



CARE MEDICAL & REHABILITATION EQUIPMENT NOTICE OF PRIVACY PRACTICES

This notice describes the privacy practices of Care Medical & Rehabilitation Equipment, its employees, staff, personnel and subsidiaries. Please review this notice carefully.

SECTION 1. OUR COMMITMENT TO YOUR PRIVACY: Our organization is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your PHI. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time. To summarize, this notice provides you with the following information:

- How we may use and disclose your PHI
- Our obligations concerning the use and disclosure of your PHI
- Your rights related to your PHI

SECTION 2. CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI that we already have about you, as well as any PHI we receive in the future, as of the effective date of the revised notice. We will post a copy of the current notice in our offices in a prominent location. Upon request, we will provide you with a copy of any revised notice of privacy practices. In order to request a revised notice, you must call or write to Care Medical's Privacy Office as identified in Section 6.

SECTION 3. HOW WE MAY USE & DISCLOSE YOUR PHI: The following describe the ways we may use and disclose your PHI:

1. Treatment. We may use your PHI to treat you. For example, we may use your diagnosis to help determine the medical equipment appropriate to your health care needs. We may disclose your PHI to others who may assist in your care, such as your physician, therapist, home health agency or caregiver that provides services to you. We may also use and disclose your PHI to contact you to remind you of a scheduled delivery or appointment or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

2. Payment. We may use and disclose your PHI so that the equipment or services you receive may be billed and payment collected from you, an insurance company or third party. For example, we may need to give your health plan information about services or equipment you receive so your plan will pay us or reimburse you. 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. In the event that you do not pay your bill with our company, we may disclose the minimum necessary information to obtain payment via a collection agency.

3. Health Care Operations. We may use and disclose your PHI to operate our business. For example, we may use your information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our organization.

SECTION 4. OTHER USES & DISCLOSURES OF PHI: Other than for the purposes listed in Section 3, we may disclose your PHI only when: (1) you sign an Authorization form; or (2) there are special circumstances as described in Section 5. If you sign an Authorization form you may revoke that Authorization at any time by submitting a written request to Care Medical's Privacy Office as identified in Section 6. Your revocation will become effective upon its receipt by us and we will no longer use or disclose information about you for the reasons covered in your Authorization but we cannot take back any uses or disclosures already made with your permission.

SECTION 5. SPECIAL CIRCUMSTANCES: There are circumstances where we are permitted under federal or state law to use or disclose your PHI without your Authorization. The following describes these situations:

1. Business Associates. We may contract with a business associate so they may perform certain functions or activities on our behalf. We may disclose PHI to these business associates, as necessary, so they can perform the job we have asked them to do. Business associates must agree to safeguard your PHI.

2. Required By Law. We may use and disclose your PHI to the extent that the use or disclosure is required by federal and/or state law. The use or disclosure will be made in compliance with all applicable laws.

3. Others Involved In Your Healthcare. If you are present and coherent, we may disclose your PHI to family and friends involved in your medical care when you agree or do not object or we can reasonably infer that you agree. If you are not present or are incapacitated, we can disclose certain medical information to family and friends when we determine the disclosure would be in your best interest. We may also disclose your PHI to an entity assisting in disaster relief efforts so your family can be notified about your condition, status or location.

4. Public Health Risks. We may disclose your PHI to public health authorities authorized by law to collect information for the purpose of (1) reporting abuse, neglect or domestic violence; (2) preventing or controlling disease, injury or disability; (3) notifying a person regarding a potential risk for spreading or contracting a disease or condition; (4) reporting reactions to drugs or problems with products or devices; and (5) notifying individuals if a product or device they may be using has been recalled.

5. Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit and regulatory programs, and civil rights laws.

6. Lawsuits and Similar Proceedings. We may use and disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

7. Law Enforcement. We may release PHI in compliance with the law, for law enforcement purposes. These law enforcement purposes include: (1) legal processes mandated by law; (2) limited information requests for identification and location of a suspect, fugitive, material witness, or missing person; (3) investigations pertaining to victims of crimes; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the organization; (6) in an emergency to report a crime (including the location of victim(s) of the crime and identity or location of the perpetrator).

8. Inmates. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of others.

9. Workers' Compensation. We may release your PHI for workers' compensation and similar programs.

10. Specialized Government Function. We may disclose your PHI to authorized units of the government with special functions, such as the U.S. Military or U.S. Department of State. Your PHI would be provided to federal officials for the purpose of intelligence, counterintelligence and other national security activities.

SECTION 6. YOUR RIGHTS: You have rights regarding the PHI that we maintain about you. The following is a brief description of your rights and how you may exercise those rights:

1. Care Medical Privacy Office. If you have any questions regarding Care Medical's Notice of Privacy Practices or wish to exercise any of your rights related to your PHI, please contact our Privacy Office

Care Medical Equipment Privacy Office
1877 NE 7th Avenue
Portland, Oregon 97212
(503) 335-9120

2. Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care, including medical billing records. To inspect and copy your medical information, you may submit a request in writing to our Privacy Office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and copy if: (1) we have reasonably determined that providing you access to the information would endanger your life or safety or cause substantial harm to you or another person; or (2) the information references another person and we do not have the required Authorization to disclose. If we deny your request, we will notify you in writing and provide you with the opportunity to request a review of the decision by an appropriate healthcare professional.

3. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Care Medical's Privacy Office specifying the requested method of contact, or the location where you wish to be contacted. We will not ask you the reason for your request and we will accommodate all reasonable requests.

4. Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare 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. Although we will consider your request carefully, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may make your request in writing to our Privacy Office. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

5. Right to Amend: You have the right to ask us to amend your health information if you believe that it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment you may make your request in writing to our Privacy Office. In this request, you must identify: (1) which information you seek to amend; (2) what corrections you would like to have made; and (3) why the information needs to be amended. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by us; (3) is not part of the information which you would be permitted to inspect or copy; or (4) is accurate and complete. We will provide a written response to your request. We will either; (1) agree to make the amendment; or (2) inform you of our refusal to make the amendment, explain our reason and outline any procedure that may be available for you to appeal. If we do not make the requested amendment, you may file a concise statement of your disagreement in your medical file.

6. Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This right does not apply to: (1) disclosures made for treatment, payment or healthcare operations as described in Section 3 of this notice; (2) disclosures we have made to you; or (3) disclosures we have made to family or friends involved in your care. To request this list of accounting of disclosures, you may make your request in writing to our Privacy Office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request must indicate in what form you want the list (for example, 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 of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs have incurred.

7. Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with Care Medical or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint. To file a complaint with Care Medical you may write or call our Privacy Office.

8. Right to a Paper Copy of this Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy at any time by contacting our Privacy Office at (503) 335-9120.

SECTION 7. GENERAL INFORMATION: We have created appropriate physical, technical and administrative safeguards to protect the confidentiality of your PHI. We do offer you the ability to communicate with us by electronic mail (e-mail). Due to the lack of a standard encryption protocol, it is not at this time practical for us to encrypt e-mail communications, we advise you to communicate PHI with us by regular mail or by telephone. If you choose to communicate PHI with us by e-mail, please include your first and last name and date of birth in the body of the message. We will treat your communications as representing your consent for us to respond via e-mail with communications that may include PHI. **If you have any questions or need further information about this notice, you can write the Privacy Office, Care Medical & Rehabilitation Equipment, 1877 NE 7th Ave., Portland, Oregon 97212 or call (503) 335-9120.**