

# SUBURBAN HOME MEDICAL EQUIPMENT



## Contact Us:

317.477.6463

737 Green Meadows Dr. Suite  
300, Greenfield, IN  
[www.suburbanhh.org](http://www.suburbanhh.org)

# SUBURBAN HOME MEDICALEQUIPMENT

## Your team:

**Jessica Bryan**, Administrator  
**Vince Roberts**, Branch Manager  
**Aaron Eckart**, Warehouse Manager and Logistics  
**Diane Benson**, HME Specialist  
**Amy Moffit**, Respiratory Therapist  
**Claire Wallace**, Respiratory Therapist  
**Brian Cole**, Clinical Technician  
**Justin Hinkle**, Clinical Technician  
**Lesli Denny**, Orthopedic Fitter  
**Courtney Kingen**, Office Coordinator  
**April McDonald**, HME Billing Specialist  
**Kaela Weir**, Customer Service Representative  
**Whitney Thomas**, Intake Coordinator

## Services:

ADL Equipment | Bedside Commodes | Canes | CGM | CPAP Machines |  
Diabetic Shoes | Hospital Beds | Lift Chairs | Mastectomy Bras & Services  
| Mobility Equipment | Monitor & Supplies | Nebulizer Machines | Patient  
Lifts | Orthopedic Bracing | Oxygen Therapy | Support Surfaces | Walker |  
Wheelchairs

## Regular Store Hours:

M-F 9:00 a.m. - 3:00 p.m.

Responding 24 hours a day/7 days a week for equipment needs.

**STATE LICENSED & ACCREDITED  
MEDICARE/MEDICAID APPROVED**

# SUBURBAN HOME MEDICAL EQUIPMENT

## Scope of Service

### General Description

The Suburban Home Medical Equipment (HME) department consists of durable medical equipment, medical supplies, ostomy supplies, incontinence products, diabetic shoes, breast pumps, wound care supplies, and adaptive equipment designed to assist with activities of daily living. Medicare and Medicaid approved. accredited by ACHC - Accreditation Commission for Health Care. Delivery and equipment maintenance provided within a 90-mile radius of Greenfield by trained Clinical Technicians responding 24 hours a day, 7 days a week to equipment needs. Certified Fitters can assist and dispense post-surgical bras and camisoles, breast forms, mastectomy bras, lymphedema sleeves, and compression garments, and orthopedic bracing.

### Suburban Home Medical Equipment Store Hours:

Monday.....9 a.m. - 3 p.m.  
Tuesday.....9 a.m. - 3 p.m.  
Wednesday.....9 a.m. - 3 p.m.  
Thursday.....9 a.m. - 3 p.m.  
Friday.....9 a.m. - 3 p.m.

Suburban HME Store is closed on Saturday and Sunday.  
HME DOES respond to medical equipment needs 24/7.

### Types and ages of patients served

Suburban Home Medical Equipment primarily provides to adults and geriatrics; however, there is no exclusion based on age group, and clients may include neonates, pediatrics, and adolescents meeting the admission criteria.

### Admission Criteria

- Patient/client resides within the geographic area of service
- Patient/client exhibits service needs congruent with the adequacy and suitability of department personnel and resources.
- Patient/client is under the care of a licensed physician, who will certify to the necessity for home medical equipment as required, and if applicable.
- Patient/client or POA consents to treatment or service
- Patient/client is accepted based on a reasonable expectation that the patient's needs may be adequately met in the patient's place of residence.
- Home must be safe based on equipment/supplies specifications.

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## **Suburban HME Safety Assessment**

Assessment of the patient's medical equipment needs is conducted by a Clinical Technician and may include the following:

- a.Type(s) of equipment (make and model)
- b.The patient's goals and expectations
- c.Physician's orders and recommendations
- d.The home environment (space, electrical safety, and accessibility)

At least annually, information from the CQI Program, strategic planning, patient/client feedback, community assessment surveys, and other valid informational sources shall be assessed to determine if additional services or programs may be implemented or improved to meet patients' needs in or with the cooperation of HME.

## **Certified Fitter**

A service and specialty area that offers personalized and private fittings for bras and breast forms. The Certified Fitters are a resource to ask questions and receive professional and accurate information; it is our belief and dedication to continue to offer kindness and compassion to each customer and provide a place to shop with dignity for healthcare products.

