

### YOUR INSURANCE

Bedard Pharmacy & Medical Supplies (also referred to as we, our, or us) work with most insurance companies. We submit all documentation necessary to assure that your claim is processed correctly and accurately. **It is important to remember that your insurance policy is that...yours.** Our goal is to utilize our years of experience to assist in getting your claim paid correctly. The ultimate responsibility for payment of your charges is yours.

### MISSION STATEMENT

It is our goal to provide our customers with solutions to their healthcare needs. We focus on establishing long term relationships with our customer, built around the outstanding quality of our products and services. We follow the latest technologies and products and train our staff appropriately in order to provide the best value for our customers.

### SUGGESTIONS, CONCERNS, COMPLAINTS...

The Board of Certification/Accreditation (BOC) encourages those having suggestions, concerns, or complaints about safety or quality of care being provided to bring those concerns or complaints directly to the Bedard Medical Group Compliance Manager. You can call 207-784-3700, email [customer.service@mybedard.com](mailto:customer.service@mybedard.com), or mail: Bedard Medical Group, Attn: Compliance Manager, 359 Minot Avenue, Auburn, ME 04210. If your concerns are not addressed to your satisfaction, you may contact the Board of Certification/Accreditation directly. To report any concerns or register a complaint call 1-877-776-2200 or send a letter to: 10461 Mill Run Circle, Suite 1250, Owings Mills, Maryland, 21117. Matters concerning billing, insurance and payment disputes are not within the authority of the Board of Certification/Accreditation.

### You have the right to:

- Refuse delivery of any and all equipment
- Receive a clear explanation about your condition and have our staff communicate in a language that is understandable to you
- Prompt delivery and to be fully informed on the use and care of all our equipment in your home
- Expect that all information will be kept in strictest confidence and have your personal privacy respected
- Expect all equipment to be clean and in good repair
- Have your property respected during visits
- Have any questions answered promptly, correctly, and courteously
- Have personal, cultural, and ethnic preferences considered
- To participate in planning how service will be provided to you, and to be informed of all options if the need to transfer care arises
- Know that if s/he is found unresponsive, our policy is for staff to call 911 for emergency medical intervention
- To expect a resolution to any problem or complaint and express dissatisfaction and suggest changes without coercion, discrimination, reprisal, or unreasonable interruption in service

### You have the responsibility to:

- Give accurate and complete health information concerning your past use of equipment and any change in address, phone number, doctor, insurance carrier, prescription
- Assist in developing and maintaining a safe environment
- Follow instruction in care and use of all equipment and request further information concerning anything you do not understand
- Treat our associates with respect, courtesy, and consideration
- To order supplies on a timely basis to accommodate reasonable delivery
- To have someone at home when delivery is scheduled
- To pay all invoices that are due: not covered by insurance
- Accept the consequences of any refusal or choice of noncompliance, including changes in reimbursement eligibility

The products and/or services provided to you by Bedard Pharmacy & Medical Supplies are subject to the supplier standards contained in the Federal Regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business, professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

### NOTICE OF PRIVACY PRACTICES

11/26/2018

**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.**

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, we have created this Notice of Privacy Practices (Notice). This Notice describes our privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that we protect the privacy of your PHI that we have received or created.

We will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (Including Marketing and Selling of PHI), we will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **We reserve the right to change our privacy practices and this notice.**

### HOW WE MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that we are permitted, by law, to use and disclose your PHI.

**Uses and disclosures of PHI for Treatment:** We will use the PHI that we receive from you to fill your prescription or physician order and coordinate or manage your health care.

**Uses and disclosures of PHI for Payment:** We will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

**Uses and disclosures of PHI for Health Care Operations:** We may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate our workforce.

The following is an accounting of additional ways in which we are permitted or required to use or disclose PHI about you without your written authorization.

**Uses and disclosures as required by law:** We are required to use or disclose PHI about you as required and as limited by law.

**Uses and disclosure for Public Health Activities:** We may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

**Uses and disclosure about victims of abuse, neglect or domestic violence:** We may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

**Uses and disclosures for health oversight activities:** We may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

**Disclosures to Individuals Involved in your Care:** We may disclose PHI about you to individuals involved in your care.

**Disclosures for judicial and administrative proceedings:** We may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to Bedard.

**Disclosures for law enforcement purposes:** We may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

**Uses and disclosures about the deceased:** We may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

**Uses and disclosures for cadaveric organ, eye or tissue donation purposes:** We may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

**Uses and disclosures for research purposes:** We may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, we will request a signed authorization by the individual for all other research purposes.

**Uses and disclosures to avert a serious threat to health or safety:** We may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

**Uses and disclosures for specialized government functions:** We may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

**Disclosure for workers' compensation:** We may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

**Disclosures for disaster relief purposes:** We may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

**Disclosures to business associates:** We may disclose PHI about you to our business associates for services that they may provide to/for us to assist us to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

#### **OTHER USES AND DISCLOSURES**

We may contact you for the following purposes:

**Information about treatment alternatives:** We may contact you to notify you of alternative treatments and/or products.

**Health related benefits or services:** We may use your PHI to notify you of benefits and services we provide.

**Fundraising:** If we participate in a fundraising activity, we may use demographic PHI to send you a fundraising packet, or we may disclose demographic PHI about you to our business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.

**HealthInfoNet:** We participate in HealthInfoNet, the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations. Patients can opt-out by requesting an opt-out form or calling HealthInfoNet.

#### **FOR ALL OTHER USES AND DISCLOSURES**

We will obtain a written authorization from you for all other uses and disclosures of PHI, and we will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact our Privacy Officer to obtain a *Request for Restriction of Uses and Disclosures*.

#### **YOUR HEALTH INFORMATION RIGHTS**

The following are a list of your rights in respect to your PHI. Please contact our Privacy Officer for more information about the below.

**Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of our uses and disclosures of your PHI; however, we are not required to accommodate a request. This includes the right to restrict disclosures to Insurances for those products and services you pay out-of-pocket for.

**The right to have your PHI communicated to you by alternate means or locations:** You have the right to request that we communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require us to have an accurate address and home phone number in case of emergencies. We will consider all reasonable requests.

**The right to inspect and/or obtain a copy your PHI:** You have the right to request access and/or obtain a copy of your PHI that is contained in our records for the duration that we maintain PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

**The right to amend your PHI:** You have the right to request an amendment of the PHI we maintain about you, if you feel that the PHI we have maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial.

**The right to receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by us.

**The right to receive additional copies of the Notice of Privacy Practices:** You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically.

**Notification of Breaches:** You will be notified of any breaches that have compromised the privacy of your PHI.

#### **REVISIONS TO THE NOTICE OF PRIVACY PRACTICES**

We reserve the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. We will also post the revised version of the Notice in our facilities and websites.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with us, please contact our privacy officer if you wish to file a complaint with the Secretary, please visit <http://www.hhs.gov/>. We will not take any adverse action against you as a result of your filing of a complaint.

#### **CONTACT INFORMATION**

If you have any questions on our privacy practices or for clarification on anything contained within the Notice, please contact Bedard Pharmacy & Medical Supplies, ATTN: Privacy Officer, 359 Minot Ave Auburn, ME 04210 or call (207) 783-1410.

##### **Bedard Pharmacy**

359 Minot Avenue Auburn, ME 04210  
M-F: 8am-6pm, Sat/Sun: 9am-1pm  
Phone: 207-783-1410

##### **Bedard Medical Supplies**

359 Minot Avenue Auburn, ME 04210  
M-F: 8:30am-5pm, Sat/Sun: Closed  
Phone: 207-784-3700

##### **Bedard Senior Care**

359 Minot Avenue Auburn, ME 04210  
M-F: 8am-6pm, Sat/Sun: 9am-1pm  
Phone: 207-786-0139