



Welcome to Mini Pharmacy & Medical Supplies

Mini Pharmacy & Medical Supplies (“Mini”) is a medical service provider that specializes in diabetes management solutions and supplies. Our Mission is to meet the needs of the patients, physicians, facilities and communities that we serve in a professional, friendly, and time sensitive manner to ensure a positive experience to all our customers.

Founded in 1980, Mini has been a leader in the diabetes industry for over 40 years, serving the unique needs of our pediatric, adult, and gestational diabetes patients. Mini’s byline is Trusting, Caring, Always which reflects our commitment to promoting quality health outcomes through high-touch patient care and service, and patient education.

We carry all the latest and highest quality diabetes products to meet our patient’s needs and physician preferences. At Mini, we put our patients first and take the complexity of receiving care out of the hands of our patients. Through our simple and convenient, patient-focused services, Mini is a one-stop solution for all your diabetes needs, providing:

- Blood Glucose Monitors
- Continuous Glucose Monitors
- Insulin Pumps
- Oral Medications and Injectables (ONLY for states Mini holds a Pharmacy License in)

We understand how critical diabetes can be and with the proper tools in hand patients can be prepared to manage their diabetes. At Mini it is our honor and privilege to serve you.



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Please take a moment to review all the information in this packet. In order to avoid any shipping delays with your order please take a moment to complete any required documentation that may have been included with you order. If you have any questions or concerns, feel free to contact us at 1 (888) 545-6464, we will be more than glad to help with all your needs.

Hours of Operation

Monday – Friday, 8:00am-6:00pm PST
Closed on all major holidays

After Hours

Our team is also available 24 hours a day, 7 days a week to provide after hours service in an emergency situation. For afterhours assistance, please call our toll free number and select the after hours option to be directed to a team member.



Assignment of Benefits and Deductible/Co-Pay Responsibility

This form is required to bill insurance (Private, Group Insurance, and Medicare) on your behalf. Please complete and return when completed.

Client/Patient Name

Phone Number

I request that payment of authorized insurance benefits be made on my behalf to Mini Pharmacy & Medical Supplies ("Mini") for any equipment or services provided to me by Mini and remit payment to the following address:

Mini Pharmacy & Medical Supplies
2425 Porter St. Los Angeles, CA 90021
Hours of Operation:
8:00am - 6:00pm, Monday - Friday

For the benefits allowable and otherwise payable to me as a payment towards the total charges for services rendered.

- I agree to pay any co-payments and deductibles that may apply in a current manner.
I authorize the release of any information pertaining to my medical history and/or current diagnosis and treatment, and information pertaining to my insurance coverage and benefits to Mini Pharmacy & Medical Supplies.
I authorize Mini Pharmacy to disclose medical information necessary for the purpose of obtaining reimbursement.
I authorize Mini Pharmacy & Medical Supplies, and/or any of their affiliates, to contact me via telephone, mail, or e-mail regarding any medical equipment they have provided or in regards to my account.
I authorize the holder of medical or other information about me to be released to the Social Security Administration or its intermediaries or carrier any information needed for this or a related Medicare Insurance claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits be made to the party who accepts assignment on any bills for services furnished to me. I understand that I will be responsible for my yearly Medicare/Insurance deductible and co-insurance.
I accept responsibility for any and all medical equipment/supplies while in my possession. I acknowledge that I have received the Medicare Provider's Standard of Care and Patient Rights from Mini Pharmacy & Medical Supplies and that I have received training with my medical equipment.

By signing this document, I am giving authorization of the above mentioned and acknowledging that I have received a copy of Mini Pharmacy & Medical Supplies' Notice of Privacy Practices. This acknowledgement is required by the HIPAA to ensure that I have been made aware of my privacy rights.

Name of the person signing :

If not the Insured, relationship to Insured:

Signature of Insured or Guardian: Date:

For questions regarding this form or for general question about Mini Pharmacy please contact us at (888) 545-6464.

This form is required to bill insurance (Private or Group Insurance and Medicare) on your behalf. Please complete and return today.

CUSTOMER ORIENTATION FORM

Please sign below to confirm that you have received, reviewed, and understand the following:

- Company Welcome Letter
Assignment of Benefits and Deductible/Co-Payment Responsibility
Patient Bill of Rights & Responsibilities
Medicare Supplier Standards
Notice of Privacy Practices
Patient Complaint Form
Patient Satisfaction Survey

INITIAL IF YOU AGREE WITH THIS STATEMENT: The patient/caregiver is capable of using the test result to assure the patient's appropriate glycemic control. The patient/caregiver has successfully completed training on the use of the glucose monitor, test strips, and lancing device or the use of the insulin pump and pump supplies; OR you have been scheduled to attend training.

