

## NOTICE OF PRIVACY POLICY

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.

**OUR PLEDGE REGARDING PATIENT INFORMATION** - The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. We do not sell customer information. We require our employees and other organizations providing services to customers on our behalf to protect the confidentiality of our customer information. We guarantee former and prospective patients the same protection as existing customers with respect to the use of personal information. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

**OUR LEGAL DUTY – Law Requires We:** (a) Keep your information private; (b) Give you this notice describing our legal duties, privacy practices, and your rights regarding your privacy information; (c) Follow the terms of the notice that is now in effect.

**We Have The Right To:**

Change our privacy practices and the terms of this notice at any time, provided that the law permits the changes.

Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

**Notice of Change to Private Practices:** Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

**Use and Disclosure of your Personal Information –** The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed, however, we have listed a few. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

**For Treatment:** We may use medical information about you to provide you with durable medical equipment services. We may disclose medical information about you to technicians or other people who are taking care of you. We may also share medical information about you to your other healthcare providers to assist them in treating you (i.e. physical therapists).

**For Payment:** We may use and disclose your medical information for payment purposes.

**For Health Care Operations:** We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

**Facility Directory:** We collect and use your information to administer our business, to advise you about our products and services. We may collect and maintain several types of information needed for these purposes. These would include: Your Name, Address, Home Phone, Work Phone, Employer, Employer Address, Social Security Number, Date of Birth, Person to contact in case of an emergency and Insurance Information. We maintain physical, electronic and organizational safeguards to protect customer information. We continually are reviewing our policies and practices, monitoring our computer networks and testing the strength of our security in order to help us ensure the safety of our customer information.

**Court Orders, Judicial and Administrative Proceedings:** We may disclose information in response to a court, administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your information with law enforcement officials. We may share information with the law enforcement official concerning the information of a suspect, fugitive, material witness, crime victim or missing person.

**Worker's Compensation:** We may disclose information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**YOUR INDIVIDUAL RIGHT – You Have A Right To:**

- (a) Get copies of your information. This information will be photo-copied, however, you may request that we provide copies in a format other than photocopies. We will use the forms you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge you fifty cents for each page, and postage if you would like the copies mailed to you. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
- (b) Receive a list of all the times we shared your medical information for purposes other than treatments, payment and health care operations and other specified exemptions.
- (c) Request that we place additional restrictions on the use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreements (except in the case of an emergency).
- (d) Request that we communicate with you about your information by different means or to different locations. Your request that we communicate your information to you or by different means or at different locations must be made in writing to the contact person listed at the end of this notice. If your request requires a charge, you will be notified prior to the information being processed.
- (e) Request that we change your information. This request also must be made in writing.

**QUESTIONS AND COMPLAINTS –** If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. Our telephone number is listed on this brochure and you may also contact our HIPAA Compliance Officer. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you do choose to file a complaint.

**OUR COMMITMENT TO YOU**

We value you as a customer and take your personal privacy seriously. We will inform you of our policies and procedures for collecting, using, securing, and sharing non-public personal information the first time we do business and every time you are a customer.