
PSJ Pharmacy, LLC

Port St. John Discount Pharmacy

— Patient Durable Medical
Equipment (DME) Handbook —

PSJ Pharmacy, LLC

We are located at:

6801 N Hwy US 1 Ste. 1
Cocoa, Florida 32927

We can be reached at:

(321) 637-0911 (phone)
(800) 854-0356 (fax)

Retail Store Hours

Monday-Friday 8:00AM - 9:00PM

Saturday 9:00AM - 6:00PM

Sunday 9:00 - 5:00PM

Website

www.discountpharmacyfl.com

Phone Application

"My Community Pharmacy"

Handbook Contents

- 1) Warranty Information
- 2) Return & Delivery Policies
- 3) Patient/Family Rights
- 4) Patient's Individual Rights
- 5) Complaint Resolution and Form
- 6) Patient/Family Responsibilities
- 7) HIPAA Notice of Privacy Practices
- 8) Emergency Preparedness
- 9) Covered Services

- 10) Medicaid DMEPOS Supplier Standards
- 11) Miscellaneous Important Information
- 12) FAQs
- 13) Nebulizer/Compressor Therapy and Cleaning Instructions
- 14) PSJ Pharmacy, LLC services provided, not inclusive
- 15) Privacy Practices


Durable Medical Equipment



Website

www.discountpharmacyfl.com


- Meet your pharmacists and technicians
- Contact us
- Process refills
- Transfer prescriptions to us
- Experience all we have to offer
- Link to download our application to your phone
- Subscribe to our newsletter

[About Us](#) [Services](#) [Savings](#) [Wellness Classes](#) [Health Info](#)  [Mobile](#) [Reviews](#) [Contact](#) [Refill](#) [New Patient](#)

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Meet Your Pharmacist

Rajesh Patel has dedicated the majority of his career to serving patients in Cocoa, Rockledge, and Titusville.

Specialized Services:

- Compounding
- Vaccinations
- Homeopathic & Natural Medicines

Accepted Insurances

Aetna	Blue Cross & Blue Shield	Cigna	Express Scripts	Health First	Humana
Medco	Medicaid	Medicare	Optum	Tricare	Worker's Compensation 

Warranty Information

Refer to the product instructions and warranty information for each individual item.



Return Policy

For a rental item: 2 weeks

For cash paying patients: 2 weeks

For insurance patients: For a wrong product, PSJ Pharmacy, LLC will reverse the claim from the insurance then correct the claim for the proper item. No return possible.

Delivery Information

Free delivery and mailing in Brevard County

Make sure equipment is in working condition, with no damage before receiving. If there is damage, inform our staff and PSJ Pharmacy, LLC will replace or fix the equipment.

Patient / Family Rights

As an individual receiving home care services, let it be known and understood that you have the following rights:

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons who enter your residence to provide home care services for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, race, sex, religion, ethnic origin, sexual preference or physical/mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing the company who provides treatment or services for you and be free from neglect or abuse, be it physical or mental.
5. To assist in the development and planning of your home care program so that it is designed to satisfy, as best as possible to your current needs.
6. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another home care provider, or the termination of service.
7. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal contact your Medicaid HMO's Customer Service.
8. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments and risks of treatment.
9. To receive treatment and services within the scope of your home care plan, promptly and professionally, while being fully informed as to company policies, procedures and charges.
10. To refuse treatment and services within the boundaries set by law, and to receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
11. To request and receive the opportunity to examine or review your medical records.

Patient's Individual Rights

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for purposes other than treatment, payment, or other administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment, or administrative purposes except when specifically authorized by your, when required by law, or in an emergency circumstances. PSJ Pharmacy, LLC will consider all such requests on a case by case basis, however, the practice is not legally required to accept them

Complaint Resolution

Medicaid/Medicare Beneficiaries Complaint Resolution Protocol

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Medicare Beneficiaries Complaint Log, and completed forms will include the patient's name, address, telephone number and health insurance claim number, a summary of the complaint and the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager, within 24 hours, after receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company and the matter will be settled within 14 days.

The patient will be informed of this complaint resolution protocol at the time of set-up of service.

- 1) PSJ Pharmacy, LLC call 321-637-0911
- 2) Accreditation Commission for Health Care (ACHC) call 1-855-937-2242
- 3) Office of Inspector General (OIG) call 1-800-447-8477

Complaint Resolution Form

Name_____Date_____

Address_____Telephone_____

City/State/Zip_____

Complaint_____

Cause_____

Resolution_____

Person(s) notified_____

Reviewed by_____Date_____

Patient / Family Responsibilities

As an individual who is renting medical equipment for home use, let it be understood that you have the following responsibilities:

1. To notify supplier when equipment is no longer needed.
2. To notify supplier if you begin receiving the services of a home health agency.
3. To notify supplier of any changes in insurance.
4. To notify supplier if patient is admitted to hospital or a Skilled Nursing Facility.

5. To treat rental equipment with reasonable care.

6. To make any “co-pays” or “deductible” payments due to supplier in a timely manner. You will only be billed after Access Medical, LLC has received a determination from your insurance company



HIPAA Notice of Privacy Practices

PSJ Pharmacy, LLC uses your personal health information (PHI) primarily for treatment, obtaining payment for treatment, conducting internal administrative activities and evaluating the quality of care that we provide. For example, PSJ Pharmacy, LLC may use your health information to contact you to provide appointment reminders, information about treatment alternatives, or other health related benefits that could be of interest to you.

PSJ Pharmacy, LLC may also use or disclose your personal health information without prior authorization for public health purposes, for research studies, and for emergencies.

In other situations, PSJ Pharmacy, LLC's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information, for any reason you may revoke that authorization to stop future disclosures at any time.

PSJ Pharmacy, LLC may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the office and will be made available to you upon request. You may request an updated copy of your Notice of Information Privacy Practices at any time.

Florida Medicaid's Covered Services

Durable Medical Equipment (DME) and Medical Supplies

Medicaid reimburses for durable medical equipment (DME) and medical supplies appropriate for use in the recipient's home.

DME may be rented, purchased or rented-to-purchase.

Examples of reimbursable equipment and supplies include, but not limited to:

- Augmentative and assistive communication devices
- Commodes
- Diabetic equipment and supplies including blood glucose meters, test strips, syringes, and lancets
- Enteral nutrition supplements
- Hospital type beds and accessories
- Mobility aids including canes, crutches, walkers, and wheelchairs
- Orthopedic footwear, orthotic, and prosthetic devices

- Ostomy and urological supplies
- Respiratory equipment and supplies including nebulizers and oxygen
- Suction pumps
- Wheelchairs

This service is one of the minimum covered services for all Managed Medical Assistance, Long-term Care and Comprehensive Long-term Care plans serving Medicaid enrollees.

Eligibility

All Medicaid recipients may receive medically necessary DME and medical supplies services in accordance with coverage and limitation requirement per each individual plan with a valid prescription from your physician.

Resource Information

Information on Medicaid health plans and services can be found on the Statewide Medical Managed Care website.

****See list of items supplied by PSJ Pharmacy, LLC****

Emergency Preparedness

Category I: Equipment that does not need ongoing assessment of use. It is non-invasive. Examples: canes, commodes bedside, walkers, wheelchairs

Category II: Equipment that involves oxygen therapy, pharmaceutical administration, or invasive procedures. Monitored on-going. Examples: oxygen concentrators, medication compressors, CPAP/BIPAP, TENS units, enteral feeding pumps.

Category III: Equipment that sustains life. Monitored on-going. Examples: ventilators, apnea monitors, infusion pumps, dialysis units, uterine monitors

Disasters/emergencies that justify include hurricanes, floods, tornadoes, blackouts, earthquakes, and other disruption of services

It is our policy at PSJ Pharmacy, LLC to maintain open communication with FEMA. Each patient will receive a handout with emergency planning and a list of PSH Pharmacy, LLC emergency contact list. We will make reasonable attempts to contact patients with Category II equipment to access their needs, prioritizing upon the urgency of service needed. Patients with oxygen concentrators will have oxygen cylinders delivered to them on an as-needed basis, and those who need electric will be directed to the nearest shelter with a generator. Those on life-sustaining equipment will be directed to call 911 and taken to an area hospital.

The General Manager will notify staff of an disaster/emergency situations. Each staff member will have a list of member and contact information.

