



Caring.  
Transforming.  
Advancing.

# Customer Information Book



**Penn Highlands Home  
Medical Equipment**

Advanced Medicine. Here.

# Home Medical Equipment at Penn Highlands | Locations

## **Penn Highlands Home Medical Equipment - DuBois**

320 Liberty Boulevard

DuBois, PA 15801

**814-375-1100 phone**

## **Monongahela Medical Supply Company**

*A Penn Highlands Home Medical Equipment Company*

1163 Country Club Road

Monongahela, PA 15063

**724-258-2237 phone**

## **Penn Highlands Home Medical Equipment - Brookville**

298 Main Street

Brookville, PA 15825

**814-849-8278 phone**

## **Penn Highlands Home Medical Equipment - Clearfield**

502 Park Avenue, Suite 2

Clearfield, PA 16830

**814-768-3500 phone**

## **Penn Highlands Home Medical Equipment - Kane**

*A Penn Highlands Home Medical Equipment Company*

190 N. Fraley Street

Kane, PA 16735

**814-837-8500 phone**

## **Penn Highlands Home Medical Equipment - St. Marys**

1376 Bucktail Road

St. Marys, PA 15857

**814-834-2225 phone**

## EMERGENCY PREPAREDNESS INFORMATION

In case of emergencies, **dial 911**, for Police, Fire Department, and Emergency Medical Service. Describe briefly and concisely the nature of emergency, location, how many need help and what is happening. Do not hang up; apply first aid and CPR as necessary.

Customer Hotline for Pennsylvania Public Utility Commission, **1-800-692-7380**.

24-hour emergency service is available for equipment related emergencies after hours, and on weekends and holidays. Penn Highlands Home Medical Equipment can be reached after hours for equipment emergencies at **814-781-3697** or Toll-Free at **800-876-3442**.

The following items are considered after hour equipment emergencies:

- Oxygen Equipment
- Nebulizer Equipment
- Suction Equipment
- Cool Mist Aerosol Equipment
- Bili Blanket Equipment
- Home Ventilators
- Apnea Monitors

All after hour equipment emergencies are at the discretion of home medical personnel on call.

We recommend contacting utility companies to explain your level of need for services shortly after being set up on equipment. Each utility company can then prioritize their response to each customer; those with a higher level of care will then be taken care of first. We recommend learning first aid and CPR.

## EMERGENCY PREPAREDNESS CHECKLIST

- Water and Food. Have at least one gallon of water per person per day. Pack non-perishable, high-protein items including energy bars, ready-to-eat soup, peanut butter, etc. Select foods that require no refrigeration, preparation or cooking and little or no water.
- Flashlight and Battery-operated radio. Include extra batteries.
- First aid kit. Pack a reference guide.
- Medications. Don't forget prescription and non-prescription items; and rotate so they don't expire.
- Tools. Assemble the following: a wrench to turn off gas if necessary, a manual can opener, a screwdriver, hammer, pliers, a knife, duct tape, plastic sheeting and garbage bags and ties.
- Clothing. Provide a change of clothes for everyone, including sturdy shoes and gloves, and extra blankets for lack of heat.
- Personal items. Remember eyeglasses or contact lenses and solution; copies of important papers, including identification cards, insurance policies, birth certificates, passports, etc.; and comfort items such as toys and books.
- Sanitary supplies. You'll want toilet paper, towelettes, feminine supplies, hygiene items, bleach, etc.
- Money. Have cash. (ATMs and credit cards won't work if power is out.)
- Contact information. Carry a current list of family phone numbers and e-mail addresses, including someone out of the area who may be easier to reach if local phone lines are out of service or overloaded, and they can also be a communication contact for the extended family.
- Emergency Contact. Have someone designated to check on you if an emergency situation occurs, such as a neighbor, family member, or friend. Make arrangements to shelter with someone in another town for an extended period of time, should your current home be compromised.
- Pet supplies. Have food, water, leash, litter box or plastic bags, tags, medications and vaccination info.
- Map. Consider marking an evacuation route on it from your local area. Also make an evacuation route for your home with multiple courses of escape.
- Emergency Car Items. Include jumper cables, flares, blanket, tire repair items, shovel, and fire extinguisher.
- Weather. Make a habit of checking the weather forecast and stay aware of changing conditions.
- Power Shut Off. Find out where the main utility switches are where you live and assign someone to turn them off in an emergency or disaster.
- Backup Power Source. If you have oxygen or other medical equipment, be sure you have a backup source/ supplies in case of disaster or extended power outage.