My signature attests that I have received, read, and/or been instructed on the above information.

Patient Bill of Rights

As an individual receiving pharmacy services from Mini Pharmacy & Medical Supplies let it be known and understood that you have the following rights:

1. To select those who provide you with DME and Pharmacy services.
2. To be provided with legitimate identification by any person(s) providing pharmacy services to you.
3. To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
4. To be fully informed in advance of any changes in the care or treatment to be provided by our organization when those changes may affect your well being.
5. To be fully informed in advance about services and/or care to be provided.
6. To participate in the development and periodic revision of the plan of service or care.
7. To accept or refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
8. To be advised, before care is initiated, of the extent to which payment for services may be expected from Medicare/Medicaid, insurance, or your liability for payment, billing cycles and changes in payment.
9. To have your privacy and your property respected at all times and to be treated with respect, consideration and recognition of dignity and individuality.
10. To express concerns or grievances/ complaints or recommend modifications to your pharmacy service without fear of restraint, interference, coercion, discrimination, or reprisal.
11. To expect that any and all concerns, grievances, or complaints will be properly investigated.
12. To expect that all information received by this organization shall be kept confidential and shall not be released without written consent.
13. To review Mini Pharmacy's Privacy Notice.
14. To ensure confidentiality and privacy of all patient/client medical information and Protected Health Information.
15. To be advised on agency's privacy Policies and procedures regarding the disclosure of clinical records.
16. To receive the appropriate or prescribed service in a professional manner without discrimination.
17. To be informed of any financial benefits when referred to another organization.
18. To be fully informed of your rights and responsibilities in a language you understand.
19. To be promptly informed if the prescribed care or services are not within the cope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.

Patient Responsibilities

You and Mini Pharmacy & Medical Supplies are partners in your health care plan. To ensure the best care possible, you must understand your role in your health care program. As a patient of Mini Pharmacy & Medical Supplies ("Mini") you are responsible for the following:

1. To provide complete and accurate information concerning your past and present health, medication, allergies, etc., when appropriate to your care/service.
2. To inform a staff member, as appropriate, of your health history, including past hospitalization, illnesses, injuries, etc.
3. To involve yourself, as needed and as able, in developing, carrying out, and modifying your pharmacy service plan, such as properly cleaning and storing your equipment and supplies.
4. To review Mini's safety materials and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your health care plan you do not fully understand.
6. To notify your attending physician when you feel ill or encounter any unusual physical or mental stress or sensations.
7. To notify Mini Pharmacy when you will not be home at the time of a scheduled pharmacy delivery.
8. To notify Mini Pharmacy prior to changing your place of residence or your telephone number.
9. To notify Mini Pharmacy when encountering any problem with equipment or service.
10. To notify Mini if you are to be hospitalized or if your physician modifies or ceases your pharmacy prescription.
11. To make a conscious effort to properly care for equipment supplies and to comply with all other aspects of the home health care plan developed for you.
12. To notify Mini of denial and/or restriction of the Mini Pharmacy & Medical Supplies privacy policy.

Patient Management Program (PMP)

Mission

Mini Pharmacy believes that treatment is enhanced when patients and caregivers can make informed decisions about their medication therapy and collaborate with their health care provider. Mini Pharmacy provides a Patient Management Program to those patients receiving specialty diabetes medications or device.

The program goal is to improve patient clinical outcomes, such as blood sugar levels and A1c.

Program Services Offered to Patients (FREE)

- Diabetes Products' Use Teaching and Training
- Continuous Blood Glucose (CGM) Device teaching
- Medication list review
- Health Education Training
- Weight Management
- Nutritional planning
- Diet Education
 1. Diabetes
 2. Obesity
 3. Hypertension
 4. Heart Failure

Program Benefits

- Blood sugars' management
- Access to pharmacists and Certified Diabetes Educator for consult
- Diabetes blood sugars, A1c and clinical outcomes goal settings
- Weight management, Diet, Exercise and health education teaching and goal setting
- Patients will automatically receive these services if they are receiving a specialty medication for Diabetes from Mini Pharmacy
- Patients may request to opt out voluntarily at any time, by calling (888) 545-6464

Patient Rights and Responsibilities

As an individual being part of the Patient Management Program (PMP) you have the following rights and responsibilities:

You have the right to:

- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the patient management program
- Decline participation, or disenroll, at any point in time

You have the responsibility to:

- Give accurate clinical and contact information and to notify the patient management program of changes in this information
- Notify your treating prescriber of your participation in the patient management program

Mini Pharmacy & Medical Supplies

Products and Services

Delivery & Mail Process

Prescriber orders/prescriptions are processed after confirming health plan eligibility and coverage. Patients are encouraged to place their refill requests with 1-2 weeks in advance in order to allow for processing and delivery to complete. Home delivery for orders shipping within California are delivered within 2-3 business days, and states outside of California up to 3-5 business days. Medications are delivered promptly in temperature-controlled, secure packaging and includes any required supplies.

