

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. IF YOU RECEIVE SERVICES FROM OTHER HEALTH CARE PROVIDERS, INDEPENDENT OF CARE MEDICAL & REHABILITATION EQUIPMENT, THOSE PROVIDERS WILL BE USING THEIR OWN PRIVACY PRACTICES AND NOTICE.

Section 1. Our Commitment to Your Privacy

Care Medical & Rehabilitation Equipment is dedicated to maintaining the privacy of your protected health information. 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 are also required by law to provide you with this notice of our legal duties and privacy practices concerning your protected health information. By law, we must follow the terms of our current notice of privacy practices.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your protected health information
- Your privacy rights related to your protected health information
- Our obligations concerning the use and disclosure of your protected health information

Section 2. Changes to the Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you, as well as any information 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 your 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 six.

Section 3. How We May Use or Disclose Your Protected Health Information

The following categories describe different ways in which we may use and disclose your protected health information:

- A. Treatment:** Care Medical & Rehabilitation Equipment may use and disclose your protected health information to treat you. For example:
- We may use your diagnosis to help determine the medical equipment appropriate to your health care needs.
- Care Medical Equipment may use and disclose your protected health information to others who assist in your care to coordinate and/or manage your treatment.
- For example, we may disclose your protected health information, as necessary, to a physician, therapist, home health agency or caregiver that provides services to you.
- Appointment Reminder: We may use or disclose your protected health information, as necessary, to contact you to remind you of your scheduled delivery or appointment.
- Health-Related Services or Treatment Alternatives: We may use or disclose your protected health information to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- B. Payment:** We may use or disclose your protected health information so that the treatment and services you receive may be billed and payment may be 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 health 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.
- C. Healthcare Operations:** We may use or disclose your protected health information to operate our business. For example, Care Medical may use your health information to evaluate the quality of care you receive from us to conduct cost-management and business planning activities for our organization.

Section 4. Other Uses and Disclosures of Health Information

Other than for the purposes listed in Section 3 above, we may disclose your protected health information only when: (1) you sign an Authorization form or (2) there are special circumstances as described below in section five.

If you give us Authorization to use or disclose health information about you, you may revoke that Authorization at any time by submitting a written request to, Privacy Office, Care Medical & Rehabilitation Equipment, 1877 NE 7th Ave., Portland, OR 97212.

Your revocation will become effective upon its receipt by us. If you revoke your Authorization, 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 - Without Your Authorization

There are special circumstances when we are permitted under federal or state law to use or disclose your medical information without your Authorization. The following explains what these special circumstances are:

- A. Business Associates:** We may contract with a business associate so they may perform certain functions or activities on our behalf. When services are contracted, we may disclose protected health information, as necessary, so they can perform the job we have asked them to do. Business Associates must agree to safeguard your protected health information.
- B. Others Involved in Your Healthcare:** Unless you object, we may release your protected health information to a friend or family member who is involved in your medical care. We may also tell your family or friends about your condition. In addition, we may disclose your protected health information to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status or location. If you are present and coherent, we may disclose your protected health information to family and friends 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 that the disclosure would be in your best interest.

- C. Required By Law:** We may use and disclose your protected health information to the extent that use or disclosure is required by federal and/or state law. The use or disclosure will be made in compliance with applicable laws.
- D. Public Health:** We may disclose your protected health information to federal and state authorities who are permitted by law to collect or receive protected health information for a number of purposes which include: (1) preventing or controlling disease, injury or disability; (2) notifying a person regarding potential exposures to a communicable disease; (3) notifying a person regarding a potential risk for spreading 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.
- E. Health Oversight:** We may disclose protected health information to a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws. These activities are necessary for the government to monitor the health care system and to ensure compliance with federal laws.
- F. Workers' Compensation:** Your protected health information may be disclosed by us as required by or as permitted by workers' compensation laws and other similar legally-established programs.
- G. Abuse or Neglect:** If we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable state and federal laws.
- H. Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- I. Law Enforcement:** We may disclose protected health information 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 persons; (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; and (6) in an emergency to report a crime (including the location of victim(s) of the crime or the description, identity or location of the perpetrator).
- J. Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release your protected health information to the correctional institution or law enforcement official. This would be necessary: (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, and (3) for the safety and security of the correctional institution.
- K. Specialized Government Function:** We may disclose your protected health information to authorized units of the government with special functions, such as the U.S. Military or the U.S. Department of State. Your protected health information would be provided to federal officials for purposes of intelligence, counterintelligence and other national security activities authorized by law.

Section 6. Your Rights

The following is a statement of your rights with respect to your protected health information that we maintain and a brief description of how you may exercise these rights:

- A. 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 medical information that may be used to make decisions about you, you may submit a request in writing to, Privacy Office, Care Medical & Rehabilitation Equipment, 1877 NE 7th Ave., Portland, OR 97212. If you request a copy of the information, we may charge a fee of .83 cents per page for the first thirty pages and .63 cents per page for all additional pages. A response will be made within 15 days from the date the written request is received.

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 health care professional.

- B. 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, Privacy Office, Care Medical & Rehabilitation Equipment, 1877 NE 7th Ave., Portland, OR 97212. 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.

- C. Right to Request Confidential Communications:** 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.

To request confidential communications, you may make your request in writing to, Privacy Office, Care Medical & Rehabilitation Equipment, 1877 NE 7th Ave., Portland, OR 97212, specifying how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- D. 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, Privacy Office, Care Medical & Rehabilitation Equipment, 1877 NE 7th Ave., Portland, OR 97212. 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 Care Medical, (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 within 15 days with a possible six-day delay. 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.

- E. 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 three of this notice, (2) disclosures we have made to you, or (3) disclosures we have made to family members or friends involved in your care.

To request this list of accounting of disclosures, you may make your request in writing to, Privacy Office, Care Medical & Rehabilitation Equipment, 1877 NE 7th Ave., Portland, OR 97212. 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.

- F. 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 you may write to, Privacy Office, Care Medical & Rehabilitation Equipment at, 1877 NE 7th Ave., Portland, OR 97212 or call (503) 335-9120.

- G. 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 protected health information (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 (DOB) 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 or contact the Privacy Office, Care Medical & Rehabilitation Equipment, 1877 NE 7th Ave., Portland, OR 97212 or call (503) 335-9120.

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