## **Appropriateness, medical necessity, and timeliness of service**

HME services are provided based upon the physician's order, patient/client's needs, or preference. Based upon the admission criteria, each patient/client is assessed for appropriateness of referral and services. Documentation of medical necessity is required for Medicare, Medicaid, and third-party payers, as well as prior authorizations from insurance may be required.

## **The extent to which the level of service provided meets the patient's needs**

HME sets patient/client goals based on the physician's order, the home assessment, and in collaboration with the patient/client and/or family/caregiver. The degree of achievement of patient goals is measured through various outcome measurements. These findings are part of the department's plan for continuous quality/performance improvement, Patients'/clients' perception of satisfaction with services provided are measured through an ongoing system and are also included in the department's plan for continuous quality/performance improvement.



# SUBURBAN HOME MEDICAL EQUIPMENT

## Weather and Emergency Information

- Listen to local radio stations or watch local television. If there is a weather warning or travel advisory in effect, home visits may be delayed or postponed.
- If telephone service has not been disrupted, you will receive a call from Home Medical Equipment regarding the status of scheduled deliveries.
- Should you have a question or concerns regarding your scheduled delivery, call Suburban HME office at **(317) 477.6463**.

**The following contact names and telephone numbers may be additional resources during times of natural disaster or severe weather conditions:**

### **American Red Cross**

Marion County.....(317) 684.1441

Hancock County.....(317) 462.4344

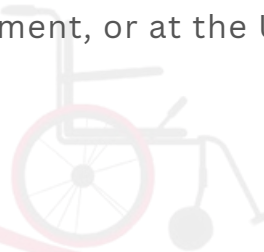
### **Emergency Management Agency**

Marion County.....(317) 327.3900

Hancock County.....(317) 477.1182

Road Information.....(317) 232.8300

- If no means of communication exist, you should seek medical attention from your healthcare provider, at the Emergency Department, or at the Urgent Care/Immediate Care office of your choice.



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## Grievance Process

You have the right to voice grievances about your equipment or treatment without reprisal.  
Please refer to the attached Grievance Policy DRX 2-4, A, B, D.

Listed below are the organizations to call to report any problems or concerns:

- **Suburban Home Medical Equipment**

- Telephone # (317) 477.6463 - Ask to speak to the Administrator or leave a message to return your call.

- **Indiana Department of Health**

- State home health agency hotline telephone # 1.800.227.6334
- The purpose of this hotline is to receive complaints and answer questions regarding state-licensed, Medicare/Medicaid-certified agencies (Hours: 24 hours a day, 7 days a week).

- **Accreditation Commission for Health Care**

- 139 Weston Oak Ct. Cary, NC 27513 (855) 937.2242



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## Fall Prevention Information

### Four things you can do to prevent falls

1. Exercise to improve your balance and strength
2. Have your health care provider review your medicines
3. Have your vision checked
4. Make your home safer

a. **Clean up clutter.** The easiest method for preventing falls is to keep your home neat. Remove all clutter, such as stacks of old newspapers and magazines, especially from hallways and staircases.

b. **Repair or remove tripping hazards.** Sometimes home fixtures can contribute to falls, which can then lead to back pain and other injuries. Examine every room and hallway, looking for items such as loose carpet, slippery throw rugs, or wood floorboards that stick up. Then repair, remove, or replace those items for more effective fall prevention.

c. **Install grab bars and handrails.** These safety devices are crucial for going up and down stairs, getting on and off the toilet, and stepping in and out of the bathtub without injuring yourself. Gary Kaplan, DO, founder and medical director of the Kaplan Center for Integrative Medicine in McLean, Virginia, suggests installing grab bars by toilets and bathtubs and handrails in stairways and hallways. Have a handyman or family member help with this if necessary.

d. **Avoid wearing loose clothing.** You want to feel comfortable at home, but baggy clothes can sometimes make you more likely to fall. Opt for better-fitting and properly hemmed clothing that doesn't bunch up or drag on the ground.

e. **Light it right.** Inadequate lighting is another major hazard. To create a home that's more suitable for the elderly, install brighter light bulbs where needed, particularly in stairways and narrow hallways. Robert Bunning, MD, associate medical director of inpatient services at MedStar National Rehabilitation Hospital in Washington, D.C., also recommends adding night-lights in bedrooms and bathrooms for better guidance at night.

