

10818 NE Coxley Drive Suite L Vancouver WA 98662

Local: (360) 949-7199 | Toll Free: (888) 211-6036

Fax: (360) 395-6700 | coyotestone.com Hours: Monday-Thursday: 9:00am - 4:00pm

Friday: 9:00am - 11:00am

# **Patient Rights**

Patients of Coyote Stone, LLC receiving medical services have the following rights:

Freedom from discrimination regarding age, race, creed, religion, sex, national origin, diagnosis or disability.

To have your dignity, privacy and respect maintained by Coyote Stone, LLC staff.

To have your property treated with respect while staff members are in your residence.

To be informed about and participate in decisions regarding your care, including your individualized plan of care or service.

To be informed about any changes that may take place regarding your treatment or services.

Be provided with legitimate identification by anyone who enters your home to provide services to you on behalf of Coyote Stone, LLC.

To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.

To have your privacy and security or personal information protected and ensured at all times including all medical records information in accordance with law and regulation.

To appropriate assessment and management of pain as relevant to the services being provided.

To refuse care, treatment or services within the boundaries set by law, including the anticipated ramifications or consequences that may result due to the refusal of care and services.

To express complaints, grievances or concerns without fear of coercion, discrimination, reprisal, or unreasonable interruption in care, treatment, and services. Complaints may be expressed orally, in writing, or by telephone.

To be provided with appropriate information from which you are able to give consent for care or service, and the continuation, transfer, or termination of said care or services.

To receive all information in a manner in which you understand.

To be informed in a timely manner if the prescribed care or services are not within the scope, mission or Coyote Stone' philosophy or care, and therefore be provided with transfer assistance to another healthcare provider.

Access to and the ability to request amendments to and receive an accounting of disclosure regarding your health information as permitted under applicable law.

To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.

To honor your wishes regarding end-of-life decisions and be informed of any limitations Coyote Stone may have in respect to those wishes.

### **Patient Responsibilities**

Patients of Coyote Stone receiving medical services can assist us in providing for your medical needs by meeting the following responsibilities:

Properly use, clean and store your equipment as instructed.

Provide complete and accurate information about your medical history, allergies, current medications, surgeries and other matters relating to your health.

Report any changes in your insurance or health care coverage.

Accept the consequences of any adverse outcomes that may occur if you do not follow the proposed plan of care or treatment course.

Maintain a safe environment in your home.

Review and understand the patient information given to you regarding your care and any equipment provided to you.

Request additional information or other assistance with any information you are given that you do not fully understand regarding your care or services or the payment of your care of services.

Notify Coyote Stone if you change your residence.

Notify Coyote Stone if you experience a problem with your care or services.

Notify Coyote Stone if you are admitted to the hospital or if the physician alters or ceases your home care prescription for medication, equipment or care.

Inform Coyote Stone if you will not be home at the agreed upon time for delivery or home visit.

Extend courtesy and respect to Coyote Stone staff and the treatment of their property.

Meet your financial commitments as agreed to with Coyote Stone.

## **Medicare DMEPOS Supplier Statement**

DMEPOS suppliers have the option to disclose the following statement in order to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by supplier Coyote Stone, LLC 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 from the U.S. Government Printing Office website. Upon request we will furnish you a written copy of the standards.

#### **HOW TO FILE A COMPLAINT OR GRIEVANCE**

Please call your representative or Coyote Stone if you have a complaint or grievance. A Coyote Stone Associate will take your complaint information and assist you.

#### **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. HIPAA PRIVACY RULES REQUIRE THAT WE FURNISH YOU WITH THIS NOTICE. PLEASE REVIEW IT CAREFULLY.

**Understanding your health information:** Your medical record contains personal health information and there are state and federal laws to protect the privacy of this information.

**How your information is used:** The staff involved in your care will document in your record about the care provided for you. All Coyote Stone, LLC staff can access same information in chart. Coyote Stone, LLC may use your medical information as required to obtain payment for your treatment. We also may use and disclose your medical information to improve the quality of care (for example, for review and training purposes).

**Other ways your medical information may be used:** Your medical information may be used, unless you ask for restrictions on a specific use of disclosure for the following purposes:

- » Appointment reminders
- » To carry out health care treatment, payment, and operations functions through business associates, e.g., insurance billing, etc.
- » Health oversight activities such as audits, inspections, investigations, and licensure.
- » To prevent a serious threat to health or safety.
- » Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; circumstances relating to reporting information about a crime).
- » National security and intelligence activities.
- » Lawsuits and disputes. We will attempt to provide you advance notice of a subpoena before disclosing the information, as required by law.

**Your authorization is required for other disclosures:** Except as described above, we will not use or disclose our medical information unless you authorize Coyote Stone, LLC in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

**You have rights regarding your medical information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right.

- » **Right to request restrictions.** You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.
- » **Right to confidential communications.** You may request communication in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- » **Right to inspect and request a copy.** You have the right to inspect and request a copy of your medical information regarding decisions about your care. Coyote Stone, LLC charges a fee for copying, faxing, and mailing medical records.
- » **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment. Coyote Stone, LLC is not required to accept the amendment.
- » **Right to accounting disclosures.** You may request a list of the disclosures of your PHI that have been made to persons or entities other than for healthcare treatment, payment, or operations in the past six (6) years. After the first request, there will be a charge.
- » Right to receive notice of a breach. You have the right to be notified upon a breach of any of your unsecured PHI.
- » **Right to a copy of this notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.

**Requirements regarding this notice.** Coyote Stone, LLC is required by Federal law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. Coyote Stone, LLC may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with Coyote Stone, LLC or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to Coyote Stone, LLC or the United States Department of Health and Human Services. To file a complaint, you may either call or send a written letter to Coyote Stone, LLC offices.

Contact Us: Call the Corporate Office at (888) 211-6036 or (360) 949-7199 if:

- » You have a complaint.
- » You have any questions about this Notice.
- » You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.
- » You wish to obtain a form to exercise your individual rights described in Paragraph V.