



## 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**

*If you have any questions about this Notice, please contact Privacy Officer at (310) 914-5159*

This notice refers to BioHorizon Medical, Inc. We understand the importance of privacy and are committed to maintaining the confidentiality of your health information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this Home Medical Equipment (HME) Provider properly. We are required by law to maintain the privacy of protected health information and to provide individuals with Notice of our legal duties and privacy practices with respect to protected health information. This Notice describes how we may use and disclose your health information. It also describes your rights and our legal obligations with respect to your health information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

#### **TABLE OF CONTENTS**

- A. How this HME Provider May Use or Disclose your health information
- B. When This HME Provider May Not Use or Disclose Your Health Information
- C. Your Health Information Rights
  - 1. Right to Request Special Privacy Protections
  - 2. Right to Request Confidential Communications
  - 3. Right to Inspect and Copy
  - 4. Right to Amend or Supplement
  - 5. Right to an Accounting of Disclosures
  - 6. Right to a Paper Copy of this Notice
- D. Changes to this Notice of Privacy Practices
- E. Complaints

#### **A. How this HME Provider May Use or Disclose Your Health Information**

This HME Provider collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of the HME Provider, but this health information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use health information about you to provide your medical care. We disclose health information about you to our employees, and others who are involved in providing the care you need. For example, we may share your health information with other physicians or other equipment manufactures for the manufacturing of a product, which we do not provide. We may also disclose health information to members of your family or others who can help you when you are sick or injured.

2. Payment. We use and disclose health information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us.

3. Health Care Operations. We may use and disclose health information about you to operate this HME Provider. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your health information with our “business associates”, such as the manufactures of the products and devices supplied to you. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your health information. Although federal law does not protect health information, which is disclosed to someone other than another healthcare provider, health plan or healthcare re-disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that activities: 1) quality assessment and improvement activities, 2) efforts to improve health or reduce health care costs, 3) review of competence, 4) accreditation, certification or licensing activities, or 5) health care fraud and abuse detection and compliance efforts.

4. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps arrange payment for your care. If you are able and available we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objections if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

5. Marketing. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your health information without your written authorization to market products that are not ours.

6. Required by law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.

7. Public Health / Abuse Reporting. We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe, the notification would place you at risk of serious harm, or would require informing a personal representative we believe is responsible for the abuse or harm.

8. Health Oversight Activities. We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations,

inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

9. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of an administrative or judicial proceeding. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or, your objections have been resolved by a court or administrative order.

10. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

11. Coroners/Funeral Directors. We may, and are often required by law, to disclose your health information to Coroners in connection with their investigations of deaths and Funeral Directors in connection with their duties.

12. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

13. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

14. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

15. Change of Ownership. In the event that this HME Provider is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

## **B. When this HME Provider May Not Use or Disclose Your Health Information**

Except as described in the Notice of Privacy Practices, this HME Provider shall not use or disclose health information, which identifies you without your written authorization.

## **C. Your Health Information Rights**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We will notify you if we do not agree to a requested restriction.

To request restrictions, you must submit a written request to the Privacy Manager, BioHorizon Medical Inc, 11400 Olympic Boulevard, Suite 830, Los Angeles, CA 90064. 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, for example, disclosure to your spouse.

2. Right to Request Confidential Communications. You have the right to request that you received your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account, except as prohibited by

California Law, or to a Post Office Box address. We will comply with all reasonable requests, when submitted in writing to the Privacy Manager, BioHorizon Medical Inc, 11400 Olympic Boulevard, Suite 830, Los Angeles, CA 90064. Your request must specify how or where you wish to receive these communications.

3. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing to the Privacy Manager, at the address in paragraph C.1. above, and include the reasons you believe the information is inaccurate or incomplete. If we deny the request, we will tell you the reasons for the denial and how you can disagree with the denial. We may deny your request if:

- We do not have the information at issue.
- We did not create the information (unless the person or entity that created the information is no longer available to make the amendment).
- You would not be permitted to inspect or copy the information at issue or if the information is accurate and complete as is.

The law permits us to deny your request for an amendment if it is not in writing or does not include a reason to support the request. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

4. Right to an Accounting of Disclosures. You have a right to receive an “accounting of disclosures” of your health information made by this HME Provider, except that this HME Provider does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 16 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purpose of public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or official that providing this accounting would be reasonably likely to impede their activities.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer, BioHorizon Medical Inc, 11400 Olympic Boulevard, Suite 830, Los Angeles CA, 90064. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should 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 costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

5. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your health information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California law.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Manager, BioHorizon Medical Inc, 11400 Olympic Boulevard, Suite 830, Los Angeles, CA 90064. We may deny your request under limited circumstances. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional. You may have the right for you denial to be reviewed. Another health care professional chosen by the Medical Group will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review

6. You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices. You may obtain a copy of this Notice at our website; HTTP: [www//Biohorizonmedical.com](http://www.Biohorizonmedical.com)

#### **D. Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all health information that we maintain, regardless of when it was created or received. We will keep a copy of the current Notice posted in our reception area, and will make a copy available to you at each appointment. We will also post the current Notice on our website.

#### **E. Complaints**

Complaints about this Notice of Privacy Practices or how this HME Provider handles your health information should be directed to our Privacy Manager, BioHorizon Medical Inc, 11400 Olympic Boulevard, Suite 830, Los Angeles, CA 90064.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

You will not be penalized for filing a complaint.