



6851 South Distribution Avenue  
Jacksonville, FL 32256  
(904) 387 4481

## **NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

*This Notice is effective March 26, 2013*

### **THIS NOTICE DESCRIBES HOW 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 protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition. We are also required by law to provide you with this *Notice of Privacy Practices* explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice and are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will post the new Notice in our waiting area and will also have copies of the new Notice available upon request. Please contact our Privacy Officer, Michael G. Phillips, at (904) 387 4481 to obtain a copy of our current Notice.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer, Michael G. Phillips at (904) 387 4481.

### **We May Use and Disclose Medical Information About You In Several Circumstances**

We may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. The following describes the manner in which we will use and disclose your personal health information:

1. We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which include family members or other financially responsible parties of which you have informed us. Examples include insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, reports provided to any federal, state, or local authority (as required by law), reviewing and evaluating the skills, qualifications, and performance of healthcare providers providing your care, cooperating with outside organizations that evaluate, certify or license healthcare providers and facilities, or to remind you of equipment, supplies or service needs.
4. We may disclose medical information about you to relatives or friends, or any other person that you identify if that person is involved in your care and the information is relevant to your care or if that person is helping you with medical requirements or financial responsibilities incurred while receiving equipment, supplies or services from us. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.
5. We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.
6. We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include, but are not limited to, providing documents for legal subpoenas or discovery proceedings and our staff testifying about the care we have provided.
7. We will use and disclose medical information about you whenever we are required by law to do so. The government has determined that under certain circumstances, it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. Examples may include, but are not limited to activities related to investigating diseases, reporting child abuse and neglect, reporting adult abuse, neglect or domestic violence, monitoring drugs or devices regulated by the Food and Drug Administration, monitoring work-related illnesses or injuries, and responding to requests from agencies responsible for overseeing the healthcare system or certain government programs.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

Other than the uses and disclosures described above, we will not use or disclose medical information about you without a signed authorization from you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

We will not disclose medical information about you without your written authorization for purposes of marketing, disclosures that constitute the sales of medical information about you, or any other uses and disclosures not described in this Notice.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## **You Have Rights With Respect To Medical Information About You**

1. You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, contact our Privacy Officer, Michael G. Phillips, at (904) 387 4481.
2. You have the right to terminate or to revise your authorization or consent that pertain to our use of your personal health information, and to have those terminations or revisions affect any new equipment, supply(ies), or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All requests must be in written form.
3. You have the right to request a copy of your personal health information as long as any federal, state or local law does not prohibit it. You also have the right to inspect or review and receive a copy of medical information about you that we maintain. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of your medical information, you must provide us with a request in writing. There may be a charge for this service. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.
4. You have the right to request, in writing, a revision to your personal health information. Revision requests will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the reasons for the requested modification. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement and we will share your statement whenever we disclose the information in the future.
5. You have the right to request an accounting of *non-routine disclosures* we have made with your personal health information. You may receive one free accounting in a twelve-month period. Charges may apply for any accounting services that exceed one per twelve months. You must agree to this charge before we will provide any accounting of services. These requests cover dates of service on or after April 14<sup>th</sup>, 2003.
6. You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if: except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and, the medical information pertains solely to a healthcare item or service that we provided that has been paid out-of-pocket in full. Once we agree to your request, we must follow your restrictions unless the information is necessary for emergency treatment. You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.
7. You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health insurer or other party when that information relates solely to a healthcare item or service for which you, or another person on your behalf, have paid us for in full. Once you have requested such restriction(s) and your payment in full has been received, we must follow your restriction(s).
8. You have the right to request to be contacted at a different location or by a different method. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.
9. You also have the right to be notified in the event of a breach of your medical information. If a breach of your medical information occurs and if that information is unsecured (not encrypted), we will notify you promptly with the following information: a brief description of what happened; a description of the health information that was involved; recommended steps you can take to protect yourself from harm; what steps we are taking in response to the breach; and, contact procedures so you can obtain further information.

## **You May File a Complaint About Our Privacy Practices**

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, Michael G. Phillips, or you may mail it to:

Fletcher's Medical Supplies, Inc.  
Attention: Privacy Officer  
6851 S. Distribution Avenue  
Jacksonville, FL 32256

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)