



Talk To Me Technologies, LLC
 3508 Terrace Drive, Cedar Falls, IA 50613
 phone: 1-877-392-2299 fax: 1-888-310-3112
 TalkToMeTechnologies.com

TALK TO ME TECHNOLOGIES IS REQUIRED TO KEEP A COPY OF ALL DOCUMENTATION ON FILE TO COMPLY WITH STATE AND GOVERNMENT REQUIREMENTS; HOWEVER, A COPY SHOULD BE KEPT BY BOTH THE CLIENT AND THE CLIENT'S CONTACT PERSON.

CLIENT INFORMATION FORM

1. CLIENT (Person receiving the equipment) Please STAR (*) the preferred contact method for each.			
Last Name:	First Name:	Eval Date:	Date of Birth:
Email:			
Status: Married	Single	Other	Employed Student Military Veteran
Gender:			
Client Address:	City:	State:	Zip:
Home Phone:	Alt. Phone:		
Clients Main Personal Contact:	Relationship:	Email:	
Home Phone:	Alt. Phone:	Fax:	
Legal Guardian:	Phone:	Email:	
Legal Guardian Address:	City:	State:	Zip:
Person to be contacted in the event of an emergency or death: Name:		Phone:	
2. RESIDENCE (Where client lives/current place of residence)			
Home OR Facility (**NAME OF CONTACT AND ADDRESS IS REQUIRED FOR ANY OF THE FOLLOWING**)			
Group Home	Assisted Living Facility	Nursing Facility	Skilled Nursing Facility Facility for the Developmentally Disabled/ICF
Primary Facility Name:	Contact Name:		
Phone:	Email:		
Address:	City:	State:	Zip:
3. DIAGNOSIS (Client condition which requires requested equipment)			
Primary Diagnosis:	Onset Date:		
Secondary Diagnosis:	Onset Date:		
Speech Diagnosis:	Onset Date:		
Is diagnosis the result of an accident? Yes	No	Date:	Accident Type: Employment Auto Other
Allergies and Sensitivities:			
4. SPEECH-LANGUAGE PATHOLOGIST (The clinician that performed the evaluation and provided the written report)			
Name:	Email:		
Address:	City:	State:	Zip:
Work Phone:	Alt Phone:	Fax:	
5. TREATING PHYSICIAN (The treating physician is the medical doctor who prescribed the requested equipment)			
First Name:	Last Name:		
Address:	City:	State:	Zip:
Phone:	Fax:		

6. PRIOR EQUIPMENT (List equipment paid for by 3rd party funding in the past 5 years)

Device:

Date:

Payor:

Vendor:

7. INSURANCE (Indicate which types of insurance the client has)

*****IMPORTANT*** TALK TO ME TECHNOLOGIES DOES NOT BILL YOUR INSURANCE UNTIL THE DAY YOUR DEVICE IS DELIVERED TO YOU. THEREFORE, ANY CHANGE IN ANY OF YOUR INSURANCES MUST BE COMMUNICATED WITH US UP TO AND INCLUDING THE DATE OF DELIVERY. ***ATTACH FRONT/BACK COPIES OF CURRENT INSURANCE CARDS TO THIS FORM. *****

Primary Insurance	Medicare	Medicaid/Medical Assistance	Tricare/Military Coverage	Private/Group/Commercial
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Policy Holder's Name:	Policy Holder's Relationship to Client:			
Phone:	Email:			
Policy Holder's Date of Birth:	Policy Holders' Employer:			
Policy Holder's Address	Same address as above (from #1) :	Client	Main Personal Contact	Legal Guardian
Address:	City:	State:	Zip:	

Secondary Insurance

Medicare	Medicaid/Medical Assistance	Tricare/Military Coverage	Private/Group/Commercial
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Policy Holder's Name:	Policy Holder's Relationship to Client:			
Phone:	Email:			
Policy Holder's Date of Birth:	Policy Holders' Employer:			
Policy Holder's Address:	Same address as above (from #1) :	Client	Main Personal Contact	Legal Guardian
Address:	City:	State:	Zip:	

Other Insurance

Name:	Phone:
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8. EQUIPMENT RECOMMENDATIONS (Complete list of all equipment, accessories and parts requested)

Rental (Only list the device model):	OR Purchase
Device	Accessories Mount

9. WHEELCHAIR INFORMATION

Will communication device be attached to a wheelchair? YES NO

10. SHIPPING INFORMATION (Complete street address and phone number is required)

*****IMPORTANT***** We cannot ship to a PO BOX. Medicare funded devices MUST ship to the client's home address.

Same address as above:	Client Address (from #1)	Residence (from #2)
Phone:	Email:	
Address:	City:	State: Zip:

11. FORM COMPLETED BY

MY SIGNATURE INDICATES THAT I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS FORM AND THAT I HAVE FILLED IT OUT AS COMPLETELY AND SPECIFICALLY AS POSSIBLE IN ORDER TO PROVIDE ACCURATE INFORMATION TO SUBMIT TO THE CLIENT'S FUNDING SOURCE.