For more information visit: [www.redcross.org](http://www.redcross.org) or [www.fema.gov](http://www.fema.gov)

## **SCOPE OF SERVICES**

Penn Highlands Home Medical Equipment (PHHME) is dedicated to providing comprehensive medical equipment services and instruction to our customers, with the utmost quality and professionalism. We will accept only those customers whose home medical needs, as identified by the referring source, can be met by the services we offer. We not only provide the most up to date quality home care products available, we genuinely care about the customers we serve. Our services include:

- 24 hour, 7 day a week emergency services
- Customer instruction and training
- Complete billing to your insurance company, including Medicare and Medical Assistance
- Clinical respiratory assessment and/or equipment maintenance visits as needed
- Free delivery and set up
- Assistance with your reimbursement and billing questions in relation to your insurance company.
- Assistance with discharge from hospital or transitions while moving out of our service areas.

## **MISSION STATEMENT**

Our mission, as part of the health care delivery system, is to help people with medical needs, and the health care professionals serving them by providing, in a timely and professional manner, home medical equipment/supplies and related instruction and maintenance.

## **PURPOSE AND VISION**

Our company's management goal is to continuously strive to provide the highest quality home medical equipment, supplies, and services to our community and customers. Our purpose is to assist our customers with the proper selection of equipment or product and to best meet their medical needs as prescribed by their physician, while being mindful of their fiscal responsibility. To meet these goals, leadership and management will develop an organizational culture that will foster and create a working environment that focuses on improving our standards of performance as it relates to customer and staff needs and expectations. This can be done through:

- A clearly defined and communicated mission
- Recruitment of highly professional personnel
- Providing opportunities for growth and development
- Ongoing education and training to develop skills and knowledge consistent with services provided
- Providing resources to implement and support equipment and services provided.

We provide routine home medical equipment, supplies and services to all members of our community, from pediatrics to geriatrics. The company does not discriminate against any person because of race, color, creed, sex, religion, national origin or age. We hold in high regard our compliance with all applicable federal, state, county and local laws and regulations. The customer 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 and handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively. We strive to maintain our Board of Certification Accreditation (BOC) of Health Care Organizations. Should you wish to contact them, they can be reached by visiting [www.bocusa.org](http://www.bocusa.org) or by calling 877-776-2200.

## **DELIVERY AND SERVICE**

Deliveries are provided free of charge. It is preferable that routine and repeat orders be called in 4-7 days in advance of scheduled delivery days as we may need to order some of the items you need from our suppliers. For oxygen cylinder deliveries, call at least two days (48 hours) prior to the scheduled delivery day for your area. Our emergency delivery policy remains the same; if you need oxygen or another medically necessary item we will provide it to you as required. Please make routine equipment delivery requests during regular business hours.

Scheduled deliveries vary. A copy of the current delivery schedule is available by request from your delivery technician.

## **MAINTENANCE - RENTAL EQUIPMENT**

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up. Service, parts, and labor are provided free of charge on rental equipment (except in the case of misuse abuse). If the rented equipment has been damaged through misuse, or abuse, or neglect, the maintenance and/or repair costs become the customer's responsibility.

## **WARRANTY INFORMATION**

- Purchased Equipment – Most products sold or rented by our company carry a manufacturer's warranty. We will notify all customers of the warranty coverage and honor all warranties required by law. All operating manuals will be provided to beneficiaries for all durable medical equipment where a manual is available. We will repair or replace, if under warranty. New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided with the purchased item to determine warranty coverage.
- Rental Equipment - Used equipment purchased from our company has either a 90-day warranty, provided by our company, free of charge on all parts and labor, or the remaining term of the manufacturer's warranty, whichever is greater.

