



Milk Moms, Inc Consent and Authorization Form

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Compliance Officer, Milk Moms, Inc, 13783 Ibis St NW Ste 200 Andover, MN 55304 (763-259-8824)

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

We collect personally identifiable information, including contact information, information you submit or post, and other information. For example, we might collect your name, address, phone number, and email if you need to place an order. We also collect information when you contact us. We collect information directly from you, passively, and from third parties, such as from our business partners. The following categories describe the different ways in which we may use and disclose your identifiable health information:

- 1. Treatment.** Our organization may use your identifiable health information to treat you. For example, we may perform a follow-up interview and we may use the results to help us modify your treatment plan. Many of the people who work for our organization may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children, or parents.
- 2. Payment.** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties who may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.
- 3. Health Care Operations.** Our organization may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your health information to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for our practice.
- 4. Appointment Reminders.** Our organization may use and disclose your identifiable health information to contact you and remind you of visits/deliveries.
- 5. Health-Related Benefits and Services.** Our organization may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
- 6. Release of Information to Family/Friends.** Our organization may release your identifiable health information to a friend or family member who is helping you pay for your health care or who assists in taking care of you.
- 7. Disclosures Required By Law.** Our organization will use and disclose your identifiable health information when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our organization may disclose your identifiable health information to public health authorities who are authorized by law to collect information for the purpose of :
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury, or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our organization may use and disclose your identifiable health information in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release identifiable health information if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe might have resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena, or similar legal process
 - To identify/locate a suspect, material witness, fugitive, or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Serious Threats to Health or Safety.** Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
6. **Military.** Our organization may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
7. **National Security.** Our organization may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates.** Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the safety and security of the institution; and/or (c) to protect your health and safety or the health and safety of other individuals.
9. **Workers' Compensation.** Our organization may release your identifiable health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you

1. **Confidential Communications.** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Compliance Officer, Milk Moms, Inc, 13783 Ibis St NW Ste 200, Andover, MN 55304 specifying the requested method of contact or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for the treatment, payment, or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and

friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use of disclosure of your identifiable health information, you must make your request in writing to Compliance Officer, Milk Moms, Inc 13783 Ibis St NW Ste 200 Andover, MN 55304. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure, or both; and (c) to whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Compliance Officer, Milk Moms, Inc. 13783 Ibis St NW Ste 200 Andover, MN 55304 in order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to Compliance Officer, Milk Moms, Inc. 13783 Ibis St NW Ste 200 Andover, MN 55304. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to requests an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to Compliance Officer, Milk Moms, Inc. 13783 Ibis St NW Ste 200 Andover, MN 55304. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Compliance Officer, Milk Moms, Inc. 13783 Ibis St NW Ste 200 Andover, MN 55304 (763-259-8824).
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, Compliance Officer, Milk Moms, Inc. 13783 Ibis St NW Ste 200, Andover, MN 55304. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note that we are required to retain records of your care.

Client/Patient Rights and Responsibilities

Patient Rights: 1. The patient has the right to considerate and respectful service. 2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation. 3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care, may not have access to the information without the patient's written consent. 4. The patient has the right to make informed decisions about his/her care. 5. The patient has the right to reasonable continuity of care and service. 6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process. Patient Responsibilities: 1. The patient should promptly notify the Home Medical Equipment Company of any equipment failure or damage. 2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Home Medical Equipment Company in such instances. 3. The patient should promptly notify the Home Medical Equipment Company of any changes to their address or telephone. 4. The patient should promptly notify the Home Medical Equipment Company of any changes concerning their physician. 5. The patient should notify the Home Medical

Equipment Company of discontinuance of use. 6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

Service Availability

Milk Moms, Inc, 13783 Ibis St NW Ste 200, Andover, MN 55304 operates with office hours of Monday to Friday 10:00am-4:00pm central time. Our main office line is 763-259-8824. Milk Moms, Inc is a Durable Medical Equipment (DME) company that provides DME items.

Plan of Care

I acknowledge that I have participated in the development of the plan of care or service for me and any changes in that plan prior to the beginning of services and as subsequent changes occur. I acknowledge that the plan of care/service was reviewed and accepted by me.

Product Training, Cleaning, and Maintenance

I acknowledge that I have been either given the opportunity to be trained on the use, cleaning, and maintenance of all the insurance products I receive from Milk Moms, Inc and/or will receive instructional information pertaining to the use, cleaning, and maintenance of all the insurance products I receive from Milk Moms, Inc and/or have access to instructional information pertaining to the use, cleaning, and maintenance of all the insurance products I receive from Milk Moms, Inc.