To fill or refill your prescription, obtain order status, report a suspected medication issue, or speak to a representative please call us toll-free at (888) 545-6464.

We service the following states:

AK, AR, AZ, CA, CO, DC, DE, FL, GA, IA, ID, IL, IN, LA, MD, ME, MI, MN, MO, MS, MT,
NC, NH, NJ, NM, NV, NY, OH, PA, SC, UT, VT, WA

Benefit Coverage & Patient Responsibility

You will receive an invoice with each shipment with the out of pocket cost or patient responsibility (co-insurance). At any time, if you would like to know the cash price please contact us at 1-888-545-6464. An eligibility verification is conducted upon service, and we will immediately inform you of your current benefits and if whether Mini Pharmacy is in-network provider or out-of-network and your options.

Product Warranty

The products sold by Mini Pharmacy carry manufacturers' warranties. Mini Pharmacy will honor all warranties under applicable law, including facilitating replacement, free of charge, of any Medicare-covered equipment that is under warranty. Mini Pharmacy follows manufacturer guidelines for product replacement. By signing the attached Assignment of Benefits, patients agree that they have been notified of and understand the warranty coverage on their products.

Complaint Resolution Protocol

Mini Pharmacy & Medical Supplies has a complaint resolution protocol and our patients are encouraged to freely voice any complaints regarding service, equipment and/or billing.

Compliance / Privacy Office

The Compliance and Privacy office can be contacted through email at compliance@minipharmacy.net. Accreditation Commission for Health Care, Inc. (ACHC) can be contacted at 1 (855) 937-2242

Mini Pharmacy & Medical Supplies Office

2425 Porter St.
Los Angeles, CA 90021
1 (888) 545-6464

Getting your prescriptions

During a delay

If you have not received your medication and are in urgent need, *please kindly call us first* to find the status of your order. We will work to make sure your medication/equipment arrives quickly or work with the pharmacy/DME provider of your choice in effort to meet your prescription needs. Please see below to learn more about prescription transfer services we can provide.

In a disaster or emergency

If your state has issued a warning of a potential emergency or disaster: Please attempt to contact us first, toll-free at 1-888-545-6464. In a true emergency, call 911 or go to the nearest emergency room.

Medications

- If you're not able to get to our pharmacy or in contact with us to order your prescription drugs, contact your drug plan to find another network pharmacy nearby.
- Contact your drug plan if you had to leave your home without your drugs, or your drugs have been damaged or lost because of the emergency or disaster. They can help you find another network pharmacy.
- If you can't reasonably get to us or contact us, your drug plan can help you get drugs during an emergency or disaster at an out-of-network pharmacy. You may pay more for drugs you get at an out-of-network pharmacy.

Pump, CGM and DME Equipment

- If you're not able to get to our pharmacy or in contact with us to order your Pump, CGM and/or DME supplies, contact the manufacturer to find an alternative supplier nearby.
- If you're not able to get to our pharmacy or in contact with us, contact the manufacturer if you had to leave your home without your Pump, CGM and/or DME supplies, or your products have been damaged or lost because of the emergency or disaster. They may be able to help you find another supplier.

Using our pharmacy to transfer to pharmacies/DME providers

- At any time, you may call us to request prescription transfer to your network pharmacy/DME provider of choice. We are able to transfer most prescriptions from our pharmacy to another pharmacy/DME provider of your choice, and back to our pharmacy at any time including when an emergency or disaster ends. If you need help finding the closest pharmacy/DME provider, contact your health plan.
- You'll need to tell the new pharmacy/DME provider that you regularly fill your supplies at Mini Pharmacy and which drugs/DME equipment you need refilled, ask them to call us at 1-888-545-6464.

Additional (extended-day) supplies

If you want to get an extended-day supply (a 60- to 90-day supply) or an early refill of your drugs and Pump, CGM or other DME supplies, we can help you. Contact us and we will contact your health plan and find out whether it offers extended-day supplies or early refill. If you are not able to get a hold of us, you can contact your health plan and they will help with extended-day supply questions and which pharmacies/DME providers you can use.

How can I find contact information for my health plan?

Generally, you can find your plan's contact information on your plan membership card.

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 in 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 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.