## **SERVICE & REPAIR**

Service or repair on equipment purchased from our company that is no longer covered by warranty will be subject to our usual and customary charges for required parts and labor. All service and repair must be scheduled by calling our office during regular business hours.

## **RETURNS**

In general, merchandise may be accepted for exchange or refund within 30 days of purchase. To receive a refund, the item must be in new and undamaged condition and accompanied by the original sales receipt and packaging. Personal hygiene products cannot be returned once they leave the home medical equipment office for your safety and the safety of future customers. These non-returnable items include, but may not be limited to: all bathroom items, all items with fabric components, disposable items, diapers, stockings, diabetic lancets & test strips, cannulas, tubing, oxygen & aerosol masks, dressings, syringes, positive airway pressure supplies such as masks, replacement mask cushions, headgear, tubing, filters, etc.

Custom ordered items cannot be returned.

Any items that have been opened from original packaging or appear used are returnable at the sole discretion of our staff.

### **Exception – Lift Chairs**

Penn Highlands Home Medical Equipment will provide free labor on lift chairs for the first 90 days after purchase; after 90 days labor and/or service charges may apply. Only the lift mechanism portion of lift chairs will be repaired or replaced for no charge and only where a customer's insurance approved payment for the item. Lift chairs are returnable based on the following schedule:

- Lift Chairs having heat and massage and/or were custom/builder ordered chairs are only returnable with management discretion.
- Within the first 30 days – total purchase price, less 35% restocking fee.
- After 30 days and until 59 days – total purchase price, less 60% inspection, cleaning, restocking fee.
- After 60 days – non-returnable, no refund.

## **ADVANCE DIRECTIVE**

As part of our mission, we recognize your right to participate in the formulation of decisions which may impact your service. This includes respecting and conforming to your wishes with regard to decisions made by you regarding the level of service you desire when confronted with a health or life-threatening situation.

These decisions made by you in a legally appropriate manner defined by the state in which you reside are usually referred to as ADVANCE DIRECTIVES.

Advance Directives (such as a Living Will, Durable Power of Attorney, or Do Not Resuscitate order) give direction to your family and care providers regarding your wish to withhold extraordinary measures to revive you in the event of a cardiac or respiratory emergency.

In the event that you have already formulated an Advance Directive, please inform us of your wishes and provide us a written copy of your directions. It is our policy that, unless directed otherwise by an Advance Directive, any staff member who encounters a customer who is unresponsive will call 911 to activate the emergency medical system. At no time will a company representative participate in the withdrawal of life support.

Should you wish to execute an Advance Directive, please inform your physician, attorney and caregiver support system of your wishes. If you make a change in your Advance Directive, please inform us of the changes so we can update our records.

Whether or not you choose to execute an Advance Directive will never be a condition of providing service or a basis for discrimination for or against you as a customer.

## **BILLING AND PAYMENT POLICY**

Customers are responsible for payment in accordance with our company terms. Assignment of benefits to a third party does not relieve the customer of the obligation to ensure full payment. Presentation of personal ID and insurance cards is necessary. Please note that any deductible or co-payment may be collected upon dispensing equipment and supplies. Information on third-party financing of transactions of \$200 or more is available upon request.

## **MEDICARE**

We may accept Medicare Part B assignment, billing Medicare directly for 80% of allowed charges and billing the beneficiary or, in most cases, the beneficiary's secondary insurance, the 20% co-payment and any deductible. We offer Electronic Claims Transmission for prompt billing on all orders. Should you wish to contact Medicare, they can be reached by visiting [www.medicare.gov](http://www.medicare.gov) or by calling (800) 633-4227. Rental equipment is billed for thirteen months. The beneficiary always has the option during the rental period to have unused equipment picked up. Simply contact Penn Highlands Home Medical Equipment to arrange pickup of the unused equipment. No action is required after the thirteenth month rental and ownership of the item transfers to the beneficiary without additional cost. However, all repairs and maintenance are the responsibility of the beneficiary.