f. **Wear shoes.** Socks may be comfortable, but they present a slipping risk. Preventing falls at home can be as simple as wearing shoes. You can also purchase non-slip socks that have grips on the soles of the feet if shoes are too uncomfortable.

g. **Make it nonslip.** Bathtubs and showers, as well as floors in kitchens, bathrooms, and porches, can become extremely dangerous when wet. To prevent falls on slick surfaces, Dr. Kaplan recommends nonslip mats.

h. **Live on one level.** Even with precautions like guardrails, stairs can present a significant falling hazard. "If possible, live on one level," says Kaplan. "Otherwise, be extra-careful when you negotiate stairs." If it's not possible to live on one level, try to limit the trips you take up and down the stairs.

i. **Move more carefully.** Dr. Bunning explains that many people fall at home by moving too quickly from a sitting to a standing position and vice versa. Preventing falls like this is as easy as taking your time. "All you have to do is pause after going from lying down to sitting and from sitting to standing," he says. "Also, pause before using the railing on stairs, whether going up or down."

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## Fall Prevention Information

An adult or child can fall for many reasons. If you are an older adult, you may fall because your reaction time slows down. Your muscles and joints may get stiff, weak, or less flexible because of illness, medicines, or a physical condition. Other health problems that make falls more likely include:

- Arthritis
- Dizziness or lightheadedness when you get out of bed (orthostatic hypotension)
- History of a stroke
- Anemia
- Certain medicines taken for mental illness
- Problems with balance or gait
- History of falls with or without an injury
- Changes in vision (vision impairment)
- Changes in thinking skills and memory (cognitive impairment)

### Checklist for Preventing Falls in Your Home

#### Stairways

- Make sure all handrails are not broken and are securely fastened
- Both sides of the steps should have handrails

#### Floors and Rugs

- Make sure all floorboards are even and rugs - including area rugs - are secured to the floor with tacks, non-skid pads, or double-sided tape
- Use non-skid floor wax

#### Bathrooms

- Be sure that you can move safely in the bathroom area, and in and out of the tub or shower.
- Remove soap build-up in the tub or shower regularly
- Place non-slip strips in the bath/shower
- Install adjustable height shower heads
- Mount grab bars at the toilet, bath, and shower on walls with secure reinforcements to prevent bars from coming loose
- Secure bathmats with non-slip, double-sided rug tape

#### Kitchen

- Items that you use frequently - such as dishes and food items - should be easy to reach
- If you must use a step stool, make sure that it has a bar at the top to hold on to.

#### Lighting

- Place nightlights in hallways, bedrooms, bathrooms, and stairways
- Install light switches at the top and bottom of the stairs
- Place a lamp (and telephone!) near your bed
- Keep lighting uniform in each room and add lighting to dark spaces



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## Medicare DMEPOS Supplier Standards

**Below is a summary of the standards Medicare requires of home medical equipment providers.**

- A supplier must comply with all applicable Federal and State licensure and regulatory requirements.
- 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.
- An authorized individual (one whose signature is binding) must sign the application for billing privileges.
- 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 any other Federal procurement or non-procurement programs.
- 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.
- 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.
- A supplier must maintain a physical facility on an appropriate site.
- A supplier must permit CMS (formerly HCF A), 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.
- 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, or cell phone is prohibited.
- 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. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
- A supplier is responsible for delivery and must instruct beneficiaries on the use of Medicare-covered items and maintain proof of delivery.
- A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 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.
- 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.
- A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
- A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
- 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.
- 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.

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## Medicare DMEPOS Supplier Standards

- 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.
- A supplier must agree to furnish CMS (formerly HCF A) any information required by the Medicare statute and implementing regulations.
- All suppliers of DMEPOS and other items and services must be accredited by a CMS-approved accreditation organization to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited for the supplier to receive payment for those specific products and services.
- All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the supplier location for three months after it is operational without requiring a new site visit.
- All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked if CMS determines that they are not in compliance with the DMEPOS quality standards.
- All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.
- All DMEPOS suppliers must obtain a surety bond to receive and retain a supplier billing number.
- A supplier must obtain oxygen from a state-licensed oxygen supplier.
- A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516.
- DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
- DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

# SUBURBAN HOME MEDICAL EQUIPMENT

## Notice of Privacy Practices

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.