Name:	Signature	Date
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We bring speech to life™

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CUSTOMER INFORMATION CHECKLIST

Customer Name (Print): Last Name: First Name:

Equipment:

- wego (Includes one of the following; wegowrite-D, 5A-D, 7A-D, 10A-D, 13A-D) Dedicated and accessories/mounting as needed.
zuvo (Includes one of the following; 10-D, 12HD-D, 18HD-D) Dedicated and accessories/mounting as needed.
Allora 2 and accessories/mounting as needed.
Other:

My signature indicates acknowledgement of my receipt and review of all of the below (1-3 are contained in the Welcome Packet):

- 1. Customer Information, Customer Complaints, Customer Rights and Responsibilities (See separate pages.)
2. HIPAA Privacy Notice and Medicare Supplier Standards (See separate pages.)
3. Acceptance of Services

4. Previous Insurance Funded Device

I had a speech generating device paid for by insurance within the past 5 years. YES NO

If "No" is checked, I acknowledge that I have never received a speech generating device within the last five years, as listed above, from Talk To Me Technologies (TTMT) or another home medical equipment provider. If I have selected "Yes", then I understand my insurance carrier may not cover the named equipment and I may be asked to execute an Advance Beneficiary Notice.

5. Release of Information: I hereby authorize release to TTMT any and all of my medical records pertaining to my medical history, services rendered, or treatments received from my physician(s) or hospital. In order to process insurance claims, I also hereby authorize TTMT to furnish to my insurance carrier(s), any medical history, services rendered, or treatment needed.

6. Release of Information: TTMT cannot communicate with anyone on my behalf without that person or group being listed below. I authorize that TTMT has permission to communicate with the following individuals:

Private Insurance Policy Holder's Name (REQUIRED if different than client, main contact, or guardian):

Email: Phone:

Staff at School District. Email: Phone:

Speech Therapist/Staff at Therapy Clinic. Email: Phone:

Staff at (i.e. group home, retirement community, nursing home, etc.): Phone:

Additional team/family members (grandparents, aunt, occupational therapist, nurse, etc.) names, email/phone:

7. Mounting:

I understand that TTMT is able to provide a mount either through my funding source or private payment. However, I understand that I am responsible for making arrangements with my wheelchair vendor or an outside party if I need assistance with assembly and/or affixing the mount to the wheelchair. My signature below grants TTMT permission and authorizes them to take, use and release pictures of the wheelchair/equipment being used to seek a mount(s) on my behalf.

8. Assignment of Benefits: I authorize direct payment of insurance benefits by my insurance company to TTMT. In the event that my insurance carrier does not accept "assignment of benefits", I understand that payments may be sent directly to me and I am obligated to endorse and directly send such payments to Talk To Me Technologies for payment of my bill.

9. Financial Responsibility: I understand that I am responsible to TTMT for all charges not covered by my insurance. I recognize that in the event that my insurance company, employer, or any other third party payer refuses to pay the rental and/or purchase price(s) of the above items, or delays payment beyond 90 days of my receipt of items, or in the event that I have no insurance coverage or third party payer, that I will be responsible for said payments and will make prompt reimbursement within 30 days of notification by TTMT for all charges.

** TTMT DOES NOT BILL YOUR INSURANCE UNTIL THE DAY YOUR DEVICE IS DELIVERED TO YOU. THEREFORE, ANY CHANGE IN ANY OF YOUR INSURANCES MUST BE COMMUNICATED WITH US UP TO AND INCLUDING THE DATE OF DELIVERY. **

10. For all clients: I certify that I AM NOT receiving in home or facility-based hospice care, skilled nursing or hospital-based care. I also understand that if the Medicare part B claim denies due to enrollment in the above listed types of care, I assume full responsibility for the cost of all equipment provided by Talk To Me Technologies, LLC.

I understand that by signing this agreement, I authorize provision of products and/or services to me by Talk To Me Technologies, LLC. I also understand that the products and services provided are prescribed by my physician and that it is necessary that I remain under the supervision of my attending physician during the course of my care. MY SIGNATURE INDICATES THAT I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT. I AM MY OWN LEGAL GUARDIAN OR THE LEGAL GUARDIAN OF THE CUSTOMER NAMED ABOVE.

