



FUNDING

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Funding Application Checklist

This packet has been created to help guide you through the Funding process. We recommend that one person within the client's team be designated as the primary person to gather and submit documents to help the Funding process go smoothly. This person can be a Speech Pathologist, Parent, or other team member.

If there is a change in Insurance coverage or place of residence prior to receiving the equipment, please notify the Funding Department as quickly as possible.

All Required Documents MUST BE completed and sent to the PRC-Salttillo Funding Department. Missing information may result in processing delays.

Required Documents included in this packet:

- Client Information Form**
- Assignment of Benefits Form**-one form must be completed for each Insurance/Medicaid/Medicare policy provided. If commercial insurance, the policyholder must sign.
- Physician Prescription or Certificate of Medical Necessity**-all equipment requested must be listed prior to the Physician signing. Equipment listed must match the AAC Speech Evaluation.

Required Documents not included in this packet:

- Clear, legible, copy of the front and back of all Insurance, Medicaid, Medicare cards.**
- Equipment Selection Sheets**-can be found at www.aacfunding.com/state-documents. The selection must match the equipment listed on the Certificate of Medical Necessity and AAC Evaluation.
- Augmentative Communication Evaluation** completed by a Speech Pathologist .
- State Medicaid Forms (if applicable)**-can be found at www.aacfunding.com/state-documents.
- Office Visit Encounter with Physician**-Medicare and Medicaid programs require the client to have a face-to-face encounter with their physician. The face-to-face encounter must be related to the primary reason the beneficiary requires the medical equipment and, in most cases, must occur within 6 months of the doctor completing the Certificate of Medical Necessity. Please see www.aacfunding.com/state-documents specific Medicaid requirements.

PRC-Salttillo is required to keep a copy of all documentation on file to meet state and government requirements; however, a copy should be kept by both the Medical Decision Maker and the Speech Pathologist.

Please send the complete Funding Packet to the address listed below, or fax to 330-202-5840.

PRC-Salttillo
Attn: Funding Department
1022 Heyl Road
Wooster, OH 44691

Questions? Contact the Funding Department at 800-268-5224.

PRC-Salttillo
1022 Heyl Road
Wooster, OH 44691

Phone: 800.268.5224
Fax: 330.202.5840
Email: funding@prc-salttillo.com



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Client Information Sheet

This required form provides crucial information needed to submit to your funding source.
Please fill out electronically if possible, and complete each section thoroughly.

1. CLIENT: *The client is the person who will be receiving the equipment or services.*

Client Last Name: _____ First Name: _____

Client Date of Birth: _____ Sex: Male Female Social Security Number: _____

Current place of residence (check all that apply):
 Home Skilled Nursing Facility Nursing Facility Custodial Care Facility
 Assisted Living Group Home ICFMR Facility Enrolled in Hospice

Address: _____ City: _____ State: _____

Zip: _____ Name of Facility (if applicable): _____

Phone Number: _____ Mobile Phone: _____

Email Address: _____

2. DELIVERY ADDRESS: *Phone number is required. Medicare funded devices must ship direct to client. We cannot ship to a P.O. box.*

Name: _____ Facility: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

3. CLIENT ADVOCATE/EMERGENCY CONTACT: *Please provide emergency contact information (typically spouse, parent, legal guardian, etc.).*

Relationship to Client: Spouse Parent Legal Guardian Other (please specify): _____

Last Name: _____ Name: _____

Name of Facility (if applicable): _____

Address: Same As Above **or** _____ City: _____

State: _____ Zip: _____ Email: _____

Best Phone: _____ Alt Phone: _____

Accept Text Messages? Yes No

Preferred Spoken Language: _____

4. DIAGNOSIS: *Client's condition deeming the requested equipment or services medically necessary.*

Medical Diagnosis: _____

Diagnosis Code (ICD-10): _____ Date of Onset: _____

Speech Diagnosis: _____

Diagnosis Code (ICD-10): _____ Date of Onset: _____

Is diagnosis a result of an accident? Yes No If yes: Date of accident? _____

Type of Accident? Employment Auto Other If Auto: Place (state)? _____

5. PREVIOUSLY OWNED DEVICE?

No Yes Product Name: _____ Delivery/Service Date: _____
Original Payer: _____

6. MEDICARE: *Please attach a legible copy of the front and back of your Medicare card.*

Type: Medicare Medicare Managed Care
Name of Managed Care Organization: _____ ID Number: _____

