

# Notice Of Privacy Practices

**IMPORTANT:**

Please sign and return the  
**Acknowledgement Of Receipt**  
before products are delivered.

**ATOS MEDICAL  
NOTICE OF PRIVACY PRACTICES**

Effective Date: October 23, 2015

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

We are required by law to maintain the privacy of your protected information; to provide you this detailed Notice of our legal duties and privacy practices relating to your protected information; and to abide by the terms of the Notice that are currently in effect.

**I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The following lists various ways in which we may use or disclose your protected information for purposes of treatment, payment and health care operations.

**For Treatment.** We will use and disclose your protected information in processing your order and sending you the products you requested. For example, in processing your order we will contact your physician or the many health professionals who contribute to your care in order to obtain a certificate of medical necessity, prescription or physician written order, or medical progress notes. This may include specialists, your regular physician, and hospital doctors and staff such as speech pathologists. We may also coordinate your treatment with your caregiver if you have one.

**For Payment.** We may use and disclose your protected information for billing and payment purposes. We may disclose your protected information to your representative, or to an insurance or managed care company, Medicare or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage and benefits, or we may share this

information with you, your caregiver if you have one, or a third-party payer to verify that you actually received the services billed for. When necessary, your information may also be shared with a third-party billing or collection company.

**For Health Care Operations.** We may use and disclose your protected information as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. For example, we may use information about your order to track delivery of products. We may also use and disclose your information and complaints to ensure that manufacturers meet our specifications appropriately.

## **II. SPECIFIC USES AND DISCLOSURES OF YOUR PROTECTED INFORMATION**

The following lists various ways in which we may use or disclose your protected information.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose protected information about you to a family member, close personal friend or other person you identify who is involved in your care.

**Emergencies.** We may use or disclose your protected information as necessary in emergency treatment situations.

**As Required By Law.** We may use or disclose your protected information when required by law to do so.

**Business Associates.** We may disclose your protected information to a contractor or business associate that needs the information to perform services for the Company. Our business associates are committed to preserving the confidentiality of this information.

**Public Health Activities.** We may disclose your protected information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting child abuse or neglect or reporting births and deaths.

**Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your protected information to notify a government authority, if authorized by law or if you agree to the report.

**Health Oversight Activities.** We may disclose your protected information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

**To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose protected information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

**Judicial and Administrative Proceedings.** We may disclose your protected information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

**Law Enforcement.** We may disclose your protected information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

**Research.** We may use or disclose your protected information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

**Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your

protected information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

**Disaster Relief.** We may disclose protected information about you to a disaster relief organization.

**Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, we may use and disclose your protected information as required by military command authorities. We may disclose protected information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

**Workers' Compensation.** We may use or disclose your protected information to comply with laws relating to workers' compensation or similar programs.

**Inmates/Law Enforcement Custody.** If you are under the custody of a law enforcement official or a correctional institution, we may disclose your protected information to the institution or official for certain purposes including the health and safety of you and others.

**Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your protected information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

### **III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

Except as described in this Notice, we will use and disclose your protected information only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your protected information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

#### **IV. YOUR RIGHTS REGARDING YOUR PROTECTED INFORMATION**

Although your health records are the physical property of the Company, you have the following rights with regard to your protected information contained therein: Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to the Company. At your request, the Company will supply you with the appropriate form to complete. You have the right to:

**Request Restrictions.** You have the right to request restrictions on our use or disclosure of your protected information for treatment, payment, or health care operations. "Health care operations" consists of activities that are necessary to carry out the operations of the provider, such as quality insurance and peer review. You also have the right to request restrictions on the protected information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the situation explained below. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must

grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations. If, however, you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request if the health information pertains solely to an item or a service for which we have been paid in full.

We are not required to agree to your requested restriction (except that if you are competent you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

**Access to Personal Protected information.** You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. Your request must be made in writing. In most cases we may charge a reasonable fee for our costs in copying and mailing your requested information.

Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

- Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Protected health information ("PHI") that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C.

§ 263a, to the extent that giving you access would be prohibited by law.

- Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
- Information that is copyright protected, such as certain raw data obtained from testing.

If you are denied access to protected information, in some cases you have a right to request review of our decision denying access. These “reviewable” grounds for denial include the following:

- A licensed health care professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

**Request Amendment.** You have the right to request amendment of your protected information maintained by the Company for as long as the information is kept by or for the Company. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the following conditions exist:

- The record is not created by the Company, unless the originator of the information is no longer available to act on your request. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records;
- The records are not available to you as discussed immediately above;
- The records are not part of the protected information maintained by or for the Company;
- The records are not part of the information to which you have a right of access; or
- The record is already accurate and complete, as determined by the Company.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

**Request an Accounting of Disclosures.** You have the right to obtain an accounting of nonroutine uses and disclosures, those other than for treatment, payment, and health care operations until a date that the federal Department of Health and Human Services will set after January 1, 2011. After that date, we will have

to provide an accounting to you upon request for uses and disclosures for treatment, payment, and health care operations. We do not need to provide an accounting for the following disclosures:

- To you for disclosures of protected health information to you.
- For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death).
- For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
- To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
- That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for

further requests, we reserve the right to charge a reasonable, cost-based fee.

**Revoke your Consent.** You have the right to revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

**Request a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice at our website, [www.atosmedical.us](http://www.atosmedical.us).

**Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

#### **V. OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.
- We will not use or disclose your health information without your consent or

authorization, except as described in this notice or otherwise required by law.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. These include most uses or disclosures of psychotherapy notes, marketing communications, and sales of PHI. Other uses and disclosures not described in this notice will be made only with your written authorization.

## **VI. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Atos Medical Privacy Compliance Official at (414) 921-0600. Our goal is always to provide you with highest quality service, so we welcome your comments.

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Company or with the Office of Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

To file a complaint with the Company, contact the Atos Medical Privacy Compliance Official at (414) 921-0600.

## **VI. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all individually identifiable health information already received and maintained by the Company as well as for all protected information we receive in the future. If we change our information practices, we will provide a copy of the revised Notice upon request.