Table with 2 columns: Client's First Name, Client's Last Name, Client/Guardian/POA Name (Printed Name of Signer), Relationship to Client, SIGNATURE, DATE

This form is valid for 12 months from date of signature and is to include any/all rentals and/or purchases. If entering into a third party funded rental period, this full-time span will be billed, even if the device is returned early by the client/responsible party.

**Medicare Inexpensive or Routinely Purchased
Items Notification for Services
on or after January 1, 2006**

I received instructions and understand that Medicare defines the Dedicated Speech-Generating Device that I will receive as an inexpensive or routinely purchased item.

Please place an **X** by the device.

wego 5A-D	zuvo 10-D
wego 7A-D	zuvo 12HD-D
wego 10A-D	zuvo 18HD-D
wego 13A-D	Allora 2
wegowrite-D	

Accessories/Mount/Other:

X FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: dedicated speech-generating devices, canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.
- I select the:

Purchase Option **OR** Rental Option

Client's First Name:	Client's Last Name:
Client/Guardian/POA Name (Printed Name of Signer):	Relationship to Client:
SIGNATURE	DATE



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WELCOME TO TALK TO ME TECHNOLOGIES!

Talk To Me Technologies is a privately-owned company dedicated to providing patients/clients with quality equipment and services. We specialize in speech-generating devices and provide a variety that spans all ages and abilities.

We are with you and your speech pathologist every step of the way: from the initial evaluation, the funding process, delivery and training.

Talk To Me Technologies prides itself on its carefully trained staff; people who know and understand your needs and respond to them in a personal and timely manner. These include our staff of Speech Language Pathologists, AAC Consultants, Funding Coordinators, Office Managers and Claims Coordinators. All our staff works together as a team to provide the finest service available.

Talk To Me Technologies is proud to let you know that we offer:

- Funding Coordination from beginning to end with insurance companies, Medicare and Medicaid programs (speech-generating devices are typically covered by these programs).
- Delivery and Repair Services.
- Equipment Set-Up and Instruction.

We are pleased that you have chosen Talk To Me Technologies. You can be assured that we strive to find and match you with a communication solution that best suits your needs. We want your response to be loud and clear the next time someone says, "Talk to me".

OUR MISSION AND PURPOSE

Talk To Me Technologies' mission is to hear our clients 'talking' as quickly as possible with the use of a speech generating device that best suits their needs.

CUSTOMER INFORMATION

Our normal business hours are 9:00 am – 3:30pm., Monday through Friday. A voice message system will answer the Company's phones after normal business hours. However, most services will be performed during normal service hours. If your call is an emergency and cannot wait until normal business hours, it is suggested that the customer or caregiver dial "911" for professional emergency services.

CUSTOMER COMPLAINTS

Any customer who feels his/her rights have been denied, who desires further clarification of rights, or who desires to lodge a complaint or express contentment with any aspect of service or equipment, including concerns about patient safety and the risk of falls, should contact us through our main telephone number, without fear of reprisal by the company or by any of its employees. If the issue cannot be resolved via a telephone call with a customer service representative, the matter will automatically be forwarded to the appropriate manager.

JCAHO INFORMATION

The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1-800-994-6610 or emailing complaint@jcaho.org.

CUSTOMER RIGHTS – YOU HAVE THE RIGHT TO:

- Be given timely, appropriate, and quality professional home care services without discrimination.
- Be provided with proper products and services as ordered by a qualified health care professional.
- Receive products in proper operating condition according to the manufacturer's specifications.
- Receive fair treatment, including honoring cultural, spiritual, and personal preferences.
- Request a detailed explanation of your bill for products and services.
- Be communicated with in a way that you can reasonably understand.
- Refuse equipment and services, accepting full responsibility for that refusal.
- Choose your provider of home care services.
- Be assured of confidentiality, to review your records, and to approve or refuse the release of records.
- Have competent and qualified people carry out the services for which they are responsible.
- Voice your grievances and recommend changes without fear of reprisal.
- Report concerns about patient safety without fear of reprisal.
- Be given reasonable notice of discontinuation of service.
- Return any undamaged and properly functioning equipment to Talk To Me Technologies within 30 calendar days of delivery date. Customer assumes return shipping charges. Any equipment payment received will be returned to funding source(s) within 30 days of Talk To Me Technologies' receipt of returned equipment and upon testing for damage and proper function.