Harry T. Moore Social Service Center (FEMA Center)
725 South Deleon Ave
Titusville, FL 32780

Open Monday - Saturday
9 am to 6 pm
Closed Sundays
800-621-3362

Important Information

- For medical emergencies, call 911.
- Our regular business hours are everyday 8:00AM - 9:00PM with varying hours on the weekends. If you have a question or comment about any of our services or the provision of equipment or supplies, please call us during our regular business hours. Our staff will be happy to serve you.
- We will always wear /name tags to identify ourselves, for your safety

• If you have equipment that requires electrical service, plan ahead for disasters or severe weather that may result in a long term power outage. We will attempt to contact you to evaluate your needs and the ability to serve you safely. Remember, you are ultimately responsible for residing in a location that has adequate electrical service. Please develop a plan now to move, taking our equipment with you if necessary, to location that has adequate electrical service in case of an emergency.



PORT ST. JOHN
DISCOUNT PHARMACY

TEL (321)637-0911 • FAX (800)854-0356 • 6801 US Highway 1 North Cocoa FL 32927

FAQs

Q- What is NOT covered by Medicaid?

A- Equipment not covered by Medicaid includes, but not limited to: pulse oximeter (only covered for those under age 21), blood pressure machines and cuffs, donut cushion (only covered for those under age 21), post-ob shoe, TENS unit, sleeping wedge, bed rails (only covered for those under age 21), bedside table, and some wound care supplies.

Q- When is the item available?

A- Most items are readily available and in stock. Items that are not in stock can be ordered for the next day provided it is before the ordering time frame ends, usually around 4:00PM daily.

Q- When is a prior authorization needed? When would the item be available?

A- A prior authorization is needed when 1) a provider is out-of-network with that specific insurance or 2) per each individual insurance there is a maximum amount that does not need authorization, so anything over that total billed amount requires an authorization. The item would be available once the authorization has been approved, provided it is not for asthmatic problems.

Q- Is delivery of DME items provided?

A- PSJ Pharmacy, LLC does offer free delivery to our patients if needed within Brevard County.

Patient Nebulizer/Compressor Therapy and Cleaning Instructions

The medication for use in a nebulizer is in liquid form and has to be turned into a mist so that it can effectively go into your lungs. This method is called aerosol therapy. It involves the use of a portable air compressor and the plastic disposable nebulizer units you receive from PSJ Pharmacy, LLC. This therapy has been prescribed by your doctor and is safe when used as directed.

Operations and Maintenance

1. With power turned "OFF", plug the power cord into an electrical outlet which is grounded.
2. Assemble nebulizer, add medications, and connect the tubing to the compressor air outlet.
3. Switch the unit "ON" - breathe slowly and deeply, holding the mist in your lungs for a few seconds before exhaling fully. Continue this process until the medication is depleted and mist has stopped. It is always best to take your treatment while in a sitting position due to gravity pulling the mist down into your lungs' bases, thus giving you a better treatment.

4. If you feel your heart racing, or you feel very shaky or dizzy, stop the treatment for a few minutes. Frequently, these sensations will go away in a few minutes so you can finish your treatment. If they persist, contact your physician.

5. Switch the compressor "OFF" when the treatment is completed. Disassemble the nebulizer cup and rinse in clear water. Shake the cup and lay it on a paper towel. Cover it with another paper towel to dry until the next treatment. After the last treatment of the day, wash all parts of the nebulizer cup with warm soapy water, rinse in warm water and soak in a solution with 3 parts of water for 30 minutes. Then rinse the cup in warm water, shake and place on a paper towel and cover with another paper towel. In the morning assemble the unit and place in sandwich bag for use.

6. In order to optimize the effectiveness of your treatments, you should replace your disposable mask/cup and tubing each month.

7. Wash hands

PSJ Pharmacy, LLC - DME Services Provided

- Medical Supply:
 - Blood Glucose Monitors and Supplies **(Medicare)**
 - Cane/Crutches **(Medicare)**
 - Commodes/Urinals/Bedpans
 - Continuous Passive Motion Device (CPM)
 - Continuous Positive Airway Pressure Device (CPAP)
 - Enteral/Parenteral Supplies **(Medicare - via tubing only)**
 - Nebulizer Equipment & Supplies **(Medicare)**
 - Orthoses: Off the shelf & prefabricated
 - Seat Lift
 - Surgical Dressings
 - Walkers
 - Wheelchairs
- Rehabilitation Services
 - Walkers **(Medicare)**
 - Wheelchairs: Manual
 - Wheelchair Accessories
- Fitter Services
 - Diabetic Shoes & Inserts
 - Orthoses: Off the shelf & prefabricated
- Other
 - Diabetic Supplies **(Medicare)**
 - Tracheostomy Supplies
 - Ostomy Supplies
 - Braces: Back, Knee, Arm, Finger, Neck **(Medicare)**
 - Wound Care Supplies



PSJ Pharmacy LLC
NCPDP: 1043998
6801-1 N Hwy 1
Cocoa, FL 32927
01-26-2017

2017

PAAS National® Health Care FWAC/HIPAA Policy & Procedure Manual

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.