7. MEDICAID: *Please attach a legible copy of the front and back of your Medicaid card.*

Type: Medicaid Medicaid Managed Care
Name of Managed Care Organization: _____ ID Number: _____

8. PRIVATE INSURANCE: *Please attach a legible copy of the front and back of all insurance cards. Leave section blank if Medicaid only.*

Type: TriCare / Military Insurance Private / Group Insurance
Name of Insurance: _____ ID Number: _____
Group Number: _____ Phone: _____ Fax (if available): _____

9. TREATING PHYSICIAN: *The treating physician is the medical doctor who has prescribed the requested equipment.*

First Name: _____ Last Name: _____ Credential (i.e. MD): _____
Name of Facility: _____
Address: _____ City: _____ State: _____
Zip: _____ Daytime Phone: _____
Fax: _____ NPI Number: _____ Medicaid Provider Number: _____
NPI # can be found at: <https://npiregistry.cms.hhs.gov> Medicaid submissions only

10. SPEECH LANGUAGE PATHOLOGIST:

First Name: _____ Last Name: _____
ASHA Number: _____ State License Number: _____
Name of Facility: _____
Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Daytime Phone: _____ Mobile Phone: _____ Fax: _____



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ASSIGNMENT OF BENEFITS (AOB) and PATIENT RELEASE FORM

CLIENT: *The client is the person who will be receiving the equipment or services.*

Client Name: _____ Client Date of Birth: _____

Insurance Policy Holder (this must be completed in its entirety when a private insurance policy is present)

Relationship to Client: Spouse Parent Legal Guardian Other (please specify): _____

Name: _____ DOB: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone: _____ Alt Phone: _____ Work Phone: _____

Current Employer: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Are you now in the military/Were you discharged within the last ninety days? Yes No

- I request that payment of authorized health care benefits be made on my behalf to PRC-Salttillo, 1022 Heyl Road, Wooster, Ohio 44691, for any equipment or services provided to me by PRC-Salttillo. I authorize the release of any medical or other information necessary to determine these benefits or the benefits payable for related equipment or services.
- I understand PRC-Salttillo's return policy gives me (30) days from the date of shipment to call to notify PRC-Salttillo of any item(s) being returned. At that time, a return authorization number will be issued and I will have (15) days from the date of the notification to return the item(s) for a full refund. The refund will be issued to the paying source. PRC-Salttillo will use their discretion to accept any returns beyond the initial notification of (30) days. A restocking fee will apply.
- I acknowledge that I have received and understand PRC-Salttillo's privacy policy and Patient Bill of Rights.
- I acknowledge that I have been instructed to direct questions, complaints or concerns regarding the performance of my equipment, supplies and/or service to PRC-Salttillo at (800) 262-1990 (8:00 AM – 7:00 PM EST). I have been advised that PRC-Salttillo is responsible for resolving my questions or concerns and it is PRC-Salttillo's goal to respond to questions and concerns within (14) business days of my contact to PRC-Salttillo.
- I understand that I am financially responsible for any charges not covered by my health care benefits. (PRC-Salttillo will contact guardian/advocate prior to shipping order.)
- I understand that it is my responsibility to notify PRC-Salttillo of any new insurance or changes in my health care coverage. If a change in my health care coverage is not reported prior to the services being provided, I understand that I am financially responsible for any charges if payment is denied.
- I acknowledge that I have received and understand the Durable Medical Equipment, Prosthetics/Orthotics & Supplies (DMEPOS) Supplier Standards. (Medicare recipients only.)
- I confirm that I am not receiving in-home or facility based hospice care, skilled nursing or hospital based care. I understand that if the Medicare part B claim denies due to enrollment in the above listed types of care, I assume full financial responsibility for the equipment provided by PRC-Salttillo. (Medicare recipients only.)

Not all services and/or equipment may be covered or paid for by the Responsible Party's (primary policy holder's) private insurance. The Responsible Party agrees to pay all deductibles, co-pay, non-covered services/equipment, and any portion of covered services not paid in full by private insurance, when applicable. The Responsible Party understands that payments are due immediately upon presentation of the bill. The Responsible Party(ies) agree that PRC-Salttillo may use any information provided herein for collection purposes.

By signing below, I agree that this Contract shall be governed by the laws of the State of Ohio, without regard to the principles of conflicts of laws. The venue for any disputes will be exclusively with the appropriate court in Wayne County, Ohio.

Signature or Mark of Responsible Party: _____

(If Medicaid, client signs. If private insurance, policyholder signs.)

