

# Privacy

Rev. 3/13

## NOTICE OF PRIVACY PRACTICES

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. This Notice of Privacy Practice describes how we (including other healthcare providers affiliated with us) may use and release protected health information about you that we maintain. Permitted and Required Disclosures of Protected Health Information: Treatment, Payment and Healthcare Operations. As one of your healthcare providers, we may use and disclose protected health information.

. Treatment. We may use or disclose PHI about you to provide your prescribed products, equipment or services. We may consult and coordinate with your physician. We may remind you of medication or supply refills and scheduled visits/appointments. We may provide you information about treatment alternatives or other health benefits and services that may be of interest to you through newsletters or other means. We may also disclose your PHI to other healthcare providers (such as physicians and pharmacies) involved in your treatment.

. Payment. We may use or disclose your PHI to bill and collect payment for the products, equipment or services we provide you. We may contact your insurer or other payor to obtain eligibility and coverage information. We may also disclose your PHI to health plans, healthcare clearinghouses or other healthcare providers involved in your care for their payment activities.

. Healthcare Operations. We may use or disclose your PHI for quality assessment activities, evaluation of our employees' performance, business planning and development, and management and general administrative purposes. We may disclose your PHI to health plans or other healthcare providers for their quality assessment, employee evaluation or healthcare compliance activities. We also engage consultants and contractors to perform certain services for us. When the nature of these services involves PHI disclosure, the consultants/contractors are required to appropriately safeguard the PHI they receive.

## Other Permitted and Required Uses and Disclosures.

We may use or disclose your PHI for the following reasons without your consent:

- . **Persons Involved in Care/Payment.** We may disclose relevant parts of your PHI to family members or other persons involved in your care and its payment. We may notify such persons or public or private entities involved in disaster relief efforts of your location, general condition or death.
- . **Limited Marketing Purposes.** From time to time, we may also provide promotional items of nominal value or marketing information communicated to you in person (face to face).
- . **Health Oversight Activities.** We may disclose parts of your PHI to regulatory authorities for purposes of monitoring the healthcare system and compliance with civil rights laws and government regulations and healthcare program requirements.
- . **Health or Safety.** We may use or disclose parts of your PHI if we believe it is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of another person or the public. In certain circumstances, this may include disclosing parts of your PHI to local utility companies or emergency services so that they may provide appropriate assistance in the event of an emergency or power outage.
- . **Abuse, Neglect or Domestic Violence.** We may disclose parts of your PHI to appropriate governmental agencies if we believe you may be a victim of abuse, neglect or domestic violence and such disclosure is authorized by applicable law or regulation.
- . **Public Health Activities.** We may disclose parts of your PHI to public health authorities for purposes of controlling disease, injury or disability. We may also release parts of your PHI to the Food and Drug Administration to report adverse events, track products, enable recalls, conduct post marketing surveillance and other activities in connection with its regulation of the quality, safety and effectiveness of certain products or activities.
- . **Research.** Subject to certain restrictions, we may disclose parts of your PHI to facilitate research when an individual authorization waiver is approved by an institutional review or privacy board.
- . **De-Identified Information.** We may use or disclose parts of your PHI that do not personally identify you or reveal who you are.
- . **Workers Compensation.** To the extent authorized by applicable law, we may disclose your PHI to workers compensation or similar programs that provide benefits for work-related injuries or illnesses.

. Correctional Institutions. If you are incarcerated or otherwise in the custody of law enforcement officials, we may disclose certain parts of your PHI to the correctional institution or facility or its authorized personnel.

. Legal Proceedings. We may disclose parts of your PHI in any judicial or administrative proceeding pursuant to an order of a court or administrative tribunal or to meet other legal requirements.

. Law Enforcement. We may disclose parts of your PHI to locate or identify a suspect, fugitive, material witness or missing person; to comply with laws such as those requiring reporting of certain injuries or death; or to report certain crimes.

. Coroners, Medical Examiners and Funeral Directors. We may disclose parts of your PHI to coroners and medical examiners for identification purposes, to determine cause of death or as otherwise required by law. We may also disclose, consistent with applicable law, parts of your PHI to funeral directors to permit them to carry out their duties.

