

PRIME MEDICAL SUPPLY, INC.

OFFICIAL NOTICE OF PRIVACY PRACTICES AND MEDICARE SUPPLIER STANDARDS

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.

Prime Medical Supply Inc., (**DBA Prime Medical**) (here after referred to as **PM**), as your Durable Medical Equipment, Rehabilitation Equipment, and Medical Supply Provider, may, as a covered entity under the **HIPAA Privacy Regulations** (Health Insurance Portability and Accountability Act), obtain and/or disclose private, individually identifiable health information, also known as **Protected Health Information (PHI)**, about you, to carry out its treatment, payment and health care operations. **PHI** can be defined as one or more of the following:

- Name/Date of Birth/Age
- Postal Address
- Telephone/Fax Numbers
- Electronic Mail Address
- Social Security Numbers
- Medical Record Numbers
- Diagnosis/Medications/Medical History
- Health Plan Beneficiary Numbers
- Account Numbers
- Device Identifiers and Serial Numbers
- Full Face Photographic Images and any comparable images

Examples are as follows:

In order to treat you, we must obtain basic **PHI**, such as your name, date of birth, address, telephone number, height and weight, and medical condition(s), known as diagnosis. Normally, this information is obtained during the intake process from the Referral Source. Referral source is defined as the person or persons who initially contact **PM**, to request services and or equipment on your behalf.

In order to be paid for our services, we must submit to your Health Insurance Provider, detailed **PHI** about you, such as your name, date of birth, address, Health Plan Beneficiary Number, diagnosis, equipment provided, and the date the equipment was provided.

In order to perform our **Healthcare Operations**, we may need to secure official Medical Records pertaining to your medical conditions. This **PHI** must be secured from third parties such as Hospitals, Clinics, Rehabilitation Centers, Skilled Nursing Facilities, and you're Physician.

Periodically, **incidental disclosure** may occur. Incidental disclosure of **PHI** is defined as the disclosure of **PHI** that does not pertain to the treatment, payment, or performance of our

healthcare operations. **PM** will perform all reasonable practices and safeguards at its disposal to prevent the incidental disclosure of your **PHI**. All occurrences of incidental disclosure of **PHI** will be reported to the **Corporate Privacy Official (CPO)**. The **CPO** shall be responsible for the documentation of the incidental disclosure of **PHI**, the circumstances surrounding the disclosure, and the reeducation of the Corporate Personnel involved.

The CPO for Prime Medical Supply Inc. can be contacted at the Corporate Headquarters (1261 Carbide Drive, Corona, CA 92881) Monday – Friday, 8:00AM to 5:00 PM. Call 1-800-568-2337 or 1-951-278-9111, E-mail: prime-medical@sbcglobal.net. You can also contact the Accreditation Commission for Health Care at 1-919-785-1214.

With the exception of disclosure requests received from entities that are not subject to authorization (Law Enforcement Agencies for the purpose of Civil and or Criminal Proceedings), **PM will not disclose PHI for purposes other than the treatment, payment or performance of our health operations without the express written consent of you the client/patient, or your designated Power of Attorney (POA).**

You, as the client/patient, or your **POA**, may request the restriction of the disclosure of certain specific elements of your **PHI**. Your request must be submitted in writing. Please note: **PM** does not have to adhere or agree to your request. You as the client/patient, also have the right to inspect and copy **PHI** from your designated record set (chart). **PM** may assess a reasonable copying fee for the performance of this request for you.

You, as the client/patient, or your **POA**, may request an amendment to a specific element of your **PHI**. Your amendment request must be submitted in writing, to include a detailed explanation of the reason(s) for the amendment. **PM** must respond to you within 60 days of your request, or may inform you, in writing, of the need for a 30-day extension. Should your request for the amendment be granted, **PM** would make the amendment, inform you in writing, and make reasonable efforts to provide the amendment information to relevant persons. **PM** may deny your request for the amendment. **PM** will inform you in writing to explain the basis of our denial, and provide information to you, which will allow you to lodge a complaint should you choose.

This Privacy Notice shall remain in effect until such time that it is amended or revised. **PM** reserves the right to modify the terms of the Privacy Notice. Upon completion of proposed amendments or revisions, **PM** shall make all reasonable attempts to notify its client/patient population.

Supplier Standards

The products and/or services provided to you by Prime Medical Supply, Inc. are subject to the supplier standards, contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57 (c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request, we will furnish you with a written copy of the standards.

I certify that I have received, read and understand the *PM Official Notice of Privacy Practices*. I realize that I have signed for receipt of these policies and it will be kept as part of my patient record.