Responsible Party's Printed Name: _____

Witness Signature and Relation to Policy Holder: _____

(Required if patient is the policyholder and unable to sign.)



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CERTIFICATE OF MEDICAL NECESSITY/PRESCRIPTION (written order prior to delivery)

1. PATIENT INFORMATION:

Patient First Name: _____ Last Name: _____

Date of Birth: _____ Sex: Male Female Patient's Medical ID #: _____

Email Address: _____ Client Height*: _____ Client Weight*: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Order Date: _____

**Only required for GA Medicaid*

2. CLINICAL INFORMATION:

Diagnosis (medical and/or speech): _____

ICD Code(s): _____

Length of Need: Lifetime Other _____

Date of Appointment between Physician and Patient that Documents need of SGD: _____

If Medicare, progress notes that document the need for an SGD need to be included and date of appointment between physician and patient must be in the last 6 months. Some state medicaid or commercial insurance providers may also have this requirement.

3. DEVICE & RELATED COMPONENTS:

Equipment Being Prescribed: Purchase Rental Repair

Description

4. PHYSICIAN INFORMATION: (To be completed by Physician)

Physician's Name (please print): _____

Address: _____

Phone: _____ Medicaid Provider #: _____ NPI #: _____

I, _____ (print full name of physician), hereby attest that the medical record entry listed above accurately reflects signatures/ notations that I made in my capacity as _____ (insert provider credentials, e.g., M.D.) when I treated/diagnosed the above listed patient in a face to face encounter. I certify that this patient has a medical condition resulting in a severe expressive speech disability such that speaking needs cannot be met using natural communication methods. Patient requires use of a Speech Generating Device as well as the related components listed above. I also certify that their speech will benefit from the device, and that other forms of treatment have been ruled out. My prescription is based on the evaluation I have reviewed and concur with, made by a team, led by the licensed speech-language pathologist, of the patient's physical, language and communication abilities and needs. I attest that the device is medically necessary for the patient's health.

If submitting electronic signatures on medical records, I attest that I used my own ID and password to enter the system to sign the medical records and any prescription. I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. **PHYSICIAN'S SIGNATURE MUST BE LEGIBLE; SIGNATURE AND DATE STAMPS ARE NOT ACCEPTABLE.**

Physician's Signature: _____ Date: _____



Notice of Privacy Practices

Effective: December 9, 2020

What is this Notice?

This is your Notice of Privacy Practices from PRC-Salttillo. This notice contains our privacy policy and describes how information about you, including your medical information, may be used and disclosed and how you can get access to and amend this information. Please review it carefully.

This notice has been updated to comply with the California Consumer Privacy Act.

Who We Are

Prentke Romich Company, doing business as, PRC-Salttillo (“PRC-Salttillo”, “us”, “we”, “our”) is a manufacturer and supplier of speech generating devices which are durable medical equipment, and associated products and services. We strive to achieve the following:

Our mission:

Enable individuals with speech and language impairments to successfully communicate and interact in their environment.

Our method:

Provide products and services that promote success for individuals who use AAC, their families and their support teams.

Our manner:

Treat everyone with whom we interact with the highest respect. Empower employees to embrace their individual roles in helping our customers achieve success.

Purpose and Application of this Notice

PRC-Salttillo respects your right to privacy and the security of your information. The Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) requires health care providers to provide you with a **Notice of Privacy Practices (Notice)**, which is a written notice describing the uses and disclosures of your protected health information (PHI), your privacy rights, and our legal duties with respect to your PHI. PRC-Salttillo is a health care provider because the communication solutions we provide include medical devices and the use and disclosure of PHI is necessary to provide services to our clients. We hold any information you give us with the utmost care and security.

The purpose of this Notice is to describe to you, PRC-Salttillo customers and visitors to our websites, how personal information about you, including health information, that has been provided to PRC-Salttillo by you or others may be used and disclosed by us and how you can request access to and/or the correction of your personal information in our records. This policy also explains how you may contact us with questions about this policy, our privacy practices or our management of your personal information.

This Notice applies to all PRC-Salttillo websites, equipment, and software applications. It applies only to PRC-Salttillo, our websites, our products and services (devices, software applications and mobile applications) and does not apply to the products, applications, or websites of third parties that you



may be able to access from our products or from any of PRC-Salttillo's websites. Our web sites contain links to other web sites. We are not responsible for the privacy practices or content of those web sites. We encourage you to review the privacy statements of any web sites you visit to better understand how they use and share your information.

