

PATIENT INFORMATION PACKET

Arctoa Medical LLC
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1. RIGHTS AND RESPONSIBILITIES

Customer Rights

- Be treated with dignity and respect.
- Confidentiality of patient records and information pertaining to your care.
- Receive information at admission to participate in and make decisions concerning your plan of care and treatment.
- Be notified in advance of the types and frequency of care, and any changes in your plan of care.
- Receive equipment and services in a timely manner.
- Obtain an itemized explanation of charges.
- Express grievances without fear of reprisal or discrimination.
- Receive respect for the treatment of your property.
- Be informed of potential reimbursement and financial responsibility under Medicare, Medicaid, or other insurers.
- Be admitted for service only if we can provide safe, professional care at the scope and intensity needed.
- Purchase inexpensive or routinely purchased durable medical equipment.
- Expect warranty coverage for equipment purchased from us.
- Receive information in a language or method of communication that you understand.
- Have your cultural, psychosocial, spiritual, and personal values respected.
- Be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- Access, request amendment to, and receive an accounting of disclosures regarding your health information as permitted by law.

Customer Responsibilities

- Notifying us of changes in address, phone, or insurance status.
- Informing us when service or equipment is no longer needed.
- Requesting extra equipment or services in a timely manner.
- Participating in the plan of care/treatment.
- Notifying us of any change in condition, physician orders, or physician.
- Reporting incidents involving equipment.

- Meeting your financial obligations promptly.
- Providing accurate and complete health information.
- Your actions if you do not follow the plan of care/treatment.

Our Rights

- Terminate services if false information is knowingly provided to secure equipment.
- Refuse services to anyone who is threatening, intoxicated, or potentially endangering staff or patients.

2. COMPLAINT PROCEDURE

Arctoa Medical provides a clear process for clients to lodge oral, written, or telephone complaints. We maintain a complaint resolution system to ensure timely identification, response, and resolution.

Complaint record includes:

- Name of client or caregiver voicing the complaint
- Date received
- Name of person receiving the complaint
- Summary of actions taken
- If no investigation is conducted: the name of the decision-maker and reason why
- Supervisor's signature

All employees are trained to handle complaints. Records are kept for at least three years and reviewed quarterly by Executive Management.

To file a complaint:

 (808) 468-1599

You may also contact CMS at 1-800-MEDICARE.

3. EMERGENCY PREPAREDNESS

We maintain a comprehensive plan for disasters (fire, hurricanes, chemical spills, community evacuations, etc.).

- Your responsibility: Contact us for extra supplies when there is a threat of disaster.
- During a disaster: Follow instructions from local authorities.
- We will make every effort to continue service, but if unable, utilize local rescue or medical facilities.

4. HOME SAFETY INFORMATION

Maintain a safe home environment and address unsafe conditions promptly.

Medicines

- Keep medications out of children's reach.
- Label and store in original containers.
- Do not share prescriptions.
- Check labels carefully before use.
- Dispose of expired meds properly.

Mobility Items

- Use extra care with walkers, canes, or crutches.
- Lock wheelchairs before standing/sitting.

- Wear shoes and avoid uneven surfaces.

Slips and Falls

- Clear walkways and stairs.
- Install handrails and rubber mats.
- Wipe spills immediately.
- Secure cords and rugs.
- Maintain good lighting.

Lifting

- Get help for heavy loads.
- Bend knees, keep back straight, avoid twisting.

Electrical Safety

- Keep cords away from water.
- Don't run cords under rugs or near heaters.
- Don't overload outlets.
- Repair damaged cords immediately.

If You Smell Gas

- Open windows/doors, shut off appliance.
- Do not use matches, switches, or phone.
- Call the gas company from a neighbor's home.

Fire Safety

- Pre-plan at least 2 escape routes.
- Test smoke detectors annually.
- Keep "No Smoking" signs visible if oxygen is in use.
- Keep combustibles away from fireplaces/heaters.
- Keep a fire extinguisher and know how to use it.
- If fire occurs: Follow escape plan, call 911, seal doors and signal from window.

5. PATIENT PRIVACY (HIPAA) INFORMATION

This notice explains how medical information about you may be used and disclosed — and how to access it.

We use and disclose PHI for:

- Treatment: including inpatient, outpatient, psychiatric care.
- Payment: insurance, billing, collections.
- Health care operations: audits, quality assurance, legal defense.
- Legal disclosures: court orders, law enforcement, regulatory agencies.
- Specialized government functions: national security, military.
- Emergency situations.
- Worker's compensation, organ donation, public health reporting.
- Business associates who safeguard your PHI.
- Notification of PHI breaches by email or US mail.

Your Rights

- Restrictions: You may request limited disclosure of PHI.
- Confidential Communications: Alternate contact methods upon request.
- Access: You may inspect or obtain copies of your PHI.

- Amendments/Corrections: You may request changes to your PHI.

- Accounting: You may receive a disclosure log.
- Notice: You may request updated copies of this notice.
- Complaints: You may file complaints with us or HHS without retaliation.

Contact for Privacy Concerns:
Admin@Arctoamedical.com

6. 30 MEDICARE DMEPOS SUPPLIER STANDARDS

This is an abbreviated version of the standards required by 42 C.F.R. 424.57(c). All products and services provided by Arctoa Medical LLC must comply with these standards.

For the full text of standards, visit the U.S. Government Printing Office website or request a written copy.

Patient Survey

Aloha and thank you for choosing Arctoa Medical as your source for medical equipment! Please consider completing the below survey. Thank you!

1 = strongly disagree 2 = do not agree 3 = somewhat agree 4 = agree 5 = strongly agree

N/A = not applicable – you did not have this service and cannot rate it.

_____ 1. You would recommend Arctoa Medical to a friend or family.

_____ 2. You received your equipment in a timely manner.

_____ 3. You were communicated with weekly throughout the ordering process.

_____ 4. Our staff were respectful and knowledgeable about the product(s).

_____ 5. You would order from Arctoa Medical again in the future.

Feedback / Comments:
