

Medical Release / Assignment of Benefits

I authorize the release of any medical or other information necessary for determining benefits payable for equipment and processing claims by my insurance carrier, accrediting agencies, and any other medical/ insurance entity. If requested, a copy of this authorization will be sent to my insurance company or other medical insurance entity.

I authorize payment of insurance benefits to AbleNet, Inc. for any equipment provided to me. If I fail to provide all insurance information, including Medicare and Medicaid, I understand that I could be held legally responsible for payment in full for all equipment provided. I also understand that I am financially responsible for any charges not covered by my healthcare benefits. *NOTE: You will be notified, in advance, if there are any applicable charges.*

By signing this document, I am authorizing the medical release of information as well as acknowledging that I have Received and understand AbleNet 's Return Policy, Patient Rights and Responsibilities, the Supplier Standards, and the Client Privacy Information.

Client Name:

The individual for whom the device is being requested.

By checking this box and typing my name below, I am electronically signing my acknowledgement.

Signature: Client, Parent, Legal Guardian, Power of Attorney

**Parent / legal guardian signature required if child is a minor*

Relationship to client

PLEASE RETURN COMPLETED FORM

Fax: (651) 294-1002

Online Upload: <https://ablenet.online/Upload>

Client Privacy Information

For your review and records, no need to return to AbleNet.

AbleNet, Inc. is committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with this notice describing the following how your medical information is used and disclosed for your treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

Uses and Disclosures

We use and disclose elements of your Protected Health Information (PHI) in the following ways:

- Treatment: including, but not limited to, inpatient, outpatient or psychiatric care.
- To your treating physician(s).
- Payment: including, but not limited to, asking you about your health care plan(s), or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts, either ourselves or through a collection agency or attorney.
- Health care operations: including, but not limited to, financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.
- Disclosures when release is authorized by law: including, but not limited to, judicial settings and to health oversight regulatory agencies, law enforcement and correctional institutions.
- Uses or disclosures for specialized government functions: including, but not limited to, the protection of the President or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign services.
- In emergency situations or to avert serious health / safety situations.
- If you are a member of the armed forces, we may release medical information about you and your dependents as requested by military command authorities.
- Disclosures of de-identified information.
- Disclosures relating to worker's compensation claims.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organizations that handle organ and tissue donations.
- To public health organizations or federal organizations in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.
- We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization
- We will notify you by e-mail or US Mail of any breaches of your PHI

You have the following rights concerning your protected health information (PHI):

Restrictions

To request restricted access to all or part of your PHI, contact the organization's HIPAA Privacy and Security Officer. We are not required to grant your request and you do not have the right to restrict disclosures required by law. If we do agree, we must honor the restrictions you request.

Rights and Responsibilities

For your review and records, no need to return to AbleNet.

As our customer, you are hereby provided this Bill of Rights. You have the right to be notified in writing of your rights and obligations before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients, including the following:

Customer Rights

As the patient/caregiver, you have the RIGHT to:

- Be treated with dignity and respect.
- Confidentiality of patient records and information pertaining to a patient's care
- Be presented with information at admission in order to participate in and make decisions concerning your plan of care and treatment.
- Be notified in advance of the types of care, frequency of care, and the clinical specialty providing care and be notified in advance of any change in your plan of care and treatment.
- Be provided equipment and service in a timely manner.
- Receive an itemized explanation of charges.
- Express grievance without fear of reprisal or discrimination.
- Receive respect for the treatment of one's property.
- Be informed of potential reimbursement for services under Medicare, Medicaid or other third party insurers based on the patient's condition and insurance eligibility (to the best of the company's knowledge).
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid or other third party insurers (to the best of the company's knowledge).
- Be notified within 30 working days of any changes in charges for which you may be liable.
- Be admitted for service only if the company can provide safe, professional care at the scope and level of intensity needed; if we are unable to provide services then we will provide alternative resources.
- Purchase inexpensive or routinely purchased durable medical equipment.
- Expect that we will honor the manufacturer's warranty for equipment purchased from us.
- Receive essential information in a language or method of communication that you understand.
- Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
- To be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Access, request an amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law.