Medicare DMEPOS Supplier Standards

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. All suppliers 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 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.

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.**

Your Rights

You have the following rights with respect to your Protected Health Information (PHI) when it comes to your health information. This notice explains how we will use and disclose your PHI while maintaining your privacy and explains our duty to abide by the terms of the notice and any update that we may make in the future.

1. The right to request restrictions on certain uses and disclosures, including any group of person(s) identified by you. We are, however, not required to agree to a requested restriction.
 - You can ask us not to share your health information with family or friends involved in your treatment.
 - You can ask us not to share or use your health information for treatment, our operations, or payments.
 - We are also not required to agree to your request, if it would negatively affect your health we are authorized to say “no”.
2. The right to reasonable requests to receive confidential communications from us by alternative locations.
 - We will accept all reasonable requests and must say “yes” if you inform us that your life is in danger if we do not.
 - You can ask us to contact you in other ways (for example, cell or work phone) or to send mail to a different address.
3. The right to inspect and copy Protected Health Information (PHI). We reserve the right to schedule this activity and charge a reasonable fee to gather the information and copy for expenses.
 - We will provide a copy of your health and claims records, usually within 30 days (60 days if the information is stored off-site) of your request. We may also charge a reasonable fee.
 - You can ask to see or get a copy of your health and claims records or any other health information we may have about you. Please ask us how to go about this process.
 - We can deny your request of copies or to see your health information in certain situations. For example, we can deny your request if we believe the disclosure will endanger your health or life or that of another person.
4. The right to amend your Protected Health Information (PHI).
 - You can ask us to amend your health and claims records if you believe they are incorrect or incomplete please ask us how to go about this process.
 - Your right to ask us to amend your records lasts for as long as we maintain this information.
 - We can deny your request, we will then mail you the reason for our denial within 60 days.

Notice of Privacy Practices

5. The right to receive a list of disclosures of your Protected Health Information (PHI) when you complete our request form.
 - We will provide all the disclosures except for those about treatment, health care operations, payment, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.
 - You can ask for a list (accounting) of the times we have shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
6. The right to obtain a paper copy of this notice.
 - You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

You have Choices

1. You have the right to have someone act for you.
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will ensure the person has this authority and can act for you before we take any action.
2. For specific health information, you can tell us your choices about what we share. If you have a preference on how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:
 - Share your information with family, friends, or others involved in your care.
 - Share your information with family, friends, or others who are financially responsible for payment of your care.
 - Share information in the event of a disaster relief situation.

If you are not capable of telling us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We will never share your information for marketing purposes or to sell your information without your written consent.

Notice of Privacy Practices

Our Use of Your Information and Disclosures

Under the law we are permitted to use and disclose your Protected Health Information (PHI) without your authorization for the following purposes:

1. Managing your care treatment
 - We can contact your physician or other health care providers to obtain refill authorizations, clarify medication doses, inform them of potential drug interactions, or to validate and verify prescription orders.
 - We can use your health information and share it with other professionals who are treating you.
2. Run our business operations
 - We can use and disclose your health information for running our business, such as planning, managing your treatment and services, improvement purposes, financial analysis, and customer service.
 - We look at your records to evaluate how well our pharmacists and technicians provide service to you.
3. Bill for your health care services
 - We can use and disclose your health information to obtain payment for services, confirming health plan coverage, and billing or collection activities.
 - Insurance companies and health plans may also contact us about services we provide to you.

Other ways we share and use your health information

We are required to obtain your written consent to use or disclose your Protected Health Information (PHI) for other purposes not related to treatment, health care operations, or payment. However, we are occasionally permitted or required to share your information in other ways such as public health and research. We have to meet many conditions in the law before we can share your information. For more information please visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

1. We may use your Protected Health Information (PHI) without your consent to provide you with refill reminders; information about alternatives to medications or services you receive through Mini; or notices of health screenings, special events, or other wellness activities we may conduct.
2. We may release information about you to a family member or others who are involved in your medical care.
3. Whenever anyone receives Protected Health Information (PHI) on your behalf we will provide only the minimum amount of information necessary to ensure your quality of care.
4. We may disclose Protected Health Information (PHI) about you for law enforcement purposes as required by law or in response to a court or administrative order, or in response to a subpoena.