This policy is reviewed and updated from time to time to reflect changes in applicable law or our business, and our information management practices. Please review it periodically and if you have any questions or concerns regarding this privacy policy statement, please contact the PRC-Salttillo Privacy Officer at beth.mulcahy@prentrom.com.

The effective date at the top of this Notice is the last amendment date. Please review the Notice if the date indicates that it has been amended since the last time you transacted with us or visited our site as by doing so, your agreement to the amendments is confirmed. Any amendments to this policy will be effective for all personal information that we maintain.

What is "Personal Information" and "Protected Health Information"?

- *Personal information* means information about an identifiable individual.
- *Protected Health Information (PHI)* is any information:
 - individually identifiable (*i.e.*, contains your name or other distinguishing information);
 - created, transmitted, or maintained by PRC-Salttillo, whether in oral, written, or electronic form, whether created or received by PRC-Salttillo from health care providers, payors or customers
 - relates to (i) your past, present, or future physical or mental health or condition, (ii) the provision of healthcare to you, or (iii) the past, present or future payment for the provision of healthcare to you.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. PHI does not generally include information available or reported in a summarized or grouped manner, such as aggregate information and statistics. **In this policy, the acronym "PHI" will be used to mean personal information and protected health information.**

PRC-Salttillo's collection of your information: what types of information does PRC-Salttillo collect and why?

PRC-Salttillo only collects, uses and discloses your information, including PHI, in accordance with applicable law. We will not collect any personal information from you without your specific knowledge and consent. We hold any information you give us with the utmost care and security. **We do not sell, rent, or loan any customer information.** When you order or purchase a product or service from us, fill out a form, or browse our websites, you are accepting the conditions of our privacy policy which means that you are consenting to our collection, use, disclosure and storage of your information, including PHI, in accordance with this Notice.

Customer Service. We may collect certain information to better serve you, including in the event you have questions about a product you have purchased from us. Examples of such PHI are: name, address, e-mail address, phone number and product serial number.



How can I look up or control the information that PRC-Salttilo collects about me?

Log into your web account or call us at 800-262-1984 to access and edit your account information.

PRC-Salttilo may contact you to provide you with introductory and support information, product or service offering that may be of interest to you or to let you know about important changes at the company. If you receive such information, you have the option to unsubscribe by changing your personal preferences.

Security. PRC-Salttilo makes safety while shopping in our on-line store a priority. We do not store your credit card information on our servers and our site is secured using DigiCert SSL Certificates. This ensures encryption of all information sent to us via the World Wide Web and demonstrates our commitment to your security.

Cookies. We may use your browsing activity on our website to customize the information we provide to you. Cookies are used to provide you with the best experience on our website. A cookie is a small piece of data stored on your hard drive containing some anonymous demographic information that does not reveal your specific identity. Examples include: zip code, time zone, user preferences, web visits, IP address, browser and device information, domain name and referring website. Cookies are also used for security purposes when logging into a portal on the website such as Funding Assistant, e-store, AAC Language Lab®, Realize Language™, iShare and iShare PRC®.

We use Google Analytics to help us better serve customers who visit our websites. Google Analytics employs the use of cookies. We do not use the remarketing or advertising features and do not sell your information or share it with any other third parties through the use of Google Analytics. For more information on how Google Analytics collects and processes data see [“How Google Uses Data When You Use Our Partners’ Sites or Apps”](#).

PRC-Salttilo may collect PHI indirectly through interactions with your health care providers through applications, interviews, surveys, and other forms. PHI may be obtained in writing, in person, by telephone, and electronically. The information we collect varies depending on the purpose for the collection, but generally includes information needed to process a request for purchase of our durable medical equipment through a third party insurance agency. PRC-Salttilo may collect your name, address, telephone number, date of birth, medical history, diagnoses, treatment, provider identification and treatment information, financial responsibility and payment information, and family and advocate contact information.

The privacy rules generally allow the use and disclosure of your PHI without your permission (known as an authorization) in the following circumstances:

(The amount of PHI used or disclosed will be limited to the "Minimum Necessary," as defined under the HIPAA rules. Therefore, we will only disclose the information that is reasonably necessary to serve the purpose of the disclosure.)