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Rights and Responsibilities Continued from page 1

Customer Responsibilities

As the patient/caregiver, you are RESPONSIBLE for:

- Notifying the company of change of address, phone number, or insurance status.
- Notifying the company when service or equipment is no longer needed.
- Notifying the company in a timely manner if extra equipment or services will be needed.
- Participating in the plan of care/treatment.
- Notifying the company of any change in condition, physician orders, or physician.
- Notifying the company of an incident involving equipment.
- Meeting the financial obligations of your health care as promptly as possible.
- Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health.
- Your actions if you do not follow the plan of care/treatment.

Our Rights

As your provider of choice we have the right to:

- Terminate services to anyone who knowingly furnishes incorrect information to our company to secure durable medical equipment.
- To refuse services to anyone who during direct care is threatening, intoxicated by alcohol, drugs and/or chemical substances and could potentially endanger our staff and patients.

Supplier Standards

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- In emergency situations or to avert serious health / safety situations.
- If you are a member of the armed forces, we may release medical information about you and your dependents as requested by military command authorities.
- Disclosures of de-identified information.
- Disclosures relating to worker's compensation claims.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
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Federal Supplier Standards

The products and/or services provided to you by AbleNet, Inc are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c).

These

standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

About Your QuickTalker Freestyle Warranty and Return Policy

For your review and records, no need to return to AbleNet.

QuickTalker Freestyle

AbleNet provides a variety of ways to learn more about your device. Included with your product is a Quickstart Guide / Manual. You will find resources at <https://www.ablenetinc.com>. The product page includes a downloadable version of the product manual and other product information.

Customer Service and our technical support department are available to answer questions in a variety ways.

- You can call (800) 322-0956, Monday through Friday from 8:00am – 5:00pm CST. Closed on Saturday and Sunday.
- Customer Service E-mail: customerservice@ablenetinc.com
- Technical Support E-mail: techsupport@ablenetinc.com

Warranty

AbleNet, Inc. will honor all manufacturers' warranties under applicable state law.

Returns

AbleNet offers a 30-day money back guarantee if our products do not meet your needs or expectations. Products must be in new and unused condition to honor this service; if not, restocking fees may apply. Some exceptions may apply such as custom built products, software, or special ordered items are non-refundable – or indicated products (pneumatic switch, etc).

Please contact AbleNet Customer Service at (800) 322-0956 for inquiries about a return or a return authorization number (RT).

AbleNet, Inc.
2625 Patton Road
Roseville, MN 5113

Client Complaint Procedure Information

For your review and records, no need to return to AbleNet.

Complaint Procedures:

AbleNet, Inc. provides a process for client's to lodge an oral, written, or telephone complaint about the products and services provided. AbleNet, Inc. has a complaint resolution system for identifying, responding to, and resolving complaints in a timely manner. A client complaint form is available.

A summary of the complaint must include:

- Date received
- Name of the person receiving the complaint
- A summary of actions taken to resolve the complaint
- If an investigation is not conducted, the name of the person who made that decision, along with the reason for not conducting an investigation
- Signature of supervisor

All employees are trained in how to handle complaints. Copies of all complaints and investigations are kept on-file for at least three years. All complaints are summarized and presented to Executive Management quarterly.

If you have a complaint, please contact us at 1-800-322-0956. Additionally, you may contact the Centers for Medicare and Medicaid Services (CMS) at 1(800) MEDICARE, if needed.

You may also contact our accreditation provider if needed. Our accreditation provider is Health Care Quality Association on Accreditation and can be reached at 1-866-909-4722.

EMERGENCY PREPAREDNESS

AbleNet, Inc. has a comprehensive emergency preparedness plan in case a disaster occurs.. Our goal is to continue to service your health care needs. It is your responsibility to contact us regarding any supplies you may require when there is a threat of disaster or inclement weather.