Notification of Information Practices

The purpose of the consent form is to inform you, the patient, how your personal health information is used and/or disclosed by this provider or organization. We collect personally identifiable information, like names, addresses, emails, etc., when voluntarily submitted by our visitors. The information you provide is used to fulfill specific requests, conduct transactions, perform follow up, or subscribe to our newsletter. We want you to be fully aware of what we do with your information so that you can provide us with your consent in order for us to treat your health care needs, receive payment for services rendered, and allow administrative and other types of health care operations to happen, which are part of normal business activities of the provider or organization. Your consent: I understand that as part of my health care, this organization originates and maintains health records describing my health history, symptoms, test results, diagnoses, treatment, and plans for future care or treatment. I understand and permit my information to be used to contact me via mail, phone, text, and email. I understand that this information serves as: • A basis for planning my care and treatment. • A means of communication among my diagnosis/es and other health information to my bill(s). • A source of information for applying my diagnosis/es and other health information to my bill(s). • A means by which my health plan or health insurance company can verify that services billed were actually provided. • A tool for routine health care operations in this organization, such as ensuring that we have quality processes and programs in place and making sure that the professionals who provide your care and competent to do so. I understand that: • I have been provided with a Notice of Information Practices that provides specific examples and descriptions of how my personal health information is used and discloses by Milk Moms, Inc; • I have the right to review the Notice of Information Practices prior to signing this consent; • Milk Moms, Inc can change its Notice of Information Practices but notify me of those changes before they are put into practice and will mail me a copy of the new Notice to the address that I have provided; • I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or health care operations and that Milk Moms, Inc is not required to agree to those restrictions; • Any restrictions to which Milk Moms, Inc agrees to will be respected. • I may revoke this consent in writing at any time. Further, I am aware that Milk Moms, Inc can proceed with uses and disclosures that pertain to treatment, payment, or healthcare issues that took place before the consent was revoked. To request a restriction on the use and disclose of your personal health information related to your treatment, payment for service, or for the health care operations of Milk Moms, Inc, please do so after reading the Notice of Information Practices. You may use this consent form to request a restriction.

Suggestions or Complaints

We value your suggestions and we will work hard to resolve any complaints. If you have a suggestion or a complaint, please call Milk Moms, Inc during our business hours and your call will be handled in a professional and confidential manner. You will be asked to provide your name, address, telephone number, if applicable, and a summary of the complaint. Milk Moms Inc's Compliance Officer will be informed of your complaint. All logged complaints will be investigated, acted upon, and responded to. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively up to the President/Owner of Milk Moms, Inc. All complaints are reviewed quarterly by the Quality Improvement Team and are kept confidential. If your complaint remains unresolved with Milk Moms, Inc, you may file a complaint with our Accreditor, The Compliance Team, via their website at www.thecomplianceteam.org or by phone at (888) 291-5353.

Medicare DMEPOS Supplier Standards

Note: this is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed to 42 C.F.R. 424.57(c). 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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges. 4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or 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 and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records. 8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. 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, answering service or cell phone during posted business hours 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. 11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11). 12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction. 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 cost either directly, or through a service contract with another company, any 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 standards to each beneficiary it supplies a Medicare-covered item. 17. A supplier must disclose any person having ownership, financial, or control interest in the supplier. 18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number. 19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility. 20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it. 21. A supplier must agree to furnish CMS any information required by the Medicare statute and 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 for 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. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d). 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 CFR § 424.516(f). 29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers. 30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

Warranty, Payments, and Returns

Warranty: Every product sold or rented by our company is covered by the manufacturer's warranty. Milk Moms, Inc will notify all Medicare/Medicaid beneficiaries of the warranty coverage, and manufacturer will honor all warranties under applicable law. The manufacturer will repair or replace, free of charge, Medicare/Medicaid covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available. **Payments:** Any outstanding balances incurred by the member that is not paid within one hundred and twenty (120) days is subject to collections. **Returns:** Breast pumps are considered a personal hygiene product and are not returnable. Accessories and add-ons are not returnable. **All sales of products covered under insurance are final and there are no returns.**

Assignment of Benefits (AOB)

This AOB form is required to bill on your behalf. 1. Assignment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits to Milk Moms, Inc for medical supplies furnished to me by Milk Moms, Inc. 2. Direct billing to Medicare, Medicaid, Medicare Supplemental or other insurance(s). 3. Release of my medical information to Medicare, Medicaid, Medicare Supplemental or other insurance and their agents and assigns. 4. Milk Moms, Inc to obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for medical supplies and/or medication(s) provided. 5. Milk Moms, Inc to contact me by telephone or mail regarding my medical supplies and/or medication(s) order. I agree to pay all amounts that are not covered by my insurance including applicable co-payments and/or deductibles for which I am responsible. I request that payment of Medicare, Medicare, Medicaid, Medicare Supplemental or other insurance benefits be made on my behalf to Milk Moms, Inc for any medical supplies and/or medications furnished to me by Milk Moms, Inc. I authorize any holder of medical information about me to release to Milk Moms, Inc, my physician(s), caregiver, CMS, its agents and to my primary and/or other medical insurance any information needed to determine or secure eligibility information and/or reimbursement for covered services. I agree to pay all amounts that are not covered by my insurance(s) and for which I am responsible. I agree to pay all amounts that are not covered by my insurance including applicable co-payments and/or deductibles for which I am responsible. Deductible amount to be patient's responsibility of up to \$2.65 for Minnesota Medicaid recipients. I understand and agree that if I am choosing to upgrade the 'basic/standard' model covered by insurance to a more expensive model, that I am responsible for the additional charges and that it is not a provider write off but a product upgrade charge and agree to pay the additional cost.

Benefit Disclaimer

I understand it is my responsibility to determine the benefits and coverage of my health plan and that a quote of benefits coverage from my insurance company does not guarantee payment, which will be determined when the claim is received and processed. If payment is different than quoted by insurance, I understand it is my responsibility to appeal the decision directly with my insurance company.

Advanced Beneficiary Notice (ABN) / Waiver of Upgrade

I understand that my insurance only covers the standard model breast pump, which has been offered. By signing and inputting the upgrade cost below I am acknowledging that I am aware of and agree that my insurance will only cover the standard equipment, I am financially responsible for the upgrade charge, and the upgrade charge is in addition to any contractual obligations I have, such as deductible and coinsurance amounts. I understand that the upgrade is not billable to insurance. I authorize Milk Moms, Inc to charge my credit card provided for the amount of the upgrade indicated below, as well as any co-insurance, co-pay, or deductible amounts.