### Our Responsibilities

Suburban Home Medical Equipment (HME) takes the privacy of your protected health information ("PHI") seriously. We are required by law to maintain that privacy, to provide you with this Notice of Privacy Practices, and to notify you following a breach of your unsecured PHI. This Notice is provided to tell you about our duties and practices with respect to your PHI. We are required to abide by the terms of this Notice that is currently in effect.

### How we may use and disclose your health information

The following categories describe different ways that we use and disclose your PHI. For each category, we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

- **For Treatment.** We may use your PHI to provide you with, manage, or coordinate treatment, health care, or other related services. We may disclose your health information to doctors, nurses, aids, technicians, or other employees who are involved in your care. We may also disclose your PHI to other health care providers who are providing treatment to you, whether or not we are involved with your treatment at that time. For example, if we transfer you to another health care facility, we would disclose your PHI to that facility for the continuation of your care. In some cases, the sharing of your PHI with other healthcare providers may be done electronically, including through an electronic health information exchange.
- **For Payment.** We may use and disclose your PHI to bill and collect for the treatment and services we provide to you. We may also disclose your PHI to another health care provider or payor of health care for the payment activities of that entity. For example, we may send your PHI to an insurance company or other third party so that the hospital can receive payment for your hospital expenses.
- **For Health Care Operations.** We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to operate HRH, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. We may also provide your PHI to various governmental or accreditation entities, such as the American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP). We may also disclose your PHI to another health care provider or payor for certain health care operations, activities of that entity, if that entity also has a relationship with you. In addition, we may disclose your PHI to any of the entities included in HRH's Organized Health Care Arrangement ("OHCA") for purposes of health care operations of the OHCA. For example, the hospital may disclose your PHI to individuals assisting in quality review programs or peer review analysis.

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- **Incidental Uses and Disclosures.** We may occasionally inadvertently use or disclose your PHI when such use or disclosure is incident to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing conversations among doctors, nurses, or other Suburban personnel, there may be times when such conversations are in fact overheard.
- **Disclosures to you.** Upon your request, we may use or disclose your PHI in accordance with your request. **Limited Data Sets.** We may use or disclose certain parts of your PHI, called a "limited data set," for purposes of research, public health reasons, or for our health care operations. We would disclose a limited data set only to third parties that have provided us with satisfactory assurances that they will use or disclose your PHI only for limited purposes.
- **Disclosures to the Secretary of Health and Human Services.** We may be required by law to disclose your PHI to the Secretary of the Department of Health and Human Services, or his/her designee, to determine whether we are complying with privacy laws.
- **De-Identified Information.** We may use your PHI or disclose it to a third party whom we have hired to create information that does not identify you in any way. Once your PHI has been de-identified, it can be used or disclosed in any way according to the law.
- **Disclosures by Members of Our Workforce.** Members of our workforce, including employees, volunteers, trainees or independent contractors, may disclose your PHI to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that we have engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. Also, if a workforce member is a crime victim, the member may disclose their medical information to a law enforcement official.
- **As Required By Law.** We will disclose your PHI when required to do so by federal, state, or local law.
- **For Public Health Purposes.** We may disclose your PHI for public health activities. While there may be others, public health activities generally include the following: (i) Preventing or controlling disease, injury or disability; (ii) Reporting births and deaths; (iii) Reporting defective medical devices or problems with medications; (iv) Notifying people of recalls of products they may be using; and (v) Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.



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- **Judicial Purposes.** We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to notify you and allow you to object to the request, or to obtain a protective order for the PHI.
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official, if such disclosure is: (i) Required by law; (ii) In response to a court order, subpoena, warrant, summons or similar process; (iii) To identify or locate a suspect, fugitive, material witness, or missing person; (iv) About the victim of a crime; (v) About a death we believe may be the result of criminal conduct; (vi) About criminal conduct at the Covered Entity; or (vi) In emergency circumstances to report the details of a crime.
- **Coroners, Medical Examiners, and Funeral Directors.** In certain circumstances, we may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your PHI to funeral directors as necessary to carry out their duties.
- **Organ and Tissue Donation.** We may disclose your PHI to organizations that handle organ procurement or donation, or organ, eye, or tissue transplantation, as necessary to facilitate organ or tissue donation and transplantation.
- **Research.** Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who received one medication to those who received another. However, before we use or disclose your PHI for research, the project will have been approved through a special approval process that evaluates a proposed research project and its use of health information, trying to balance the research needs with your need for privacy of your PHI. Additionally, when it is necessary for research purposes and so long as the PHI does not leave HRH, we may disclose your PHI to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your PHI to researchers after your death when it is necessary for research purposes.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI if we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances. Military and Veterans. If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

