

Barney's Pharmacy Medical Equipment & Supplies



2604 Peach Orchard Road
Augusta, GA 30906
Phone: 706-849-3450
Fax: 706-798-0377

Patient Information Packet

DME Specialists

Karen Davis
Leah Story
Lisa Holliday
Jessica Sutton
Rena' Turner
Amber Wade
Amy Whitaker
Chad Hoffman

Barry S. Bryant, R.Ph.
Owner

Insurance billing is provided for many of our patients. All patients requesting this service must present a valid prescription, including a valid diagnosis code if applicable, from a licensed physician and proof of eligibility from the insurance plan to be billed. We accept referrals from licensed physicians. If we are unable to provide services for a referred patient, the physician's office will be notified within five (5) calendar days.

Mission Statement

The mission of Barney's Pharmacy is to serve the greater Augusta area with a Christian heart. We provide efficient, affordable services as we strive to promote the profession of pharmacy through education and ingenuity. In accomplishing our mission, we are mindful of our responsibility to our community to practice business morally and ethically.

Return Policy

- Most items purchased from Barney's Pharmacy may be returned within thirty (30) days of purchase (per the date on the delivery ticket/register receipt) provided the item has not been used or worn. Customer must present valid store receipt or copy of delivery ticket at the time of return.
- If the item being returned was billed to the customer's insurance company, the claim will be reversed and Barney's Pharmacy will refund the insurance company directly if payment has been made. No monies will be given to the customer directly for items billed to an insurance company.
- Returns will not be accepted on items that are being returned because a secondary insurance did not pay.
- Exchanges, returns and/or refunds will not be granted on custom made or off the shelf garments, to include hosiery, unless there is a manufacturer's defect or recall.


Equipment Warranty

Every product sold or rented by our Company carries a manufacturer's warranty. Typically, this warranty is one year from the date of purchase. The specific terms, conditions and time period for coverage will be disclosed to the end user upon purchase via equipment packaging/manual that accompanies the equipment. Most warranties apply to manufacturer defect only and do not apply to cases of misuse, abuse, neglect, normal wear and tear, acts of God(fire/flood) or improper or unauthorized repair attempts. The Company will honor all warranties under applicable law.

Client Information

- After-Hours Services: The after hours phone number is (706) 240-4300. Only equipment requiring emergency maintenance or replacement (i.e. life sustaining) will be serviced after hours with via a home visit by a technician.
- Complaint Procedure: You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. The company telephone number is (706) 798-5645. When you call, ask to speak with the Pharmacy Manager or Administrator.
- Barney's Pharmacy has a formal grievance procedure that ensures that your concerns shall be documented and reviewed within (24) hours and an investigation started within (5) calendar days. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance.

If you feel the need to further discuss your unresolved concerns, dissatisfaction or complaints with other than Barney's Pharmacy staff, contact the Georgia State Office of the Attorney General, 40 Capitol Square, SW, Atlanta, Ga 30334, **Phone:**(404) 656-3300 **Fax:**(404) 657-8733.

The products and/or services provided to you by supplier legal business name or DBA 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 from the [U.S. Government Printing Office website](#)  . Upon request we will furnish you a written copy of the standards.

BILL OF PATIENT RIGHTS AND RESPONSIBILITIES

Home care clients have a right to be notified in writing of their rights and obligations before treatment has begun. The client's family or guardian may exercise the client's rights when the client has been judged incompetent. Home care providers have an obligation to protect and promote the rights of their clients, including the following rights.

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 the types of care, frequency of care, and the clinical specialty providing care.

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.

Be informed of company ownership.

Express grievances without fear of reprisal or discrimination.

Receive respect for the treatment of one's property.

Refuse or discontinue service or equipment (with timely removal of equipment) within the confines of the law and be informed of the consequences of this action

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 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 the company is unable to provide care then the company will provide alternative resources.

Rent or purchase inexpensive or routinely purchased durable medical equipment.

Have the manufacturer's warranty for equipment purchased from the Company honored.

Have equipment rented from the Company repaired or replaced at no cost when such repairs are not due to neglect/abuse.

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.

Patients have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.

The patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law.

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 when you will not be available for services.

Notifying the Company in a timely manner if extra equipment or services will be needed.

Participation as agreed in the plan of care/treatment.

Notify the Company of any change in condition, physician orders, or physician.

Notifying the Company of needed medical equipment repair.

Notifying the Company of an incident involving clinicians or equipment.

Notifying the Company in a timely manner prior to discharge.

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 refuse treatment or do not follow the plan of care.

Providing a safe environment for our staff to perform the services outlined in your plan of care.

BARNEY'S PHARMACY
2604 PEACH ORCHARD ROAD
AUGUSTA, GA 30906
706-798-5645

**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.

DATE OF NOTICE: APRIL 1ST, 2003

SECTION A: Uses and Disclosures of Protected Health Information

1. Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as "Protected Health Information"). We are also required to provide you with this Notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent information in your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services, such as when your case is reviewed to ensure that appropriate care was rendered. For reimbursement purposes, your Protected Health Information may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and computer switching companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement; provider review and training; underwriting activities; reviews and compliance activities; and planning, development, management and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records *daily on-site*, and employ other precautions to safeguard the integrity of your Protected Health Information. In spite of these precautions it is possible but unlikely that a computer crash or other technological failure could cause the loss of data. In addition reasonable safeguards are employed to protect your Protected Health Information stored on electronic media.

In addition, we may contact you to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you. In addition, we may disclose your health information to your plan sponsor. In addition we may contact you for the purpose of fund raising activities.

We may use and disclose your Protected Health Information, without your authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health Information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

From time to time we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create Protected Health Information. Business associates are required to comply with all the privacy regulations on your behalf.

We may disclose Protected Health Information about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities and as required by law.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described in Section B.

2. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.
3. You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers, for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request please contact, in writing:

BARNEY'S PHARMACY
ATTN: Melissa Miller, Privacy Officer
2604 Peach Orchard Road
Augusta, Ga. 30906

4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this Notice and the disclosure of Protected Health Information as outlined herein. This information may be disclosed by us to other persons who ask for you or your prescriptions by name. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgment of the receipt of this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.
5. We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition we may use or disclose the Protected Health Information to notify, identify, or locate a member of your family, your personal representative, another person responsible for care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick-up filled prescriptions, or other similar forms of Protected Health Information.
6. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this Notice by contacting us as outlined in Section B or upon the receipt of pharmacy care services.
7. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section B or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.



Barney's Pharmacy

A Medicare & Medicaid (GA) Provider
Contracted Provider with Most Insurance Plans

***Come home to Barney's, where you are
"more than just a prescription"***

Phone: 706-798-5645

Fax 706-790-9891

2604 Peach Orchard Road, Augusta, GA 30906

Open Monday through Friday 9:00am to 7:00pm

Saturday 9:00am to 4pm

We accept cash, checks (with valid I.D.) and all major credit cards.

MEDICAL SUPPLIES/SERVICES

- Ostomy, Urological and Enteral Feeding Supplies
- Ostomy Support Group
- Wound Dressing Supplies & Incontinence Products
- Diabetic Supplies and Diabetes Educational Seminars
- Certified Fitter On Staff for Mastectomy Garments
- Nebulizers
- Compression Stockings
- Breast Cancer Support Group, Ostomy Support Group & Healthy Heart Club

PRESCRIPTIONS

Custom Prescription Compounding

Blister Packaging Available

Delivery available in Richmond/Columbia Counties