CUSTOMER RESPONSIBILITIES – IT IS YOUR RESPONSIBILITY TO:

- Dial "911" whenever a life threatening medical emergency arises.
- Provide complete and accurate information regarding your medical history and billing information.
- Comply with your physician's orders and plan of care.
- Use and care for the equipment provided and not allow use by anyone other than the authorized patient.
- Contact us about any equipment malfunction or defect, and allow our staff to correct the problem.
- Advise us of any changes in your status, including address, medical condition, and billing information.
- Assume payment responsibility for services not covered by your insurance carrier, except when not allowed by law.
- Maintain a safe home environment for the proper utilization of equipment.
- To report to us any concerns about patient safety or occurrences of patient falls.
- Pay for the replacement costs of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.

WARRANTY INFORMATION

TTMT offers *at least* one year of warranty on all of our dedicated speech generating devices. We honor all warranties under applicable State law. We will repair or replace, free of charge any Medicare covered item that is under warranty. Once past warranty, Talk To Me Technologies offers funding-eligible repairs or privately funded repairs, case by case.



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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.

This Notice serves as a notice for Talk To Me Technologies. We will follow the terms of this Notice and may share health information with each other for purposes of treatment, payment and health care operations as described in this Notice and as required under the Health Insurance Portability and Accountability Act of 1996. It also describes your rights as they relate to your PHI. This Notice has been updated in accordance with the HIPAA Omnibus Rule and is effective March 26, 2013. It applies to all protected health information (PHI) as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Talk To Me Technologies; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information may be used or disclosed to:

- Plan your care and treatment.
- Communicate with other providers who contribute to your care.
- Serve as a legal document.
- Receive payment from you, your plan, or your health insurer.
- Assess and continually work to improve the care we render and the outcomes we achieve.
- Comply with state and federal laws that require us to disclose your PHI.

Understanding what is in your record and how your PHI is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your PHI, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property Talk To Me Technologies, the information belongs to you. You have the right to request to:

- Access, inspect and copy your health record. Talk To Me Technologies maintains an electronic medical record ("EMR"). You have the right to access your health record in a machine readable electronic format. You have the right to request an electronic copy of your medical record be given to you or transmitted to another individual or entity. Talk To Me Technologies may charge you a reasonable, cost-based fee for the labor and supplies associated with copying or transmitting the electronic PHI.
- Amend your health record which you believe is not correct or complete. Talk To Me Technologies is not required to agree to the amendment if you ask us to amend information that is in our opinion: (i) accurate and complete; (ii) not part of the PHI kept by or for Talk To Me Technologies (iii) not part of the PHI which you would be permitted to inspect and copy; or (iv) not created by Talk To Me Technologies unless the individual or entity that created the information is not available to amend the information. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.
- Obtain a written accounting of certain non-routine disclosures of your PHI. We are not required to list certain disclosures, including (i) disclosures made for treatment, payment, and health care operations purposes, (ii) disclosures made with your authorization, (iii) disclosures made to create a limited data set, and (iv) disclosures made directly to you. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years prior to the date of your request. If we maintain your medical records in an EMR system, you may request that the accounting include disclosures for treatment, payment and health care operations for the three (3) years prior to the date of such request. You must submit your request in writing to the Privacy Officer. The first list you

request within a 12-month period is free of charge, but Talk To Me Technologies may charge you for additional lists within the same 12-month period. Talk To Me Technologies will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

- Communications of your PHI by alternative means (e.g. e-mail) or at alternative locations (e.g. post office box).
- Place a restriction to certain uses and disclosures of your information. In most cases Talk To Me Technologies is not required to agree to these additional restrictions, but if Talk To Me Technologies does, Talk To Me Technologies will abide by the agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). Talk To Me Technologies must comply with a request to restrict the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations if the PHI pertains solely to a health care item or service for which we have been paid out of pocket in full.
- Revoke your authorization to use or disclose PHI except to the extent that action has already been taken.

Our Responsibilities

Talk To Me Technologies is required to:

- Maintain the privacy of your PHI.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the Notice currently in effect.
- Notify you in writing if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.
- Notify you in writing of a breach where your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person. "Unsecured PHI" refers to PHI that is not secured through the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, such revised Notices will be made available to you.

We will not use or disclose your PHI without your written authorization, except as described in this Notice.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact:

Jordan Miller, Privacy Officer
Talk To Me Technologies
3508 Terrace Drive
Cedar Falls, IA 50613
319-290-1198

If you believe your privacy rights have been violated, you can file a written complaint with Talk To Me Technologies' Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the address. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Treatment: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. To promote quality care, Talk To Me Technologies operates an EMR. This is an electronic system that keeps PHI about you.