## **MEDICAID**

We may provide equipment to Medicaid recipients upon verification and approval of coverage status and medical justification.

## **PRIVATE INSURANCE**

We may bill private insurance carriers upon verification and approval of coverage status and medical justification. You are responsible for providing our billing department with all necessary insurance information.



## MANAGED CARE

We will provide equipment upon approval and authorization from the managed care representative. We participate in many managed care plans. Please be sure to check with us to see if we are an in-network supplier with your managed care plan. Many plans have different co-payments and deductibles, based on the network and our participation in each network.

Please remember, billing a third party insurance DOES NOT guarantee payment. Financial responsibility remains with the customer.

## FALL PREVENTION

Falls happen at home for many reasons. There are several things that are known to add to your risk for falling. These include: Poor vision or hearing, history of falls, use of aids, such as a cane or walker, poor nutrition, certain medications, being over 65 years old, conditions of the home such as slippery floors, loose rugs, cords on floor, etc. Our goal in this section is to help you prevent falls at home! Here are some things that you can do that will help lower your risk for falls at home.

### Bathroom

- Use a raised toilet seat and safety frame for ease in getting up and down from toilet.
- Set water temperature at 120° F or less (prevent burns and falls trying to avoid burns).
- Consider a hand-held shower head, shower chair, and handrails in the tub.
- Place non-skid adhesive strips in the tub.
- Use liquid soap or soap on a rope to prevent dropping soap.

### Lighting

- Replace dim, burned out or glaring lights with bright, soft white light bulbs.
- Use a night light
- Make sure lights are easy to turn on and off
- Keep a flashlight available

### Hallways and Stairs

- Remove clutter, especially from hallways and stairwells
- Use handrails while taking the stairs
- Place non-skid treads or bright reflective tape to mark the edge of the stairs

### Floors

- Remove scatter/throw rugs
- Place non-skid treads or double-sided tape under area rugs
- Keep floors free from clutter
- Wipe up spills immediately
- Make sure floors are not slippery

### Other Fall Prevention Ideas

- Store items used often at waist level
- Select furniture with armrests for support in getting up and down
- Keep phone within easy reach
- Dizziness and weakness from poor nutrition or medication change, consult your provider or the outpatient dietitian

## **INFECTION CONTROL IN THE HOME**

Illnesses can be spread from one person to another by contact with infected body fluids, such as: blood, urine, feces, mucus, or the saliva that is sprayed into the air when a person coughs or sneezes.

Sometimes infections are spread through items which have been contaminated by drainage from the infected sores, or discharges from nose, mouth, eyes, etc.

Controlling the spread of infections means interrupting the way illness travels from one person to another. Maintaining a clean environment helps to keep infections under control. Maintaining personal hygiene is also very important.

### **Maintaining Personal Hygiene**

- Wash or bathe everyday
- Wash your hair at least weekly.
- Brush your teeth and rinse your mouth after every meal and at bedtime
- Keep your nails trimmed and clean. Wear clean clothes and underwear
- Change dirty clothes and bed liners as soon as you notice soiling

### **Washing your hands is the single best way to prevent getting ill!**

- Wet your hands with plenty of soap and water
- Work up lather on your hands and wrists
- Briskly rub your hands together (making sure to get in cracks and between fingers)
- Clean under your nails
- Rinse your hands thoroughly
- Dry your hands thoroughly with a clean towel or disposable towel

### **Wash Your Hands Frequently, Especially**

- Before preparing, eating, and serving food
- After using the toilet, contact with body fluids, outside activities, or being in public places

### **Keep Your Home Clean**

- Avoid clutter
- Keep kitchen counter clean
- Mop kitchen weekly and every time spills occur
- Add a teaspoon of vinegar to each quart of water or saline used for respiratory equipment, humidifiers or dehumidifiers
- Wear gloves when cleaning bird cages, litter box, aquariums, etc.