. Organ or Tissue Donation Purposes. We may disclose parts of your PHI to organ procurement organizations or other entities to facilitate organ or tissue procurement, banking or transplantation.

. Specialized Government Functions. Under certain circumstances we may disclose parts of your PHI to Armed Forces personnel and to Department of State and other federal officials in connection with specialized governmental functions (including military missions, national security and protective services).

. Governmental Agencies. We may disclose parts of your PHI to governmental authorities entitled to receive such information, including the Secretary of Health and Human Services.

. Required or Permitted by Law. We may disclose parts of your PHI in other situations not mentioned above when required or permitted by law.

#### **Other Disclosures:**

Uses of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization. Other uses and disclosures of your PHI not described above will be made only with your written authorization.

## **Your Rights:**

The following is a statement of your rights regarding your PHI and a brief description of how you may exercise these rights:

. **Access.** You have the right to inspect and copy the PHI we maintain about you except for: psychotherapy notes, information compiled in anticipation of a legal proceeding or other PHI to which your access is limited by federal law. Requests to inspect and copy records must be in writing directed to our Privacy Officer and provide specific information to assist us in fulfilling your request. We may charge a reasonable fee for copying and mailing copies. If we deny your request for access, under most circumstances, you have the right to have the denial reviewed. Please contact our Privacy Officer if you have questions concerning your right to inspect and copy your records.

. **Confidential Communications.** You have the right to request that PHI be sent to you by alternate means or at alternative locations. For instance, you can ask that we send mail to a post office box rather than to your home address. We will accommodate all reasonable requests. Please make this request in writing to our Privacy Officer.

. **Restrictions.** You have the right to request restrictions on how we use or disclose your PHI for our treatment, payment and healthcare operations activities. You also have the right to request that we not release any part of your PHI to family members or others who may be involved in your care. Your request must be in writing to our Privacy Officer and must specify what parts of your PHI you do not want released and to whom you do not want it released. However, you have the right to restrict certain disclosures of PHI to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains to a service for which you have paid out of pocket in full. We are not required to agree to your request and only our Privacy Officer is authorized to agree to such requests. If we agree to your request, we will abide by the restriction unless the restricted PHI is needed to provide you emergency treatment.

. **Amendment.** You have the right to request that we amend the PHI we maintain about you. Requests for amendment must be in writing directed to our Privacy Officer and provide a reason to support your requested amendment. If we deny your request for amendment, you may file a written statement of disagreement with our Privacy Officer and we will include it in your PHI when used and disclosed.

. **Breach.** You have the right to or will receive notifications of breaches of your unsecured PHI.

. Accounting. You have the right to receive an accounting of certain disclosures of PHI made by us. Your request for accounting must be in writing directed to our Privacy Officer and must not request an accounting for more than six years. Certain disclosures are not required to be included in the accounting including: disclosures for our treatment, payment and healthcare operations activities, incidental disclosures, disclosures for national security, disclosures to correctional institutions, certain disclosures of PHI without personally identifying information; and any disclosures made prior to April 14, 2003.

. Copy of Notice of Privacy Practices. You have the right to receive a paper copy of our Notice of Privacy Practices even if you agreed to receive our Notice of Privacy Practices electronically. You may obtain a copy from your local service center or by contacting our Privacy Officer and requesting a copy by mail or visiting our website at [www.lincares.com](http://www.lincares.com).

## Our Responsibilities:

We are required by law to maintain the privacy of protected health information and to provide you notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of our Notice of Privacy Practices or applicable state laws which provide for more restrictions on the use and disclosure of your PHI.

## Changes to Notice of Privacy Practices:

We may change the terms of our Notice of Privacy Practices at any time. The new Notice of Privacy Practices will apply to all PHI that we maintain on or after the effective date of the new Notice of Privacy Practices. Upon request to your local service center, we will give you a copy of a new Notice of Privacy Practices. You may also obtain this information by calling our Privacy Officer and requesting a copy by mail.

## Complaints:

If you believe your privacy rights have been violated, you may lodge a complaint by contacting our Privacy Officer. You may also complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

## Additional Information:

If you need additional information about our Privacy Practices, please contact our Privacy Officer at:

Privacy Officer  
19387 U.S. 19 North  
Clearwater, FL 33764  
Telephone: 800/435-7436