PSJ Pharmacy LLC will ask you to sign an Acknowledgement that you have received this Notice of Privacy Practices (Notice). This Notice describes how PSJ Pharmacy LLC may use and disclose your protected health information in accordance with the HIPAA Privacy Rule. It also describes your rights and PSJ Pharmacy LLC's duties with respect to protected health information about you.

Section A: Uses and Disclosures of Protected Health Information

1. **Treatment, Payment and Health Care Operations**
 - a. We will use your health information to provide treatment. This may involve receiving or sharing information with other health care providers such as your physician. This information may be written, verbal, electronic or via facsimile. This will include receiving prescription orders so that we may dispense prescription medications. We may also share information with other health care providers who are treating you to coordinate the different things you need, such as medications, lab work or other appointments. We may also contact you to provide treatment-related services, such as refill reminders, treatment alternatives and other health related services that may be of benefit to you.
 - b. We will use your health information to obtain payment. This will include sending claims for payment to your insurance or third-party payer. It may also include providing health information to the payer to resolve issues of claim coverage.
 - c. We will use your health information for our health care operations necessary to run the pharmacy. This may include monitoring the quality of care that our employees provide to you and for training purposes.
2. **Permitted or Required Uses and Disclosures**
 - a. Our pharmacists, using their professional judgment may disclose your protected health information to a family member, other relative, close personal friend or other person you identify as being involved in your health care. This includes allowing such persons to pick up filled prescriptions, medical supplies or medical records on your behalf.
 - b. We also have contracts with entities called Business Associates that perform some services for us that require access to your protected health information. Examples may include companies that route claims to your insurance company or that reconcile the payments we receive from your insurance. We require our Business Associates to safeguard any protected health information appropriately.
 - c. Under certain circumstances PSJ Pharmacy LLC may be required to disclose health information as required or permitted by federal or state laws. These include, but are not limited to:
 - i. To the Food and Drug Administration (FDA) relating to adverse events regarding drugs, foods, supplements and other health products or for post-marketing surveillance to enable product recalls, repairs or replacement.
 - ii. To public health or legal authorities charged with preventing or controlling disease, injury or disability.
 - iii. To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.
 - iv. To health oversight agencies (e.g., licensing boards) for activities authorized by law such as audits, investigations and inspections necessary for PSJ Pharmacy LLC's licensure and for monitoring of health care systems.



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- v. In response to a court order, administrative order, subpoena, discovery request or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health information.
 - vi. As authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by the law.
 - vii. Whenever required to do so by law.
 - viii. To a Coroner or Medical Examiner when necessary. Examples include: identifying a deceased person or to determine a cause of death.
 - ix. To Funeral Directors to carry out their duties
 - x. To organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
 - xi. To notify or assist in notifying a family member, personal representative or another person responsible for the patient's care of the patient's location or general condition.
 - xii. To a correctional institution or its agents if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others.
 - xiii. When necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.
 - xiv. As required by military command authorities when the patient is a member of the armed forces and to appropriate military authority about foreign military personnel.
 - xv. To authorized officials for intelligence, counterintelligence and other national security activities authorized by law.
 - xvi. To authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations.
 - xvii. To a government authority, such as social service or protective services agency, if PSJ Pharmacy LLC reasonably believes the patient to be a victim of abuse, neglect or domestic violence but only to the extent required by law, if the patient agrees to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against the patient.
3. **Authorized Use and Disclosure**
 - a. Use or disclosure other than those previously listed or as permitted or required by law, will not be made unless we obtain your written Authorization in advance. You may revoke any such Authorization in writing at any time. Upon receipt of a revocation, we will cease using or disclosing protected health information about you unless we have already taken action based on your Authorization.
 4. **More Stringent Laws**
 - a. Some states may have laws that are more stringent than HIPAA. Please refer to the end of the Notice for the laws that may apply.

