



*Your Medical Equipment Solution*

5039 Pentecost Drive Suite C, Modesto CA 95356

**Main Line:** (877) 799-0202 • **Fax:** (888) 499-0202

**Authorization for Release of Information  
Assignment of Benefits and Deductible/Co-Pay Responsibility**

**Customer Name:** \_\_\_\_\_ **Insurance ID/S.S.N.:** \_\_\_\_\_

**Release of Information:** I hereby authorize the holder of medical or other information about me to be released to the Social Security Administration, Center for Medicare and Medicaid Services, its intermediaries or to any third party payer, as required, any information needed for this or a related health claim. I permit a copy of this authorization to be used in place of the original and to request payment of medical insurance benefits to the party who accepts assignment.

I also authorize release of medical information to my physician(s), other health care providers to assist in my treatment, auditors authorized by HOME OXYGEN COMPANY INC. (hereinafter referred to as "the Company") for the purpose of certification, licensure or accreditation and to the following individuals who may be involved in assisting in my affairs.

I understand that I have the right to revoke and or restrict the use of this consent by notifying the Company in writing and that prior to signing this consent I have received and have had the opportunity to review the Company's privacy policy.

I also understand that I have the right to access my health information, request that the Company amend my health information, and the right to request an accounting of all disclosures of my health information.

**Assignment of Insurance Benefits:** I certify that the information given by me is correct. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for covered services rendered by the Company to the Company and authorize said company to submit claims to Medicare, Medicaid, and/or commercial insurance carriers for payment. I authorize payment of my insurance benefits directly to the Company, which payment will not exceed the balance due on my account. I hereby guarantee payment to the Company of any and all charges not covered by this assignment, and waive any and all notices and demands in the event of non-payment there under.

Items that could potentially deny: \_\_\_\_\_.

I am aware that the Company will bill me for my deductible and co-pay charges on equipment and/or supplies that I have rented for payment each month.

I agree that the rental equipment remains the property of the Company and will be returned in good condition when no longer necessary. I hereby certify that I have read or have had this document read to me, and I understand its contents and intents, and with my signature do execute my permission, effective as dated: \_\_\_\_\_.

**Medicare Capped Rental and Inexpensive or Routinely Purchased Items  
Notification for Service on or after January 1, 2006**

I received instructions and understand that Medicare defines the \_\_\_\_\_ that I received as being either a capped rental of 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 these types of equipment include:  
Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous positive airway pressure (CPAP) devices, patient lifts, and trapeze bars.

**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, wheelchair cushions, bed side rails, and traction equipment.

**Oxygen and Ventilators do not transfer title to patient**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
By Representative (Signature)

\_\_\_\_\_  
Representative's Address

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Reason Patient Unable to Sign

## 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.

Home Oxygen Company Inc. is required by law to maintain the privacy of your health information. Home Oxygen Company Inc. is also required to provide you with a notice that describes Home Oxygen Company Inc. legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about the privacy practices of Home Oxygen Company Inc., please contact Andrea Ewert, CEO, PO Box 578173 Modesto, CA 95357. We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted at the location of service.

### How Home Oxygen Company Inc. May Use or Disclose Your Health Information for Treatment, Payment of Health Care Operations

The following categories describe the ways that Home Oxygen Company Inc. may use the disclose your health information. For each type of use and disclosure, we will explain what we mean and present from examples.

**Treatment:** We may use or disclose your health care information in the provision, coordination, or management of your health care. Our communications to you may be by telephone, cell phone, e-mail, patient portal, or by mail. For example, we may use your information to call and remind you of an appointment or to refer your care to another physician. If another provider request your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.

**Payment:** We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information to send a bill for your health care services to your insurer.

**Health Care Operations:** We may use or disclose your health care information for activities relating to evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you had your surgery. If the activities require disclosure outside of our health care organization, we will request your authorization before disclosing that information.

### How Home Oxygen Company Inc. May Use or Disclose Your Health Information Without Your Written Authorization

The following categories describe the ways that Home Oxygen Company Inc. may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some example.

- Required by Law.** We may use and disclose your health information when that use, or disclosure is required by law: For example, we may disclose medical information to abuse or to respond to a court order.
- Public Health.** We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.
- Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
- Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the healthcare system.
- Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
- Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
- Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
- Cadaveric, Organ, Eye or Tissue Donation.** If we are a hospital, we may disclose your health information to organizations involved in procuring organs and tissues for transplantation.
- Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how a well a drug is working to cure a heart disease or whether a certain treatment is working better than another.
- To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person of the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
- Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
- Workers' Compensation.** Both state and federal law allow the disclosure of health care information that is reasonably related to a worker's compensation injury to be disclose without your authorization. These programs may provide benefits for work related injuries or illness.
- Health Information.** We may use or disclose your information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.
- Directory.** Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (eg "stable" or "unstable), and your religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. The information about you contained in our directory will not be disclosed to individuals not associated with our health care environment without your authorization.  
**If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:**
  - To individuals involved in your care** - we may release your health information to a family member, other relative, friend or other who have identified to be involved in your health care or the payment of your health care.
  - To family** - we may use your health information to notify a family member a personal representative or a person responsible for your care, of your location, general condition, or death; and
  - To disaster relief agencies** - we may release your health information to an agency authorized by law to assist in disaster relief activities.
- Health Information Availability After Death.** The health care provider may use or disclose information without your authorization 50 years after the date of your death. If you wish to restrict such use and disclosure see *"Request Restrictions on Certain Uses and Disclosures"* below.

### When Home Oxygen Company Inc. Is Required to Obtain an Authorization to Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

### Your Health Information Rights

- Inspect And Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form of format (e.g. PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in reasonable electronic form or format. For example, you may request a copy of your immunization record from your health care provider. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to: **Andrea Ewert**, CEO, Home Oxygen Company, PO Box 578173 Modesto CA 95357 (209) 523-0202. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.
- Request To Correct Your Health Information.** You have a right to request that Home Oxygen Company Inc. amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your heart surgery is incorrect, you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to **Andrea Ewert**, CEO, PO Box 578173 Modesto CA 95357. You must also provide a reason for your request.
- Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. For example, if you are an employee in a clinic and you receive health care services in that clinic, you may request that your medical record not be stored with the other clinic records. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment of health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing to [include title of contact person and address].
- Receive Confidential Communication Of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

To request confidential communications you must submit your request in writing to **Andrea Ewert**, CEO, PO Box 578173 Modesto CA 95357.

- Receive A Record Of Disclosures Of Your Health Information.** You have the right to request a list of the disclosure of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received this disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. For example, you may request a list that indicates all the disclosures your health care provider has made from your health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to **Andrea Ewert**, CEO, PO Box 578173 Modesto CA 95357. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.
- Obtain A Paper Copy Of This Notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. To obtain a paper copy of this Notice, please visit our website at [www.homeoxygencompany.com](http://www.homeoxygencompany.com).
- Notified of a Breach.** Your provider is required by law to maintain the privacy of protected health information and provide you with notice of these legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.
- Complaint.** If you believe your privacy rights have been violated, you may file a complaint with **Andrea Ewert**, CEO, PO Box 578173 Modesto CA 95357. We request that you file complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. There will be no retaliation against you in any way for filing a complaint. For complaints, you can also call CMS @ 800- 633-4227, State of CA 800-633-2322, or our accrediting body, ACHC @ 855-937-2242.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact **Andrea Ewert**, CEO, PO Box 578173 Modesto CA 95357.

A website that provides information about our customer service, privacy policy, and benefits can be found at [www.homeoxygencompany.com](http://www.homeoxygencompany.com).

Effective Date of this Notice: September 23, 2013