Talk To Me Technologies may also provide a subsequent healthcare provider with PHI about you (e.g., copies of various reports) that should assist him or her in treating you in the future. Talk To Me Technologies may also disclose PHI about you to, and obtain your PHI from, electronic PHI networks in which community healthcare providers may participate to facilitate the provision of care to patients such as yourself. Talk To Me Technologies may use a prescription hub which provides electronic access to your medication history. This will assist Talk To Me Technologies health care providers in understanding what other medications may have been prescribed for you by other providers.

Payment: A bill or communication may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, diagnosis, procedures, and supplies used.

Health Care Operations: We may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business Associates: We may contract with third parties to perform functions or activities on behalf of, or certain services for, Talk To Me Technologies that involve the use or disclosure of PHI and disclose your PHI to our business associate so that they can perform the job we've asked them to do. We require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication from Offices: We may call your home or other designated location and leave a message on voice mail, in reference to any items that assist Talk To Me Technologies in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, insurance items and any call pertaining to your clinical care. We may mail to your home or other designated location any items that assist Talk To Me Technologies in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, patient satisfaction surveys and patient statements.

Communication with Family/Personal Friends: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person's involvement in your care or payment related to your care. When a family member(s) or a friend(s) accompany you into the exam room, it is considered implied consent that a disclosure of your PHI is acceptable.

Open Treatment Areas: Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, others may overhear some patient information while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our Privacy Officer.

To Avert a Serious Threat to Health or Safety: We may use your PHI or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual. Talk To Me Technologies may use a single compound authorization to combine conditioned and unconditioned authorizations for research (e.g. participation in research studies, creation or maintenance of a research database or repository), provided the authorization: (i) clearly differentiates between the conditioned (provision of research related treatment is conditioned on the provision of a written authorization) and unconditioned research components; and (ii) provides the individual with an opportunity to opt in to the unconditioned research activities.

Coroners, Medical Examiners and Funeral Director: In the unfortunate event of your death, we may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Deceased Individuals: In the unfortunate event of your death, we are permitted to disclose your PHI to your personal representative and your family members and others who were involved in the care or payment for your care prior to your death, unless inconsistent with any prior expressed preference that you provided to us. PHI excludes any information regarding a person who has been deceased for more than 50 years.

Organ Procurement Organizations: Consistent with applicable law, we may disclose PHI to organ procurement organizations, federally funded registries, or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you by mail, e-mail or text to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we must obtain your prior written authorization for any marketing of products and services that are funded by third parties. You have the right to opt-out by notifying us in writing.

Fund Raising: We may contact you as part of a fund-raising effort. We may also disclose certain elements of your PHI, such as your name, address, phone number and dates you received treatment or services at Talk To Me Technologies, to a business associate or a foundation related to Talk To Me Technologies so that they may contact you to raise money. If you do not wish to receive further fundraising communications, you should follow the instructions written on each communication that informs you how to be removed from any fundraising lists. You will not receive any fundraising communications from us after we receive your request to opt out, unless we have already prepared a communication prior to receiving notice of your election to opt out.

Sale of PHI: Talk To Me Technologies may not “sell” your PHI (i.e., disclose such PHI in exchange for remuneration) to a third party without your written authorization that acknowledges the remuneration unless such an exchange meets a regulatory exception.

Health Oversight Activities: We may release your PHI to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Public Health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Workers Compensation: We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Warranty Registration: We may provide your name and identifying information to a third party regarding your speech-generating device, in order to properly register the warranty.

Law Enforcement: We may disclose PHI for law enforcement purposes as required by law.

Inmates and Correctional Institutions: If you are an inmate or you are detained by a law enforcement officer, we may disclose your PHI to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety at the place where you are confined.

Lawsuits and Disputes: We may disclose your PHI if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

As Required by Law: We may use or disclose your PHI if we are required by law.

YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT

DMEPOS SUPPLIER STANDARDS FOR MEDICARE ENROLLMENT

Below is an abbreviated summary of the standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, including the surety bond provisions, are listed in 42 C.F.R. section 424.57(c) and (d) and can be found at http://www.cms.gov/MedicareproviderSupenroll/10_DMEPOSSupplierStandards.asp#topofpage.

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 cannot 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 C.F.R. section 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. A supplier 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 (unless an exception applies).
23. A supplier 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. A supplier 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 C.F.R. section 424.57(d) (unless an exception applies).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. section 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), physical and occupational therapists or DMEPOS suppliers working with custom made orthotics and prosthetics.

Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

Talk To Me Technologies complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Talk To Me Technologies does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TTMT:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Jordan Miller, Vice President of Client Services, 3508 Terrace Dr, Cedar Falls, IA 50613, Phone: 877-392-2299 ext 702, email: jordan@talktometechnologies.com.

If you believe that TTMT has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jordan Miller is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.