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- **Protective Services for the President and Others.** We may disclose your PHI to authorized federal officials so they may protect the President, other authorized persons, or foreign heads of state, or for the conduct of special investigations.
- **Custodial Situations.** If you are an inmate in a correctional institution, we may disclose your PHI to a correctional institution or law enforcement official that makes certain representations to us.
- **Workers' Compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.
- **Suspected Abuse or Neglect.** If we believe that a person is a victim of child or adult abuse or neglect, we are required by law to report certain information to public authorities.
- **Treatment Alternatives, Appointment Reminders, and Health-Related Benefits.** We may use and disclose your PHI to inform you of or recommend possible treatment alternatives, health-related benefits, or services that may be of interest to you. Additionally, we may use and disclose your PHI to provide appointment reminders. If you do not wish us to contact you about these activities, you must notify us in writing.
- **Fundraising Activities.** We may use your PHI to contact you in an effort to raise money for HRH and its operations. We may disclose your PHI to a foundation related to HRH so that the foundation may contact you to raise money for HRH. In these cases, we would use or disclose only your name, address, and phone number, age, gender, and the dates and departments of service. If you do not want us to contact you for fundraising efforts, you must notify us in writing to opt out.
- **Marketing.** Most uses and disclosures of PHI for marketing purposes will be made only with your written authorization. We may use PHI to communicate with you about a product or service if the communication occurs face-to-face, involves a gift of nominal value, or is for a drug refill.
- **Facility Directory.** We may include certain limited information about you in our directory. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. If you do not wish to be included in the facility directory, you may opt out at the time of admission.
- **Sale of PHI.** Except in limited circumstances permitted by law, we will not sell your PHI without your written authorization.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you to a family member, other relative, or any other person identified by you who is involved in your health care. We may also disclose PHI to someone who is involved with or helps pay for your care. We may also tell your family, friends, personal representative, or other person responsible for your health care, your condition, and that you are utilizing Suburban HME.

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- **Third Parties.** We may disclose your PHI to certain third parties with whom we contract to perform services on our behalf. If we disclose your PHI to these entities, we will obtain their agreement to safeguard your information.
- **Communications Regarding Suburban Programs or Products.** We may use and disclose your PHI to communicate with you about a health-related product or service of Suburban. In addition, we may use or disclose your PHI to tell you about products or services related to your treatment, case management, or care coordination, or alternative treatments, therapies, providers, or settings of care for you.
- **Disclosures of Records Containing Drug or Alcohol Abuse Information.** Because of federal law, we will not release your PHI without your written permission if it contains information about drug or alcohol abuse, except in very limited situations.
- **Disclosures of Medical Information of Minors.** Under Indiana law, we cannot disclose the PHI of minors to non-custodial parents if we have documentation of a court order or decree that prohibits the non-custodial parent from receiving such information.
- **Disclosures of Mental Health Records.** If your PHI contains information regarding your mental health, we can disclose it without written permission only in the following situations: (i) If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health); (ii) Disclosures to our employees in certain circumstances; (iii) For payment purposes; (iv) To the Division of Mental Health if for data collection, research, and monitoring managed care providers if the disclosure is made to the division of mental health; (v) For law enforcement purposes or to avert a serious threat to the health and safety of you or others; (vi) To a coroner or medical examiner; (vii) To satisfy reporting requirements; (viii) To satisfy release of information requirements that are required by law; (ix) To another provider in an emergency; (x) For legitimate business purposes; (xi) Under a court order; (xii) To the Secret Service if necessary to protect a person under Secret Service protection; and (xiii) To the Statewide waiver ombudsman. Most disclosures of psychotherapy notes require a signed authorization.

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### Other uses of PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under the authorization, and that we are required to retain our records of the care that we provide to you.

### Your rights regarding your PHI

You have the following rights regarding PHI we maintain about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care. In your request, you must tell us (1) what information you want to limit; (2) whether the restriction is requested for the current visit only or all hospital visits; (3) whether you want to limit our use, disclosure, or both; and (4) to whom you want the limits to apply. For any services for which you paid out-of-pocket in full, we will honor your request to not disclose information about those services to your health plan, provided that such disclosure is not necessary for your treatment. In all other circumstances, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location (e.g., telephone, email). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. You also have the right to direct that we transmit a copy of such information directly to another person designated by you. If we maintain PHI about you in electronic format, you have the right to a copy of your PHI in the electronic format or format you request, so long as the PHI is readily producible in that form or format. If it is not readily producible in the form or format you request, we will provide it to you in a reasonable alternative format. If you request a copy of the PHI, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.



