

## **MOBILITY WAREHOUSE** **NOTICE OF PRIVACY POLICIES**

**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.**

Mobility Warehouse is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of our legal duties and privacy notices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This is permitted or required by law. The Notice also describes your rights with respect to PHI about you.

### **Your Health Information Rights**

You have the following rights with respect to PHI about you:

Obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact **Mobility Warehouse, 106 Rock Quarry Road Suite E, Stockbridge, GA 30281 or call (770-507-6008)** and leave your name and address.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restriction on our use or disclosure of PHI about you by sending a written request to Mobility Warehouse, Attn: Privacy Officer. We are not required to agree to those restrictions.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as we maintain the PHI. The designated record set usually will include medical and billing records. To inspect or copy PHI about you, you must send a written request to the Mobility Warehouse, Attn: Policy Officer. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to you statement.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003 for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions and limitations. To request an accounting, you must submit a request within a 12 month period will be provided free of charge, but you may be charged for the cost of provided additional accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communications of PHI about you, you must submit a request in writing to the Mobility Warehouse, Attn: Policy Officer. Your request may state how or where you would like to be contacted. We will accommodate all reasonable requests.

### **Examples of How We May Use and Disclosure PHI**

The following are descriptions and examples of ways we use disclose PHI:

**Payment:** For example, we will contact your insurer or pharmacy benefit manager to determine whether or not it will pay for your equipment. We will bill you or a third-party payor for the cost of equipment dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the equipment you are using.

**Health care operations:** For example, we may use information in your health record to monitor the performance of the medical provider treating you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We are also permitted to use or disclose your PHI for the purposes. However, we may never have reason to make some of these disclosures.

**Business associates:** There are some services provided by us through contracts with third parties, which are known as "business associates". When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and, if applicable, bill you or your third-party payor of services rendered. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

**Communication with individuals involved in your care or payment for your care:** Health professionals such as pharmacist, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify. PHI relevant to that person's involvement in your care or payment related to your care. For example, we may allow a friend or family member to pick up medical equipment on your behalf.

**Food and Drug Administration (FDA):** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Worker's compensation:** We may disclose PHI about you as authorized by and as necessary to comply with laws related to worker's compensation or similar programs established by law.

**Public Health:** As required or permitted by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law enforcement:** We may disclose PHI about you for law enforcement purpose as required by law or in response to a valid subpoena or other legal process.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights law.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discover request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to notify you about the request or to obtain protecting the requested PHI.

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that had reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners, and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation or organs for the purpose of tissue donation and transplant.

**Notification:** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

To avert a serious threat to health or safety: We may use and disclose PHI 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.

**Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**National security and intelligence activities:** We may release PHI about you to authorize federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others:** We may disclose PHI about you to authorize federal official so they may provide protection to the President, other authorized persons to foreign heads of state or conduct special investigations.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else of the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

#### **Other Uses and Disclosures of PHI**

We will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon request of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

#### **Minors**

If you are minor who has lawfully provided consent for the treatment and you would like Mobility Warehouse, to the extent permitted by your state's laws, to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify Mobility Warehouse.

#### **For More Information or to Report a Problem**

If you have questions or would like additional information about Mobility Warehouse privacy practices, you may contact the Privacy Officer at Mobility Warehouse, 106 Rock Quarry Rd., Stockbridge, GA 30281. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.