### **Clean Contaminated Household and Medical Equipment Thoroughly**

- Clean medical equipment as instructed by provider and/or manufacturer
- Clean with soap: dishes, denture cups, etc., weekly

For more information, visit [CDC.GOV](https://www.cdc.gov).



## CUSTOMER RIGHTS AND RESPONSIBILITIES

As a customer of the Penn Highlands Healthcare system, or as a family member or guardian of a customer at PHHME, we want you to know the rights you have under federal and Pennsylvania state law as soon as possible in your hospital stay. We are committed to honoring your rights, and want you to know that by taking an active role in your healthcare, you can help your hospital caregivers meet your needs as a customer or family member. That is why we ask that you and your family share with us certain responsibilities.

### Your Rights

PHHME complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, religion, sexual orientation, gender identity or source of payment. As our customer, you have the right to safe, respectful, and dignified care at all times. You will receive services that are medically suggested and within the hospital's services, its stated mission, and required law and regulation.

### Communication

*You have the right to:*

- Receive information in a way that you understand. This includes interpretation and translation, free of charge, in the language you prefer for talking about your health care. This also includes providing you with needed help if you have vision, speech, hearing, or cognitive impairments.
- Designate a support person, if needed, to act on your behalf to assert and protect your customer rights.

### Informed Decisions

*You have the right to:*

- Receive information about your current health, services, outcomes, recovery, ongoing health care needs, and future health status in terms that you understand.
- Be informed about proposed equipment service options including the risks and benefits, other care options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected. You may need to sign your name before the start of any procedure and/or care. "Informed consent" is not required in the case of an emergency.
- Be involved in all aspects of your service and to take part in decisions about your service.
- Make choices about your care based on your own spiritual and personal values.
- Request care. This right does not mean you can demand care or services that are not medically needed.
- Refuse any care, therapy, drug, or procedure against the medical advice of a doctor. There may be times that care must be provided based on the law.
- Expect PHHME to get your permission before taking photos, recording, or filming you, if the purpose is for something other than customer identification, care, or therapy.
- Decide to take part or not take part in research or clinical trials for your condition, or donor programs, that may be suggested by your doctor. Your participation in such care is voluntary, and written permission must be obtained from you or your legal representative before you participate. A decision to not take part in research or clinical trials will not affect your right to receive care.

### Advance Directives

*You have the right to:*

- Create advance directives, which are legal papers that allow you to decide now what you want to happen if you are no longer healthy enough to make decisions about your care. You have the right to have staff comply with these directives.
- Ask about and discuss the ethics of your care, including resolving any conflicts that might arise such as, deciding against, withholding, or withdrawing life-sustaining care.

## 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.**

If you have any questions about this notice, please contact our System Director of Compliance at 814-375-6178.

### WHO FOLLOWS THIS NOTICE OF PRIVACY PRACTICES

A list of entities that follow this Notice of Privacy Practices can be found on the Penn Highlands Healthcare website at [www.phhealthcare.org](http://www.phhealthcare.org) under the Notices and Policies section. This Notice of Privacy Practices is followed by the members of our medical staff (including your physician), departments, units, staff in all PHH facilities, all health care professionals permitted by us to provide services to you, students, trainees, volunteers and others involved in providing your care. As permitted by law, these places and people may share your health information with each other for the treatment, payment or health care operations that are described in this Notice.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that your medical information is personal. We are committed to protecting the privacy and security of your medical information. We create a record of the care and services you receive at PHH facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated at any of the PHH facilities, whether made by PHH personnel or your personal doctor. You may receive similar notices from non-employed physicians on our medical staff regarding their use and disclosure of your medical information created in their doctor's office or clinic. This notice explains the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The law requires us to:

- Make sure that your medical information is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice currently in effect.

### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information. For each category we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall in one of the categories.

**Treatment** – We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different PHH facilities also may share your medical information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose your medical information to others outside of PHH facilities who may be involved in your medical care after you leave, such as family members, or others you select to provide services that are part of your care. (i.e. visiting nurses, medical equipment suppliers, ambulance services, etc.)