# SUBURBAN HOME MEDICAL EQUIPMENT

## Notice of Privacy Practices

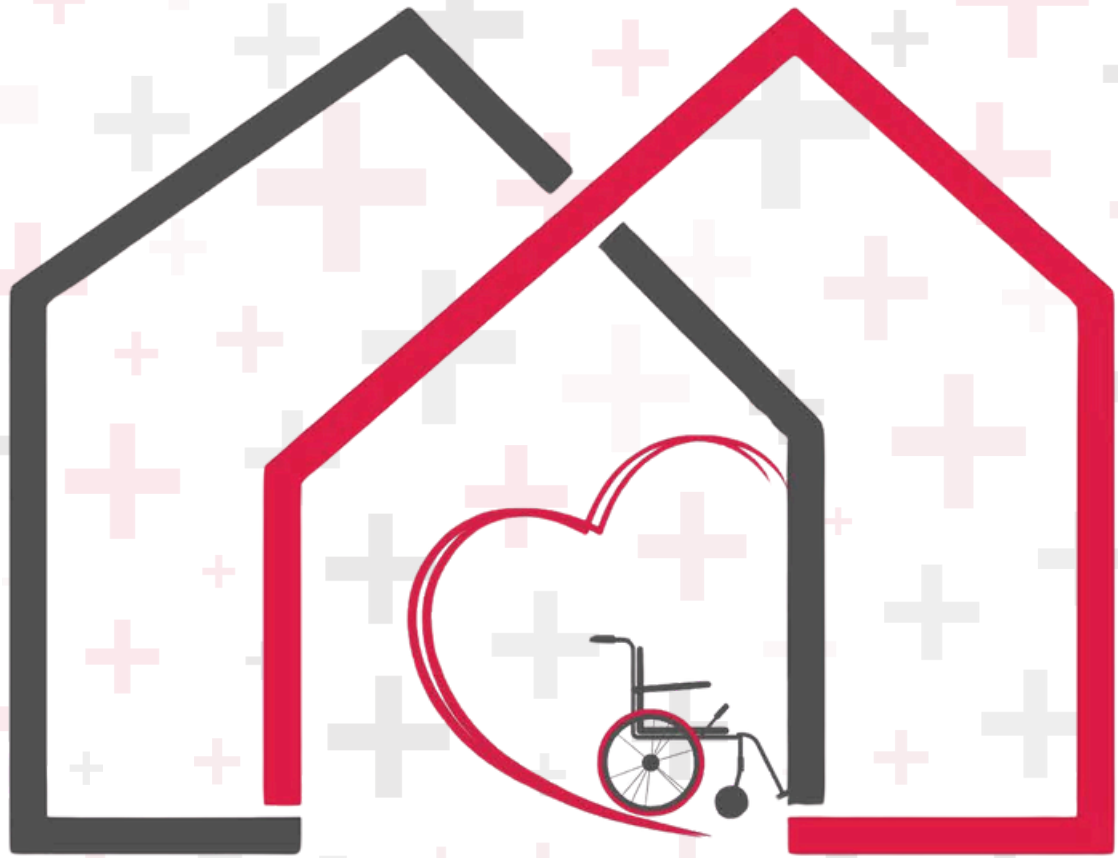
- **Right to Amend.** You have the right to ask us to amend your PHI for as long as the information is kept by us. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: (i) Was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (ii) Is not part of the PHI kept by or for us; (iii) Is not part of the PHI you are permitted to inspect and copy; or (iv) Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your PHI. Your request must state a time period that may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within twelve months will be free. For additional lists during such twelve-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may request 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. You may request a copy of this Notice in writing or obtain it at our website at [www.suburbanhh.org](http://www.suburbanhh.org).

### Changes to this notice

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for PHI we already have about you, as well as any PHI we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. In addition, if we revise this Notice, you may request a copy of the current Notice in effect.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with Suburban HME or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.



# Suburban

## Home Medical Equipment

**317.477.6463**

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300, Greenfield, IN

[www.suburbanhh.org](http://www.suburbanhh.org)