For Treatment. We may use or disclose your PHI for treatment purposes to provide health care services, which include providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, we may share PHI about you with your speech language pathologist or treating doctor.*



For Payment. We may use or disclose your PHI for payment purposes, which include activities by health PRC-Salttillo, or providers to obtain insurance information, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, review of services for medical necessity or appropriateness, utilization-management activities, claims management, billing, and collection. *For example, we may share information about your coverage or the expenses you have incurred with your health plan in order to coordinate payment of benefits.*

For Health Care Operations. We may use or disclose your PHI for health care operations, which includes quality assessment and improvement activities, customer service, and internal-grievance resolution. Health care operations also include vendor evaluations, credentialing, risk adjustment and utilization review activities, training, and accreditation, medical review and audit activities, and business planning and development, and in the event of a corporate reorganization or merger. *For example, we may use information about your order to review the effectiveness of our customer service.*

To Business Associates. We may disclose PHI to our business associates to assist us in the provision of health care services. For example, business associates may include distributors, translators, consultants, and attorneys. Business associates may receive, create, maintain, and/or disclose your PHI without your authorization, but only after the business associate agrees in writing with PRC-Salttillo to limit its uses and disclosures to proper purposes and to implement appropriate safeguards regarding your PHI.

To Personal Representatives. We may also disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, so long as you provide us with a written notice or authorization and any supporting documents (*i.e.*, healthcare power of attorney or designation of personal representative}. However, we do not have to disclose information to a personal representative if we have a reasonable belief that (1) you have been, or may be subjected to domestic violence, abuse or neglect by such person; (2) treating such person as your personal representative could endanger you; or (3) it is not in your best interest to treat the person as your personal representative.

App Privacy

TouchChat™ and LAMP Words for Life™

TouchChat™ and LAMP Words for Life™ (and all associated apps, e.g., TouchChat with WordPower) are language system applications (apps) downloaded for use on mobile Alternative and Augmentative Communication (AAC) Devices to enable independent communication for people with disabilities. The apps require no sign-in, log-in, or any information to use the app once it is downloaded. The apps only collect any information voluntarily provided when registering for an account. Account registration is not required to use the app and your registration does not link directly to your app or any device that you use to access the app. If you choose to register for an account, the information requested should be that of the app purchaser/owner and includes basic information: first and last name, email address, home or work address, and phone number. Upon account registration, you may receive emails from PRC-Salttillo regarding the use and implementation of the app. All purchases are done through Apple iTunes and neither the apps nor PRC-Salttillo receive any customer information from Apple.



PRC-Salttillo does not collect any data containing Protected Health Information (PHI) of the account owner or person using the AAC device at any time through use of the apps. The only data sharing options for app account holders and users is through the use of additional optional on-line subscription services used in conjunction with the apps such as Realize and iShare.

Realize Language™

Realize Language™ (RL) is a server-based file storage system (hereinafter “The Service”) that provides a space for Account Holders to store and review client-generated text data created on a client’s speech generating device or software (hereinafter “Content”). Account Holders can perform analyses of this data to show word types, frequencies, and distribution over time.

For more information about Realize Language please see <https://realizelanguage.com/info/faqs> And <https://realizelanguage.com/info/terms>.

iSharePRC®

iSharePRC® is a quick and convenient way to securely save and share copies of the LAMP Words for Life® iPad vocabulary files with your team. For more information about iSharePRC®, please see <https://ishareprc.com/help>

iShare is a subscription that gives a TouchChat device access to a large server, through the wireless connection on the iPod®, iPhone®, or iPad®. You are given access to a private section that only you can access. This is where you can store your personal files. For more information, please see www.ishareservices.com.

Dialogue AAC

Dialogue AAC is a message banking app that stores audio recordings and associated metadata generated and managed by the account holder. This data is stored on a secured sever and fully encrypted using server-side AES-256 bit encryption. Encryption keys are accessible only to administrators and are equally stored in secured locations. No sharing of this data is currently available and PRC-Salttillo does not use this data for any purpose.

Schools and Student Data Privacy

PRC-Salttillo does not collect any student personal information. None of the PRC-Salttillo software applications or other products used by students in schools encourage students to in any way make their personal information public. PRC-Salttillo does not disclose any student information or school materials to third parties or partners. Schools do have a right to review, have deleted, and/or refuse to permit any suspected collection or use of a student’s information by PRC-Salttillo. PRC-Salttillo will allow for inspection, review, and amendment or changes to any student data via authorized requires from the school. Please contact PRC-Salttillo privacy officer at the information provided below if there is a concern about this and for guidance on how to make such a request.