**Payment** – We may use and disclose your medical information so that the treatment and services you receive at our facilities may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose your medical information to other entities to bill and collect payment for the treatment and services you receive from them.

**Health Care Operations** – We may use and disclose your medical information for health care operational purposes. These uses and disclosures are necessary to run our facilities and make sure that all of our

customers receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about customers to decide what additional services PHHME should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific customers are.

**Business Associates** – We may share your medical information with our “business associates” to carry out treatment, payment, or health care operations. We will obtain written agreements with our business associates that they will appropriately safeguard your information.

**Appointment** – Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at one of our facilities.

**Treatment Alternatives** – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services** – We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising** – We may contact you as part of our fundraising efforts. We may use contact information, such as your name, address, phone number, department of service, treating physician, and the dates you received treatment or services to contact you. We may use and share this information with a Business Associate. If you receive a communication from us for fundraising purposes, you will be told how you can opt out of any further fundraising communications and we will make all reasonable efforts to comply with your request.

**Marketing and Online Services** – We will not use or disclose medical information for the purpose of marketing non-PHH products or services without

your authorization. We will not sell or distribute your medical information to third parties.

PHH and you may agree to use a third-party website, application or electronic messaging service in order to receive remote health care services. These third-party services may have separate terms and conditions and privacy policies in addition to PHH that need to be accepted.

**Customer Directory** – We maintain limited information about you in a “directory” while you are a customer. This information may include your name, location in the facility, your general condition (e.g., fair, stable, serious, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing. You also have the right to tell us not to include your information in the directory.

**Individuals Involved in Your Care or Payment for Your Care** – We may release your medical information to a friend or family member who is involved in your ongoing medical care, unless you tell us in advance not to do so. We may also give information to someone who helps pay for your care. In addition, we may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You also have the right to tell us of any person(s) whom you do not want your protected health information shared with.

**Research** – We may use and share your health information for research 1) if the researcher obtains permission from an outside committee that decides the request meets certain standards required by law; or 2) if you provide us with your written permission to do so. You may choose to participate in a research study that requires you to obtain related health care services. In this case, we may share your health information 1) to the researchers involved in the study who ordered the hospital or other health care services; and 2) to your insurance company in order to receive payment for those services that your insurance agrees to pay for. We may use and share your health information with an outside researcher if certain parts of your health information that would identify you are removed before we share it with the researcher. This will only be done if the researcher agrees in writing not to share the

information, will not try to contact you, and will obey other requirements that the law provides. We may also share your health information with a Business Associate who will remove information that identifies you so that the remaining information can be used for research.

**Required By Law** – We will disclose your medical information when required to do so by federal, state or local law.

### **To Avert a Serious Threat to Health or Safety**

– We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation** – If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans** – If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** – We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Public Health Risks** – We may disclose your medical information for public health activities. These activities generally include the following:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report certain reactions to medications or problems with products;
- Notify people of recalls of products they may be using;

- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Notify the appropriate government authority if we believe a customer has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes** – If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order or rule. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement** – We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral**

**Directors** – We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about customers of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** – We may release your medical information to authorized

federal officials for intelligence, counterintelligence, and other national security activities authorized by law. Protective Services for the President and Others We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Exceptions to the Above Additional authorization may be required to release behavioral health or drug and alcohol records outside of those specific facilities.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Right to Inspect and Request a Copy** – You have the right to inspect and request a copy of your medical information. Usually, this includes medical and billing records, but does not include psychotherapy notes. You have the right to request your electronic medical record in electronic form. Your request must be in writing. The Authorization Form is available on our website with additional instructions. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend** – If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Penn Highlands Healthcare. To request an amendment, your request must be made in writing and submitted to the Director of Medical Records. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for one of our facilities;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures** – You have the right to request an “accounting of disclosures.” This is a list of disclosures we made of your medical information. Disclosures made for treatment, payment or health care operations and disclosures authorized by you or your legal representative are not included in the accounting of disclosures. To request this list or accounting of disclosures, you must submit a request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years from the date of the request. Your request should indicate in what form you want the list (for example, on paper, electronically).

**Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You also have the right to request a restriction to disclose your medical information to a health plan if the purpose of the disclosure is: (i) to carry out payment or health care operations; (ii) the disclosure is not required by law; and (iii) the medical information pertains to a health care item or service that you or someone other than the health plan has paid PHH in advance for the services to be provided. To request restrictions, you must make your request in writing to the Director of Medical Records. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

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 to the Director of Medical Records. 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 to Notice in the Event of a Breach** – You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of unsecured protected health information involving your medical information. Notice will be provided directly from Penn Highlands Healthcare or one of its Business Associates.

**Right to a Paper Copy of This Notice** – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice at our website.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **COMPLAINTS**

If you believe we have violated your privacy rights, you may file a complaint directly with us by calling the Confidential Message Line at 1-855-737-6788 or by contacting the Secretary of the Department of Health and Human Services. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

**U.S. Department of Health and Human Services  
200 Independence Ave. S.W.  
Washington, DC 20201**

You will not be penalized for filing a complaint.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities and it is also available on our websites. The notice will contain, on the first page, the effective date.

## **ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES**

### **HEALTH INFORMATION EXCHANGE (HIE)**

We may share your health information using various Health Information Exchanges (HIEs) that PHH participates in both on a regional and national basis. By participating in an HIE, your provider may share aspects of your medical record including, but not limited to: general laboratory results, pathology results, medical imaging results, diagnosis lists, immunizations, allergies, medication history, progress notes, consultation notes, discharge summaries and instructions, medical history information, and operative reports.

Information about you may be shared with an HIE unless you “opt-out.” If you choose to opt-out of these exchanges, your health information will no longer be provided through the exchange. However, your decision will not affect the information that was exchanged prior to the time you chose not to participate. If you choose not to participate in an HIE and wish to join at a later date, you may do so by contacting your PHH provider listed on the Penn Highlands Healthcare website at [www.phhealthcare.org](http://www.phhealthcare.org) under the Notices and Policies section.



## LIST OF ENTITIES FOLLOWING PENN HIGHLANDS HEALTHCARE'S NOTICE OF PRIVACY PRACTICES

Penn Highlands Brookville 100 Hospital Road, Brookville, PA 15825	Penn Highlands Elk 763 Johnsonburg Road, St. Marys, PA 15857
Penn Highlands Clearfield, <i>A Campus of Penn Highlands DuBois</i> 809 Turnpike Avenue, Clearfield, PA 16830	Penn Highlands Huntingdon 1225 Warm Springs Avenue, Huntingdon, PA 16652
Penn Highlands Connellsville 401 East Murphy Avenue, Connellsville, PA 15425	Penn Highlands Mon Valley 1163 Country Club Road, Monongahela, PA 15063
Penn Highlands DuBois 100 Hospital Avenue, DuBois, PA 15801	Penn Highlands Tyrone 187 Hospital Drive, Tyrone, PA 16686
Penn Highlands Home Medical Equipment - DuBois 320 Liberty Boulevard, DuBois, PA 15801	Monongahela Medical Supply Company <i>A Penn Highlands Home Medical Equipment Company</i> 1163 Country Club Road, Monongahela, PA 15063
Penn Highlands Home Medical Equipment - Brookville 298 Main Street, Brookville, PA 15825	Penn Highlands Home Medical Equipment - Clearfield 502 Park Avenue, Suite 2, Clearfield, PA 16830
Penn Highlands Home Medical Equipment - Kane <i>A Penn Highlands Home Medical Equipment Company</i> 190 N. Fraley Street, Kane, PA 16735	Penn Highlands Home Medical Equipment - St. Marys 1376 Bucktail Road, St. Marys, PA 15857

### CMS Medicare DMEPOS Supplier Standards

The products and/or services provided to you by Penn Highlands Home Medical Equipment are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standard.



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