

## Patient Privacy Practices Notice

**This notice informs you how your private health information may be used and disclosed and how you can find out about this information. Please review this notice carefully.**

This Notice is for Marra's Pharmacy customers. We will give a copy of this Notice to you or another person who is involved in your healthcare. The other person may be a patient, guardian, agent, under a power of attorney for healthcare or conservator. Please call Marra's Health Mart pharmacy with questions about this Notice.

### Our Promise about your health information

As your pharmacy, we maintain a paper or electronic record of your private health information that we create. We get information from you or other healthcare providers. This information helps us fill your prescriptions and give you proper instruction on how to successfully use your medications.

### Marra's Pharmacy will keep your private health information safe

This Notice tells you about:

- How your pharmacy may use and disclose your private health information
- Your private rights
- What your pharmacy will do about use, release, and safety of your private health information

The law requires that your pharmacy:

- Protect your health information.
- Give you Notice to tell you about our privacy practices.
- Keep the promises we make in our current Notice of Privacy Practices.

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

Marra's Pharmacy may use and disclose, which is "release," "give" or "share," your private health information to others. We may talk to your doctor or medical insurance carrier about your prescription drugs. The law generally lets us share information about your healthcare with doctors, nurses, or medical insurance carriers without asking you.

Some uses and releases of your health information will need your written approval, also known as "authorization." Marra's Pharmacy will follow Federal Health Insurance Portability and Accountability Act (HIPAA) law to decide if it needs your written approval unless State law is stricter. We will follow the law in your State when it is stricter than HIPAA law including release of information regarding minors.

Marra's Pharmacy will not release HIV/AIDS/ARC-related information without written approval unless Federal or State law requires the release.

Here are more examples of uses and releases of health information:

### Your treatment

We may ask your doctor, nurse, or other healthcare providers to share your health information. This is for the purpose of filling your prescription(s). We may also share health information from our records with other healthcare workers for the same reason.

### Billing or payment

We may use or give your private health information to:

- Send a bill to your medical insurance unless you choose to pay for the bill.
- Call or write your medical insurance carrier to get paid for your prescriptions.

For example, we may give information to Medicaid, Medicare, or a private health insurer. We will restrict the release of information about Medicaid patients to purposes directly connected with the administration of the Medicaid Program.

### Healthcare operations

We may use or give your private health information to others. We must do this to manage our pharmacy business. For example, we may use your health information to:

- Make sure we give you medications that are right for you.
  - Remind you to renew your prescriptions medication.
  - Teach you about your medications.
  - Have our billing, administrative, quality assurance, or compliance staff, review our work.
- We do this to give you good service and obey state and federal laws.

### Uses or releases that need your approval

We will get your written approval for:

- Uses and releases that are not for treatment, payment and business operations.
- Releases that are restricted by tougher state law.

You can stop an approval when you no longer want to give the information. When you stop an approval we will no longer use or release the health information listed in the approval. We cannot stop uses and releases that were already done before you told us to stop.

### Uses or Releases That Do Not Need Your Approval

#### When required by law

Your private health information may be released when the law tells us we must give information about:

- Possible abuse, neglect, or domestic violence
- Possible criminal activities

We may release your private information upon a court order. We may give private health information to state or federal authorities that check how well we obey the privacy rules included in this Notice.

#### For public health activities

We may release health information about:

- Disease or injury
- Reported problems about medications

#### For health oversight activity

We may give health information to:

- Protection or advocacy agencies
- Other agencies that evaluate healthcare systems for their reporting or investigation of unusual events

### Related to death

We may release health information:

- About a death to coroners, medical examiners, or funeral directors.
- To organ procurement organizations about organ, eye, or tissue donations or transplants.

### Research

We may release your private health information to help medical or pharmaceutical research. A privacy board will help make decisions about these releases.

### Stop threat to health or safety

We may give health information to police or other persons to stop a serious threat to health or safety. This is to reasonably stop or lessen the threat of harm.

### Certain government functions

We may need to give the health information of military personnel and veterans. We may need to give information to jails or prisons, to government programs for eligibility and enrollment, and for national security reasons, such as protecting the President.

### Workers' Compensation

We may release your health information for workers' compensation or programs like it.

### Uses and Releases Where You Can Complain

#### Family and friends or other who know about your healthcare

Information may be given to family, friends, or others who help with your healthcare or medical bills. You can tell us if you don't want a friend or family member to have your private health information.

#### Your rights regarding health information about you

You can ask us not to use or release information

- You can ask us to limit how we use or release your private health information:
- We will consider your request.
- The law says that we do not have to give you what you want.