California Consumer Privacy for Residents of the State of California

Residents of the state of California have a right to what personal information a business collects about them. Under California law, the definition of Personal Information is information that identifies, relates to, describes, is capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular consumer or household. California residents have the right to know whether a business has sold this personal information or disclosed it for a business purpose and to whom, the right to say no to the sale of personal information, and the right to equal service and price regardless of any requests for information or directed the business not to sell personal



information. **PRC-Salttillo does not sell any consumer personal information.** This Notice of Privacy practices list the types of personal information that PRC-Salttillo collects. PRC-Salttillo safeguards the personal information of consumers. You may request information the collection of personal information by contacting our privacy officer at beth.mulcahy@prentrom.com or calling PRC-Salttillo at 1-(800) 262-1984.

How does PRC-Salttillo protect PHI internally?

We have comprehensive policies and procedures in place to protect your PHI against unlawful access, use and disclosure. Access to PHI is restricted to only those employees and business associates who need it to provide services, products, or benefits to our customers or respond to inquiries of website visitors. PRC-Salttillo may contact you about a product or service offering that may be of interest to you or to let you know about important changes at the company. If you receive such information, you have the option to unsubscribe by changing your personal preferences. All newsletters and special offers are sent via e-mail and include an opt-out link if you no longer wish to receive this from us. We maintain physical, technical, and procedural safeguards to protect your PHI against unauthorized access, use and disclosure. We have a Privacy Officer and a Security Officer who are responsible for developing, educating PRC-Salttillo personnel about, and overseeing the implementation and enforcement of our policies and procedures designed to safeguard PHI. The contact information for our Privacy and Security Officers is provided below.

Other Activities Permitted or Required by Law

PRC-Salttillo respects your privacy and will not sell, rent, or loan PHI to any third party without your consent. The following may be necessary to effectively provide service to you:

- **Reminders.** We may contact you to give you information about your device purchase.
- **Required by Law.** We may use or disclose PHI to the extent such use or disclosure is required by law (including laws of the United States) and it complies with and is limited to the requirements of that law. We also use and disclose PHI for certain law enforcement purposes and in response to subpoenas, court orders, discovery requests, and other legal processes when required to do so. In addition, we use and disclose PHI in connection with health oversight activities (e.g., government audits of our compliance with certain laws and regulations; oversight of government-funded health benefits programs, etc.)
- **Safety.** We may also disclose your PHI if we believe, in good faith, that disclosure is necessary to prevent serious threat to health or safety,
- **Withdrawal of Consent/Opting-Out.** You may withdraw your consent to the use and disclosure of your PHI, however such withdrawal may not be retroactive, and PRC-Salttillo may need to continue to hold and use your PHI to comply with applicable law. For information about the implications of withdrawing your consent or to withdraw your consent, please contact our Privacy Officer as indicated below.

Your Rights

You have the following rights regarding your PHI that PRC-Salttillo maintains. These rights are subject to certain limitations, as explained below. This section of the notice describes how to exercise your rights.

Right to request restrictions on certain uses and disclosures of your PHI

You have the right to ask PRC-Salttillo to restrict the use and disclosure of your PHI for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the



right to ask us to restrict the use and disclosure of your PHI to family members, close friends or other persons you identify as being involved in your care or payment for your care. You also have the right to ask us to restrict use and disclosure of PHI to notify those persons of your location, general condition or death - or to coordinate those efforts with entities assisting in disaster-relief efforts. If you want to exercise this right, your request to us must be in writing. We will consider your request, but are not required to agree to your request for restrictions. To request restrictions, your request must be in writing and you must provide us (i) with the information you want to limit; (ii) whether you want to limit our use, disclosures, or both; and (iii) to whom you want the limits to apply (for example: your spouse). If we can agree to your request, a restriction may later be terminated by your written request, by agreement between you and PRC-Salttillo (including an oral agreement) or unilaterally by PRC-Salttillo for PHI created or received after you are notified that we have removed the restrictions. We may also disclose PHI about you if you need emergency treatment, even if we have agreed to a restriction. In compliance with student privacy laws, parents have a right to request deletion of any student data.

Right to receive confidential communications of your PHI

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. 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 Access your PHI

With certain exceptions, you have the right to inspect or obtain a copy of your PHI in a "Designated Record Set." This may include medical and billing records, benefit enrollment information, payment, and claims information. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal or administrative proceedings. In addition, the PRC-Salttillo may deny your right to access, although in certain circumstances you may request a review of the denial. If you want to exercise this right, your request to PRC-Salttillo must be in writing. For PHI for which you have a right of access, you have the right to receive your PHI in an electronic format if it is readily producible in such format, and to direct PRC-Salttillo to transmit a copy of your PHI to an entity or person you designate, provided the designation is clear, conspicuous and specific. PRC-Salttillo may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to amend your PHI that is inaccurate or incomplete

With certain exceptions, you have a right to request that PRC-Salttillo amend your PHI in a Designated Record Set. PRC-Salttillo may deny your request for a number of reasons. For example, your request may be denied if the PHI is accurate and complete, was not created by the PRC-Salttillo (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set or is not available for inspection (e.g., information compiled for civil, criminal or administrative proceedings). If PRC-Salttillo denies your request for an amendment, you have the right to file a statement of disagreement with PRC-Salttillo and any future disclosures of the disputed information will include your statement of disagreement.

