



Policies and Procedures

Day-to-Day Operations

Policy # ADM101

Date Effective: 5/06/13

Date Revised:

Approved by: K.Butterfield

Purpose: *To inform the organization's staff about leadership structure of the company.*

Policy: *The Owner/President is in charge of Day-to-Day operations. In his absence Co-owner/Operations Manager is in charge. In her absence a designee is assigned.*



Confidentiality

Policy # ADM102

Date Effective: 5/06/13

Date Revised:

Approved by: K. Butterfield

Purpose: *To guarantee that all medical records maintained by this organization are kept confidential.*

Policy: *Patient Information will not be released to any source outside of the company without prior signed permission from the patient. Patient information is held confidential as well among employees and is only discussed on a need-to-know basis. Employees of this organization will not discuss any patient information outside the company unless necessary to the care and welfare of the patient.*



Policies and Procedures

Client Record Content, Access & Release

Policy # ADM103

Date Effective: 5/06/13

Date Revised:

Approved by: K. Butterfield

Purpose: *To inform all staff of the organization guidelines for content, access and release of client/client records.*

Policy: *Client Information will not be released to any source outside of the company without prior signed permission from the client.*

Procedure:

Content of Records should include the following:

1. Client identification data.
2. Referral information if applicable.
3. Documentation of all services and products provided.
4. Documentation of DME instructions/Plan of Care if applicable including client's receipt of their rights and responsibilities.
5. Prescription/CMN from doctor if applicable

Authority to make Entries in Client Records

1. The following personnel are authorized to make entries in the client's records:
 - a. Management
 - b. Service/Delivery personnel
 - c. Accounts Payable Personnel
 - d. Customer Service Representatives
2. Entries in client records are made according to the organization's policy.
3. All communication with or about the client must be documented.
4. When the organization maintains client files on a computer, a password will be used for access.

Authority to release the records

1. The following personnel are authorized to release the client's records with prior signed releases from the client or responsible party.
 - a. Management
 - b. Accounts Payable /Customer Service
2. Release of Information is signed on initial client agreement as part of the assignment of benefits process.
3. All completed forms / copies are maintained in the client's file.



Patient Rights & Responsibilities

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify the Home Medical Equipment Company of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Home Medical Equipment Company in such instances.
3. The patient should promptly notify the Home Medical Equipment Company of any changes to their address or telephone.
4. The patient should promptly notify the Home Medical Equipment Company of any changes concerning their physician.
5. The patient should notify the Home Medical Equipment Company of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.



Notification of Information Practices

The purpose of the consent form is to inform you, the patient, how your personal health information is used and/or disclosed by this provider or organization. We want you to be fully aware of what we do with your information so that you can provide us with your consent in order for us to treat your health care needs, receive payment for services rendered, and allow administrative and other types of health care operations to happen, which are part of normal business activities of the provider or organization.

Your consent

I understand that as part of my health care, this organization originates and maintains health records describing my health history, symptoms, test results, diagnoses, treatment, and plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among my diagnosis/es and other health information to my bill(s).
- A source of information for applying my diagnosis/es and other health information to my bill(s).
- A means by which my health plan or health insurance company can verify that services billed were actually provided.
- A tool for routine health care operations in this organization, such as ensuring that we have quality processes and programs in place and making sure that the professionals who provide your care are competent to do so.

I understand that:

- I have been provided with a Notice of Information Practices that provides specific examples and descriptions of how my personal health information is used and disclosed by XSPORTSMED;
- I have the right to review the Notice of Information Practices prior to signing this consent;
- XSPORTSMED can change its Notice of Information Practices but notify me of those changes before they are put into practice and will mail me a copy of the new Notice to the address that I have provided;
- I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or health care operations and that XSPORTSMED is not required to agree to those restrictions;
- Any restrictions to which XSPORTSMED agrees to will be respected.
- I may revoke this consent in writing at any time. Further, I am aware that XSPORTSMED can proceed with uses and disclosures that pertain to treatment, payment, or healthcare issues that took place before the consent was revoked.