#### If we agree to not use or release your health information:

- We will put the agreement in writing.
- We will honor the agreement unless there is an emergency.

We can not agree to limit uses or releases that are required by law.

#### You can choose how we communicate with you

You can ask us to send you information at a different mailing address. We also can send you information by mail. We must agree to what you ask if it is easy to do.

#### You can ask to read and copy your health information

You can see your health information if you ask us in a letter. We will talk to you about your letter within 10 to 30 days depending on the law in your state. We will tell you what the law in your state requires.

## You can ask to read and copy your health information

You can see your health information if you ask us in a letter. We will talk to you about your letter within 10 to 30 days depending on the law in your state. We will tell you what the law in your state requires.

There may be times when you can't see your health information. This may be for a legal or health reason. If we will not let you see your health information we will tell you why in a letter and tell you how you can have your letter of request looked at by someone.

We may ask you to pay for a copy of your health information. You can choose what part of your health information to copy. We will tell you if you have to pay and how much. You will not be asked to pay more than is allowed by the state where you live.

## You can ask for changes to your health information

You can send us a letter asking us to fix your health record if you believe it contains wrong or missing information. We will talk to you within 60 days of getting your letter.

We will not change your record if we believe the health information is correct. We will send you a letter telling you how you can get your letter, your Health Mart pharmacy refusal, and any other letter you write us added to your health record.

Sometimes a private health record is created by another pharmacy or healthcare provider and is not part of our record. We cannot change records that do not belong to us. We will always tell you why we will not change your record.

If we agree with what you ask to change in your record we will change or add the information. We will tell you about the change. We will also tell other people that need to know about the change.

## You can find out about releases that were made

You can get a list of when, to whom, for what reason, and what part of your health information has been released except for releases where you gave us approval. The list will not give you releases made:

- For national security reasons
- To police
- To jails or prisons
- Before April 14, 2003

We will talk to you within 60 days of getting your letter. You can ask for a release of information for up to six years. You do not have to pay for one list a year. You may have to pay if you ask for more than one list in the same year.

## You can get a copy of this notice

You can get a paper or electronic copy of this Notice when you ask or at [www.marrix.com](http://www.marrix.com). Marra's Pharmacy may change its privacy practices and the content of this Notice. We can make the Notice change effective for all your private health information and make it available. The effective date of this Notice is at the top of the first page. You may ask for a copy of the most current Notice when you visit your Health Mart pharmacy.

You can get more information about this Notice if you believe we have violated your privacy rights. If you do not agree with a decision we made about your private health information, you can write a letter of complaint to the Secretary of the U.S.

## U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Washington, D.C. 20201  
(202) 619-0257 Toll Free: 1-877-696-6775  
<http://www.hhs.gov/contacts/>

## MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain the billing privileges. These Standards, in their entirety, are listed in 42 C.F.R. 424.57(G).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to the information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must disclose 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 program, or from any other applicable regulatory program.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or off-inventory purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. 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.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS, 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.
9. 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 from a directory assistance. The exclusive use of a pager, answering machine or a call phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$500,000 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.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. The standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must restrict beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items that are damaged or defective.
15. A supplier must have evidence of substituted items that will qualify for the particular item or insurable items (appropriate for the beneficiary at the time it was filed and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. 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).
19. 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.
20. Complaint records must include the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any applicable CMS or other information required by the Medicare statute and implementing regulations.
21. A supplier and any applicable CMS, any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All suppliers locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product line for which they are seeking accreditation.
26. Most meet the safety/bond requirements specified in 42 C.F.R. 424.57(G)

## Marra's Pharmacy, Inc.

### PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

To ensure the highest quality of care, as a Patient receiving Durable Medical Equipment (DME) and our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

#### Patient Rights

- To select those who provide you with DME and Pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be informed of the risks and benefits of each and every individual representing our Pharmacy, who provide treatment or services to you and the time from request to delivery of a physical or mental
- To assist in the development and presentation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To be provided with adequate information from which you can give your informed consent for commencement of services, the combination of services, the transfer of services to another health care provider, or the termination of services
- To express concerns, grievances, or recommended modifications to your DME and Pharmacy services, without fear of discrimination or reprisal
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our policies and procedures
- To be informed of the risks and benefits of treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law

#### Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To be responsible for the safe use of treatment or not complying with, the prescribed treatment and services
- To respect the rights of other persons
- To notify your Physician and the Pharmacy with any potential side effects and/or complications



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[www.marrix.com](http://www.marrix.com) [rx@marrix.com](mailto:rx@marrix.com)

Notice of Privacy Practices  
Medicare DMEPOS Supplier Standards  
Patient Bill of Rights and Responsibilities

