

COMPLAINT POLICY

WHB takes great pride in our reputation for quality and excellent value and services. If for any reason you are dissatisfied with a purchase or service, please call the boutique and ask for the manager, or call 800.525.2420 and ask for the owner, Vicki D. Jones.

RIGHTS AND RESPONSIBILITIES OF THE CUSTOMER

As an individual receiving products/ services from WHB, let it be known and understood that you have the following rights:

- To select those who provide you with products and services.
- To receive appropriate or prescribed services or products in a professional manner without discrimination to your age, sex, race, religion, ethnic origin, sexual preference, physical and mental handicap.
- To be treated with dignity, friendliness, courtesy and respect, by each and every individual representing the company who provides services or products for you.
- To express concerns and grievances or recommend modifications to our company without fear or reprisal.
- To request and receive complete and updated information for your medical physician and insurance company and yourself as needed.
- To receive products and services within the limits of the physicians orders.
- To refuse services and products.
- To receive data regarding costs, billing and reimbursement, return policy and warranties.
- To keep confidential your medical records and to release medical record information as needed to physicians and insurances your medical information needed for care, services and or billing.
- To provide complete and accurate information with regards to your health, when appropriate to services and product needs.
- To inform staff members as appropriate of illnesses and injuries that may effect your health care plan.
- To involve yourself, as needed and as able, in developing, carrying out, and modifying your plan such as proper use, storage and cleaning of your equipment or products.
- To request additional assistance or information on any product or service you may need.
- To notify your physician when you are having difficulty following such orders.
- To notify WHB prior to changing your place of residence or phone numbers.
- To notify WHB of any trouble with billing and or your products or equipment.
- To make a conscious effort to properly care for the products and/or equipment supplied and to comply with the aspects of your health plan your physician has developed for you.

WHB PRIVACY NOTICE

- ~ Your confidential healthcare information (PHI) may be released to other healthcare professionals within WHB for the purpose of providing you with quality healthcare.
- ~ Your PHI may be released to your insurance provider for the purpose of WHB receiving payment for providing you with needed healthcare services.
- ~ Your PHI may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- ~ Your PHI may be released to other healthcare providers in the event you need emergency care.
- ~ Your PHI may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- ~ Your PHI may not be released for any other purpose than that which is identified in this notice.
- ~ Your PHI may be released only after receiving written authorization from you. You may revoke your permission to release PHI at any time.
- ~ You may be contacted by WHB to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- ~ You may be contacted by WHB for the purposes of raising funds to support WHB's operations.
- ~ You have the right to restrict the use of your PHI. However, WHB may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- ~ You have the right to receive confidential communication about your health services.
- ~ You have the right to review and photocopy any/all portions of your healthcare information.
- ~ You have the right to make changes to your healthcare information.
- ~ You have the right to know who has accessed your PHI and for what purpose.
- ~ You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- ~ WHB is required by law to protect the privacy of its customers. It will keep confidential any and all PHI and will provide customers with a list of duties or practices that protect PHI.
- ~ WHB will abide by the terms of this notice. WHB reserves the right to make changes to this notice and continue to maintain the confidentiality of all PHI. CUSTOMERS will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- ~ You have the right to complain to WHB if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to WHB.
- ~ All complaints will be investigated and you will receive a follow-up call or letter of corrective action plan.
- ~ For further information about this privacy notice, please contact WHBoutique Inc., Vicki D. Jones at 903-758-9904.
- ~ This notice is effective as of Date of Effectiveness. This date must not be earlier than the date on which the notice is printed or published.