient care in our practice is not required to be documented for "accounting of disclosures". For example, the billing department using your medical information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists requested within the same 12-month period. Our practice will notify you of the costs involved with making additional requests, and you may withdraw your request before you incur any costs.

E. Right to Provide an Authorization for Other Uses and Disclosure. Continued Care of L. I., Inc. will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization.

F. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your medical information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practices' use, disclosure or both; and
- To whom you want the limits to apply.

G. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with Continued Care of L. I., Inc. or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

H. Right to Receive a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive

this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please make a request in writing to the Vice President of Operations.

III. HOW WE CAN USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the different ways that we may use and disclose your medical information.

A. Treatment. We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you.

Many of the people who work for Continued Care of L. I., Inc., may use or disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others who may assist in your care, such as your spouse, children or parents.

B. Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to you, an insurance company, or third party, in order for payment to be collected.

For example, we may need to give your insurance company information about the care you received so that the insurance company will pay us or reimburse you for the treatment.

C. Health Care Operations. We may use and disclose medical information about you for our day-to-day operations.

For example, members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will be used in a way to improve the quality and effectiveness of the healthcare and services that we provide.

D. Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care.

E. Health-Related Benefits and Services. We may use and disclose medical information to inform you about health-related benefits or services that may be of interest to you.

F. Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

G. Individuals Involved in Your Care of Payment for Your Care. We may use and disclose medical information to a friend or family member who is involved in your care, or who assists in taking care of you.

H. Communication Barriers. We may use and disclose medical information if an employee attempts to obtain consent, or additional information, from you but is unable to do so due to substantial communication or language barriers.

For example, the facility may use a foreign language or communication interpreter to aid in the communication between you and your caregivers.

SPECIAL SITUATIONS

- A. As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- B. Emergency.** We may use and disclose medical 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. However, we will only disclose the information to someone able to help prevent the threat.
- C. Organ and Tissue Donation.** Consistent with applicable law, we may disclose medical information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- D. Business Associates.** Some of the services provided at Continued Care of L. I., Inc. are provided by business associates. When we contract for these services, we may disclose your medical information to our business associates so that they can perform the job we have hired them to do. To protect your medical information, we require our business associates to appropriately safeguard your information.
- E. Workers' Compensation.** We may release medical information about you to the extent authorized by and to the extent necessary to comply with the laws relating to workers' compensation or other similar programs established by law.
- F. Public Oversight Activities.** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- G. Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- H. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- I. Law Enforcement.** We may disclose medical information for law enforcement purposes as required by law or in response to a valid subpoena.
- J. Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. We may also disclose medical information to funeral directors consistent with applicable law to carry out their duties.
- K. Food and Drug Administration.** We may disclose to the FDA medical information related to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- L. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

M. Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

N. Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

O. National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

P. Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

IV. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only upon specific written authorization you provide to us which allows Continued Care of L. I., Inc. to use your medical information for the purpose listed in that authorization document. If you provide us authorization 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 authorization. The revocation, however, will not have any effect on any action Continued Care of L. I., Inc. took before it received the revocation.

V. QUESTIONS OR COMPLAINTS

If you have questions or requests for additional information, you may contact our privacy officer, the CEO, at the address below. If you believe your privacy rights have been violated, you can submit a written complaint describing the circumstances surrounding the violation to:

CONTINUED CARE OF L. I., INC.
130 Sea Lane
Farmingdale, New York 11735

or to the Secretary of Health and Human Services in Washington, D. C. You will not be penalized for filing any complaint.

You may also contact The Joint Commission's office of Quality Monitoring to report any concerns or register complaints about a Joint Commission Accredited Health Care Organization by either calling 800-994-6610 or emailing to complaint@JCAHO.org.

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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IT IS OUR POLICY, IN THE EVENT OF A CARDIAC ARREST, FOR OUR STAFF TO CALL 911, OR AS A GOOD SAMARITAN, HE/SHE MAY CHOOSE TO PERFORM CPR

PATIENT RIGHTS

Observance of a patient's rights and responsibilities, through informed decision making, will promote effective patient care/service and greater satisfaction and success for patients, physicians and the home care company. The organization supports the following patient rights:

- ___ To be informed of all your rights/responsibilities by the home care company.
 - ___ Be accorded impartial access to treatment, service or equipment that is medically necessary, regardless of race, religion, sex, payer source, etc.
 - ___ To be fully informed of company policies and charges for care/service, including third party benefits/limitations and any financial obligation for service rendered.
 - ___ To have appropriate and professional care/service with respect, dignity and privacy at all times and at the necessary level of care.
 - ___ To be educated and informed in order to choose your care provider and participate in the development and implementation of your plan of care/treatment.
 - ___ To refuse treatment, within the confines of the law, and to be informed of the consequences of your action.
 - ___ To refuse/accept experimental treatment and/or participating in research.
 - ___ To be informed within a reasonable time of anticipated termination of service or plans to transfer to another company if level of intensity cannot be provided.
 - ___ To reasonable continuity of care.
 - ___ To voice concerns/grievances and suggest changes in staff without fear of discrimination, reprisal or interruption of service.
 - ___ To be informed of all company disciplines/staff involvement in care and the frequency/duration of visits for each discipline, as well as changes in staff, visits or duration of services.
 - ___ To receive a timely response to all requests for care/service or inquiries.
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PATIENT RESPONSIBILITIES

As a home care patient, you have the following responsibilities:

- ___ Remain under the care of a licensed physical and notify your physician of any changes in your condition.
 - ___ Provide a complete, accurate health history and any pertinent information, as it relates to our care/service.
 - ___ Provide a willing and capable caregiver available to assist with your care/treatment, as determined by company staff.
 - ___ Be available for visits and notify the company if you are unavailable, hospitalized, have moved, or have any change in condition or status.
 - ___ To make every effort to comply with a mutually agreed upon plan of care and take an active role in learning and self-care. Repeated failure to comply with this plan of care could result in discontinuation of service.
 - ___ To notify the company with any questions, concerns or problems.
 - ___ Show respect and consideration for company's staff and property.
 - ___ Meet financial commitments agreed to with the company.
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PATIENT GRIEVANCE

As a home care patient, you have the right to voice concerns of grievances without fear of discrimination, reprisal or interruption of service. If you feel you have been discriminated against, your health or well-being has been threatened, or you have been denied equitable and fair treatment, you should follow these steps in the appropriate order:

- ___ 1. Call your home care company, 24 hours a day, and ask to speak to a Supervisor or Manager.
- ___ 2. Speak with the President or present a formal written Grievance within 30 days.
- ___ 3. Include the name and address of the patient/complainant and the nature of the complaint.
- ___ 4. The President reviews, investigates and documents the complaint/grievance.
- ___ 5. A written response explaining decisions rendered will be issued by the President within 14 days of receipt of the grievance.
- ___ 6. An appeal is available through the Governing Body within 30 days of the response to the complaint.
- ___ 7. You can call the Attorney General's office.
- ___ 8. You can call the Consumer Protection Board at (518)474-8583.