Section B: Patient's Rights

1. **Restriction Requests**
 - a. You have a right to request a restriction be placed on the use and disclosure of your protected health information for purposes of carrying out treatment, payment or health care operations. Restrictions may include requests for not submitting claims to your insurance or third-party payer or limitations on which persons may be considered personal representatives.



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- b. PSJ Pharmacy LLC is not required to accept restrictions other than payment related uses not required by law that have been paid in full by the individual or representative other than a health plan.
- c. If we do agree to requested restrictions, they shall be binding until you request that they be terminated.
- d. Requests for restrictions or termination of restrictions must be submitted in writing to the Privacy Officer listed in Section D of this Notice.

2. Alternative Means of Communication

- a. You have a right to receive confidential communications of protected health information by alternate methods or at alternate locations upon reasonable request. Examples of alternatives may be sending information to a phone or mailing address other than your home.
- b. PSJ Pharmacy LLC shall make reasonable accommodation to honor requests.
- c. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.

3. Access to Health Information

- a. You have a right to inspect and copy your protected health information. The designated record set will usually include prescription and billing records. You have the right to request the protected health information in the designated record set for as long as we maintain your records.
- b. You have the right to request that your protected health information be provided to you in an electronic format if available.
- c. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
- d. Any costs or fees associated with copying, mailing or preparing the requested records will be charged prior to granting your request.
- e. PSJ Pharmacy LLC may deny your request for records in limited circumstances. In case of denial, you may request a review of the denial for most reasons. Requests for review of a denial must also be submitted to the Privacy Officer listed in Section D of this Notice.

4. Amendments to Health Information

- a. If you believe that your protected health information is incomplete or incorrect, you may request an amendment to your records. You may request amendment to any records for as long as we maintain your records.
- b. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
- c. Requests must include a reason that supports the amendment to your health information.
- d. PSJ Pharmacy LLC may deny amendment requests in certain cases. In case of denial, you have the right to submit a Statement of Disagreement. We have the right to provide a rebuttal to your statement.

5. Accounting of Uses and Disclosures

- a. You have the right to request an accounting of uses and disclosures that are not for treatment, payment or health care operations. This accounting may include up to the six years prior to the date of request and will not include an accounting of disclosures to yourself, your personal representatives or anything authorized by you in writing. Other restrictions may apply as required in the Privacy Rule.
- b. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
- c. The first accounting in any 12-month period will be provided to you at no cost. Any additional requests within the same 12-month period will be charged a fee to cover the cost of providing the accounting. This fee amount will be provided to you prior to completing the request. You may choose to withdraw your request to avoid paying this fee.

6. Notice of Privacy Practices

- a. You have a right to receive a paper copy of this Notice even if you previously agreed to receive a copy electronically.
- b. Please submit a request to the Privacy Officer listed in Section D of this Notice.

Section C: PSJ Pharmacy LLC's Duties

PSJ Pharmacy LLC is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

PSJ Pharmacy LLC is required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain. Any such revised Notice will be made available upon request.

Section D: Contacting Us

1. Additional Questions, Submitting Requests or Complaints

- a. If you have questions about this Notice or how PSJ Pharmacy LLC uses and discloses your protected health information please contact our Privacy Officer below.
- b. You may obtain forms needed for request submission from our pharmacy or from our Privacy Officer.
- c. If you believe your privacy rights have been violated you may file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

2. Privacy Officer

RAJESH A PATEL
PSJ Pharmacy LLC
6801-1 N Hwy 1
Cocoa, FL 32927
(407) 488-6851

3. Secretary of Health and Human Services, Office for Civil Rights

- a. For online complaint forms and contact information for the Regional OCR offices: <http://www.hhs.gov/ocr/privacy/index.html>
- b. Email: OCRComplaint@hhs.gov for assistance or questions about complaint forms

Section E: State Specific Requirements

FLORIDA STATE REGULATORY AGENCY OR AHCA

Version # 1043998-PAAS-2013-2.0

Effective Date

This Notice of Privacy Practices is effective as of 01-26-2017

Receipt of Handbook

This is to acknowledge the receipt of PSJ Pharmacy's handbook, including but not limited to receiving information on our hours of operation, staff, website, contact information, services provided, and patient responsibilities

Print Name:_____

Signature:_____

Date:_____