Right to receive an accounting of disclosures of your PHI



You have the right to a list of certain disclosures PRC-Salttillo has made of your PHI. This is often referred to as an "accounting of disclosures." You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations, unless otherwise indicated below.

You **do not have a right** to receive an accounting of any disclosures made:

- For treatment, payment or health care operations;
- To you about your own PHI;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law-enforcement officials in certain circumstances; or
- As part of a "limited data set" (PHI that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law-enforcement official may be suspended at the request of the agency or official.

Your request must be in writing and state a time period, which may not be longer than six (6) years nor start more than six (6) years before the date of your request. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. Additional lists will be subject to a reasonable charge.

Right to obtain a paper copy of this notice from the PRC-Salttillo upon request

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time by contacting the PRC-Salttillo' HIPAA Privacy Officer at the address or phone number listed below. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Right to Notification in Event of a Breach of Unsecured PHI

A data breach is any instance in which there is an unauthorized release or access of information not suitable for public release. In the event of any breach of unsecured PHI, PRC-Salttillo shall fully comply with the HIPAA Breach Notification Rule, which will include notification to you of any impact that breach may have had on you and/or your family member(s) and actions PRC-Salttillo undertook to minimize any impact the breach may or could have on you.

How to Request Disclosure of Your PHI to Third Parties

Many customers ask us to disclose their PHI to people in ways not described above. For example, a customer may want us to make her records available to a neighbor who is helping her resolve a question about her care or payment for that care. You may contact our Privacy Officer to obtain a form to authorize us to disclose your PHI to a person other than you or an organization or for reasons other than those described above.

If you fill out a form and later change your mind about the special authorization, you may send a letter to us at the address listed on the form to let us know that you would like to revoke the special authorization. In any communication with us, please provide your name, address, patient or member



identification number, and a telephone number where we can reach you if we need to contact you about your request.

What other rights do you have with respect to your PHI and how can you exercise those rights?

You have a right to request that we correct your PHI in our records for as long as we maintain them. You must make the request in writing to our Privacy Officer and explain the reason why the proposed correction is required. We may deny your request if: (i) we determine that we did not create the PHI, unless the originator of the PHI is no longer available to act on the requested correction; or (ii) if we believe that the PHI is accurate and complete. Note that a correction may take several forms, for example, we may add an explanatory statement to a record of PHI rather than change it. Where we decide we are unable to make a correction you have requested, we will add a note to that effect in your records.

What does PRC-Salttillo do with PHI of persons no longer affiliated with PRC-Salttillo?

PRC-Salttillo does not necessarily destroy PHI when individuals terminate their relationships with us. The information may be necessary for many of the purposes described in this policy, even after the person stops receiving services through PRC-Salttillo. In many cases, PHI is subject to legal retention requirements. The policies and procedures that protect PHI against inappropriate use and disclosure will continue to apply regardless of the status of the individual to whom it relates.

How is this policy made available?

PRC-Salttillo posts this policy on our websites and provides a copy to individuals who have submitted equipment purchase requests upon the receipt of the submission or, upon contact with a PRC-Salttillo representative for purposes of evaluation, whichever is earlier.

PRC-Salttillo is required by law to provide individuals with notice of its privacy practices. We are required to abide by the terms of the policy currently in effect.

What Should I Do If I Want a Paper Copy of This Policy, If I Have Questions About It, or If I Think My Privacy Rights Have Been Violated?

If you would like a paper copy of this policy, have questions about it, or believe its terms have been violated with respect to your PHI, please let us know immediately. If you wish to file a complaint, you can write to or call us at the address and number listed below. You will not be penalized for filing a complaint. You also have the option of filing a complaint online at <https://www.prentrom.com/feedback> or www.salttillo.com/feedback.