Notice of Privacy Practices

Other ways we share and use your health information cont'd

5. We may use and disclose your Protected Health Information (PHI) when necessary to reduce or prevent serious threat to your health and safety or of another individual or the public. We may also share information about you in situations such as preventing disease, product recalls, reporting adverse reactions to medications, and reporting suspected abuse, neglect, or domestic violence.
6. We may disclose your Protected Health Information (PHI) if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
7. We may release your Protected Health Information (PHI) with a coroner, medical examiner, funeral director when an individual dies, or organ procurement organizations..
8. We may use and disclose your Protected Health Information (PHI) for workers' compensation claims, special government functions such as military, national security, and presidential protective services and with health oversight agencies for activities authorized by law.
9. Any other uses and disclosures other than those provided for above (or as otherwise permitted or required by law) will be made only with your written consent. You may revoke such authorization in writing and we are required to honor and abide by that written request, except for actions we have already taken relying on your consent.

Our Responsibilities

1. We are required by law to maintain the privacy and security of your Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to protected health information.
2. We will inform you if a breach occurs that may have compromised the privacy or security of your health information promptly.

Changes to Our Terms of this Notice

This notice is effective as of June 6, 2019 and we are required to abide by the terms of this Notice of Privacy Practices currently in effect.

- We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain.
- We will post any revised notice in our pharmacy and you may receive a written copy of a revised notice upon your request.

Notice of Privacy Practices

Our Complaint Process

If you believe your privacy has been violated, you have the right to file a formal complaint with us by contacting us at 1 (888) 545-6464 or with the U.S Department of Health and Human Services Office of Civil Rights. You may also file a complaint with us by filling out our client/patient complaint form that has been provided for you in this packet. We will not retaliate against you for filing a complaint.

Contact Information

Mini Pharmacy & Medical Supplies
2425 Porter Street
Los Angeles, CA 90021
1 (888) 545-6464
Compliance Officer, Karina Ruesga

I understand that under HIPAA regulations, I have the right to request that Mini Pharmacy restrict how protected private health information about me is used or disclosed on the Patient Consent form, a document separate from this acknowledgement.

By signing this document, I acknowledge that I have received the Notice of Privacy Practices and if I refuse to sign this document, I understand that Mini Pharmacy & Medical Supplies must continue to provide services or treatment.

Client/Patient Name: _____

Client/Patient Signature: _____

Legal Guardian Signature (if applicable): _____

Relationship to Client/Patient: _____



Patient Complaint Form

At Mini Pharmacy & Medical Supplies we genuinely strive to provide the highest quality in health care services for our patients and health care partners. That's why your concerns are our concerns. Feel free to voice your concerns without fear of discrimination, reprisal, or interruption of care, treatment or service.

To ensure that our service meets your satisfaction, we ask you to provide a description of your problem, concern, or any inquiry and suggestions you may have. You have the right to be free of mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries and misappropriation of your property. This completed form will be routed directly to Management, who will promptly review any concern and will make verbal or written communications with you no later than 5 calendar days of receiving a complaint. Management will conduct an investigation regarding the complaint. We will notify you within 14 days of our response to your complaint and the results of the investigation and corrective action implemented by the Company.

We appreciate your candid comments as well as your assistance in helping us to continuously improve our care service to our valued patients. If you feel our investigation into your complaint and/or response is unsatisfactory, you have the right to contact Medicare, your state authority, or our company's accrediting organization.

Full Name: _____

Phone Number: _____

Address: _____

Initial Date of Incident: _____

Describe incident (Use backside if necessary): _____

Client/Patient Signature

Date

Corrective Measure (Mini Pharmacy & Medical Supplies use only)

Signature

Date



PHARMACY AND MEDICAL SUPPLIES

Dear Valued Customer,

Mini Pharmacy & Medical Supplies ("Mini") values your business and your satisfaction with our service. Continuing to provide exceptional quality service is our top priority. Please let us know if we are doing a good job in meeting your expectations. Kindly take a moment to answer this survey and circle your answer.

Rating Scale: 5 = Excellent; 4 = Good; 3 = Fair; 2 = Needs Improvement; 1 = Not Satisfied; N/A = Not Applicable

PROVIDER SERVICES

Professionalism and Customer Service of our Staff	5	4	3	2	1	N/A				
Mini's response to your concerns & questions	5	4	3	2	1	N/A				
Ability to speak with a Pharmacist when requested	5	4	3	2	1	N/A				
Timeliness of delivery	5	4	3	2	1	N/A				
Quality and completeness of order received	5	4	3	2	1	N/A				
Overall experience/satisfaction with Mini Pharmacy	5	4	3	2	1	N/A				
On a scale of 1-10, How likely are you to recommend Mini to a family/friend?	1	2	3	4	5	6	7	8	9	10

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How can we improve your customer experience?

What are other products/services you would like to see from Mini Pharmacy & Medical Supplies?

Name (Optional):	Date:
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Check One: Patient Family Member Caregiver Other:

Thank you and it's a privilege being your pharmacy provider!

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