

**NOTICE OF PRIVACY PRACTICES**  
**For**

**American Diabetic Supply**  
**(referred to in this document as “the supplier”)**

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**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 Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you.

**I. Uses and Disclosures of Protected Health Information**

The supplier may use your protected health information for purposes of providing items and equipment to you, obtaining payment for the items and equipment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the supplier has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State law. Disclosures may be made in writing, orally, or by facsimile.

**A. Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related items and services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may exchange protected health information with your treating physician who has ordered HME equipment as part of your treatment.

**B. Payment.** Your protected health information will be used, as needed, to obtain payment for the equipment and items that we provide you or to another provider involved in your care for that provider's payment activities. For example, we may disclose protected health

information to your insurance company to determine whether you are eligible for benefits or whether a particular item is covered under your health plan.

**C. Operations.** We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the supplier and to provide quality care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Employee review activities.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

**D. Other Uses and Disclosures.** As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of a delivery.
- To inform you of health-related benefits or services that may be of interest to you.
- To contact you to raise funds for the supplier or an institutional foundation related to the supplier. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer.

## **II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object**

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

**A. When Legally Required.** We will disclose your protected health information when we are required to do so by any Federal, State or local law.

**B. When There Are Risks to Public Health.** We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

**C. To Report Abuse, Neglect Or Domestic Violence.** We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**D. To Conduct Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

**E. In Connection With Judicial And Administrative Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization.

**F. For Law Enforcement Purposes.** We may disclose your protected health information to a law enforcement official for certain law enforcement purposes.

**G. To Coroners, Funeral Directors, and for Organ Donation.** We may disclose protected health information to a coroner or medical examiner, to a funeral director, if they need information that we have to perform their duties as authorized by law. If we have relevant protected health information we may disclose it for cadaveric organ, eye or tissue donation purposes.

**H. For Research Purposes.** We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

**I. In the Event of A Serious Threat To Health Or Safety.** We may, consistent with

applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**J. For Specified Government Functions.**

In certain circumstances, the Federal regulations authorize the supplier to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**K. For Worker's Compensation.**

The supplier may release your health information to comply with worker's compensation laws or similar programs.

**III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object**

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

**IV. Uses and Disclosures Which You Authorize**

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

**V. Your Rights**

You have the following rights regarding your health information:

**A. The right to inspect and copy your protected health information.**

With some exceptions, you may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that the supplier uses for making decisions about you.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

**B. The right to request a restriction on uses and disclosures of your protected health information.**

You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The supplier is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the supplier does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

**C. The right to request to receive confidential communications from us by alternative means or at an alternative location.**

You have the right to request that we communicate with you in certain ways. We will

accommodate reasonable requests. Requests must be made in writing to our Privacy Officer.

**D. The right to request amendments of your protected health information.** You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

**E. The right to receive an accounting.** You have the right to request an accounting of certain disclosures of your protected health information made by the supplier. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**F. The right to obtain a paper copy of this notice.** Upon request, we will provide a separate paper copy of this notice even if you

have already received a copy of the notice or have agreed to accept this notice electronically.

## **VI. Our Duties**

The supplier is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain.

## **VII. Complaints**

You have the right to express complaints to the supplier and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the supplier by contacting the supplier's Privacy Officer verbally or in writing, using the contact information below. You will not be retaliated against in any way for filing a complaint.

## **VIII. Contact Person**

The supplier's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the supplier, can be mailed to the Privacy Officer by sending it to:

**American Diabetic Supply**  
32500 Grand River Ave. #201  
Farmington, MI 48322  
(248) 471-5959  
ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at \_\_\_\_\_

## **IX. Effective Date**

This Notice is effective April 14, 2003.