Privacy Officer: Beth Mulcahy beth.mulcahy@prentrom.com

Security Officer: Joe Hartman joe.hartman@prentrom.com

PRC-Salttillo

1022 Heyl Rd.

Wooster, OH 44691

1-(800) 262-1984

Please include your name, address, and a telephone number where we can contact you, and a brief description of your concern. If you prefer, you may lodge an anonymous complaint online <https://www.prentrom.com/feedback> or www.salttillo.com/feedback



You can also file a written complaint with the Office for Civil Rights under the federal Department of Health and Human Services. The written complaint may be on paper or filed electronically. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

Sending a letter to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; or Visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>; Toll Free: 877.696.6775

Please provide as much information as possible so that the complaint can be properly investigated. PRC-Salttillo will not retaliate against a person who files a complaint with us or with the Secretary of the Department of Health and Human Services.



CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

PRC-Salttilo is an employee owned, independent home medical supplier. Business hours are 8:00 A.M. – 5:00 P.M. EST, Monday through Friday. **To contact PRC-Salttilo, please call (330) 262-1984 or (800) 262-1933.** If calling after hours, confidential voice mail is available to assist in meeting the needs of our customers.

PRC-Salttilo Mission Statement

- **Mission:** To help people with disabilities achieve their potential in educational, vocational, and personal pursuits.
- **Method:** By providing quality language and assistive technology products and services to people with disabilities, their families and professionals.
- **Manner:** By treating each person with whom we interact with the highest respect.

As a client of PRC-Salttilo, you have the right to be fully informed verbally and/or in writing before service is initiated for the following:

1. Supplies/products available.
2. You are responsible to report any changes in your insurance coverage, changes in your place of residence, and enrollment in the hospice program. You are also responsible financially for any co-pays and deductibles that are due and any items not covered by your insurance carrier that you choose to purchase.
3. Participation in the plan of service and/or any change in the plan before the change may occur.
4. Your ability to authorize a designated representative to exercise your rights, such as signing client consent or authorization forms on your behalf.
5. Informed consent about service by receiving information in a way that is understandable to you.
6. The right to refuse recommended equipment/service when the consequences are known.
7. The client may choose the equipment/service provider.
8. Be notified in advance of service options and when and why service will be discontinued.
9. Participate in the selection of options for alternative levels of service or referral to other organizations as indicated by your need for continuing service.
10. Receive disclosure information regarding any beneficial relationships PRC-Salttilo has that may result in profit for any referring organization.
11. Be referred to another provider organization if PRC-Salttilo is unable to meet your needs or you are not satisfied with the service you are receiving.
12. Voice grievances regarding service or respect for property that is/ or fails to be furnished by anyone providing services on behalf of PRC-Salttilo without reprisal for doing so.
13. Receive information on how to submit a grievance:
Direct concerns (complaints) regarding the performance of your equipment, supplies and/or service to PRC-Salttilo at prentrom.com/feedback or salttilo.com/feedback. A complaint may also be submitted using the contact information received with the device. Please be advised that PRC-Salttilo is responsible for resolving your questions or concerns and it is the company's goal to respond to questions and concerns in a timely manner.
14. Be free from any mental, physical abuse, neglect or exploitation of any kind from PRC-Salttilo personnel.
15. Your property/supplies will be treated with respect.
16. The confidentiality of your clinical records and the organization's policy for accessing and disclosing of clinical records.
17. Receive a copy of PRC-Salttilo's Notice of Privacy Practices.
18. Receive appropriate care without discrimination in accordance with physician orders. All people will be treated with dignity and respect.
19. PRC-Salttilo field staff can be identified by the client while conducting PRC-Salttilo business.
20. Clients have a right to file a formal complaint if they feel we have not adequately implemented the Advanced Directives requirements, without fear of reprisal. This complaint must be made to PRC-Salttilo's Privacy Officer (330 262-1984) within 180 days of the event of concern. We are approved by Medicare (800 633-4227) and accredited by ACHC (919 785-1214); should we be unable to resolve an issue, please feel free to contact them.

SUPPLIER STANDARDS CMS 30

Note: This list is an abbreviated version of the application certification standards that every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c) and are effective since December 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries.

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 this 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 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 from any other Federal procurement or non-procurement programs.
5. 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.
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 through directory assistance. The exclusive use of a beeper, answering machine, or cell phone is prohibited.
10. 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. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed.
11. 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.
12. A supplier is responsible for delivery and must instruct 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 it has rented to beneficiaries.
15. 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.
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 Supplier 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 actions taken to resolve it.
21. A supplier must agree to furnish 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).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier 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 lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date—May 4, 2009.
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions