

Notice of Privacy Practices – HIPAA

Purpose of this notice

This notice describes the ways in which we may use and disclose medical information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

Legal Requirements

The law requires us to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Obtain acknowledgment of receipt of this notice from you;
- Follow the terms of the notice that currently is in effect;
- Change the notice only in accordance with federal rules; and
- Provide our internal complaint process for privacy issues to you.

Who will follow our Privacy practices?

This notice describes PSMS's and that of all its employees, staff and other personnel. All PSMS's entities that have common ownership and/ or control. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

Our pledge

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services that we provide to you. We need this record to provide you quality care and to comply with certain legal requirements. This notice applies to all of the records of your care we generate. This notice also applies to other health information about you, such as information collected with your authorization during research studies. Your personal doctor and other entities providing products or services to you may have different policies or notices regarding their use and disclosure of your medical information.

Your rights

You're Right to Inspect and Copy. You have the right to inspect, request a summary and obtain a copy of your medical information about you or your care. Please submit a request in writing. We may charge a reasonable fee for the costs of copying, mailing and preparing an explanation or summary of the medical information associated with your request. We may deny your request to inspect and obtain copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed medical professional will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

You're Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Your Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This accounting is a list of the disclosures made for treatment, payment or PSMS's health care operations, disclosures that you have previously authorized us to make or other disclosure accounting required by Federal law. Your request must state a time period, which may not be longer than six years and may not include dates before January 1, 2004. Your request should indicate in what form you want the list, such as on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Your Right to Request Restrictions. You have the right to request restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request unless the information is needed to provide you emergency treatment. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both;
- To whom you want the limits to apply, for example, disclosures to your spouse.

Your Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Your Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at anytime. Even if you have agreed to receive this notice electronically, you are still entitled to receive a paper copy of this notice.

How we may use and disclose medical information

The following categories describe different ways that we are permitted to use and disclose medical information as a health care provider, although certain of these categories may not apply to our business and we may not actually use or disclose your medical information for such purposes.

- **For Treatment** – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your physician, home health agency, and/or any other therapist who

are involved in taking care of you. Family members, clergy or others we use to provide services that are part of your care.

- **For Payment** – We may use and disclose medical information about you so that the treatment and services we provide you may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations** – We may use and disclose medical information about you for our health care operations. These uses and disclosure are necessary to run our company and make sure that all of our patients receive quality care. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information for review and learning purposes. We may remove information that identifies you from this set of information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Delivery Reminders** - We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.
- **Treatment Alternatives** - We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services** - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for your care** - We may release medical information about you to a friend or family member who is involved in your medical care or payment for such care. We may also notify your family member, personal representative or another person responsible for your medical care regarding your location, general condition or death. In addition, we may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research** - Under certain circumstance, we may use and disclose medical information about you for research purposes. Before we use or disclose information for research, the project will have been approved through this research approval process. We will almost always ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **As Required by Law** - We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure however would only be to someone able to help prevent the threat.

Special situations

- **Military and Veterans** – if you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate military authority.
- **Worker’s Compensation** – We may release medical information about you for worker’s compensation or similar programs that provide benefits for work related injuries or illness.
- **Public Health Activities** – We may disclose medical information about you for public health activities such as:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;

- To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law.
 - **Judicial and Administrative Proceedings** – If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute. An effort will be made to tell you about the request or to obtain an order protecting the information requested.
 - **Law Enforcement** – We may release medical information if asked to do so by law enforcement officials: In response to a court order, subpoena, warrant, summons or similar process; To identify or locate suspect, fugitive, material witness, or missing person; About the victim of a crime under certain circumstances; About a death we believe may be the result of criminal conduct; In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
 - **Coroners, Medical Examiners and Funeral Directors** – We may release medical information that may be necessary to identify a deceased person or determine the cause of death.
 - **National Security and Intelligence, Protective Services for the President and Others** – We may release medical information about you to authorized federal officials.
 - **Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
 - **Organ and Tissue Donation** – If you are an organ and tissue donor, we may release medical information to organizations that handle organ and tissue procurement.
 - **Sales of Business Assets** – We reserve the right to transfer medical information about you to a third party in conjunction with the sale of our company or certain assets belonging to our company.

Change to this Notice

We reserve the right to change this notice at anytime. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as information we receive in the future. A copy of this notice is posted in all of our offices and location of business.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the secretary of the Department of Health and Human Services. All complaints must be submitted in writing. There is no penalty for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at anytime. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. It is understood by you that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Where to Send Written Requests

Please send all requests in writing to:

Personal Support Medical Suppliers, Inc.

270 Geiger Road, Suite F

Philadelphia, PA 19115

Att: Quality Assurance Department.