



InHealth Technologies
A Division of Helix Medical, LLC
1110 Mark Avenue
Carpinteria, CA 93013

Effective October 18, 2006

Notice of Privacy Practices

CONFIDENTIALITY OF YOUR HEALTHCARE INFORMATION

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 questions about this notice, please contact the **Privacy Officer at (805) 684-3304**.

This notice describes InHealth Technologies, A Division of Helix Medical, LLC, privacy practices and that of:

- All employees, and office personnel.
- Any intern(s), volunteer(s) or student(s) that we allow to input or maintain patient data files.
- All internal departments and units of InHealth Technologies, A Division of Helix Medical, LLC
- All entities, sites and locations owned by InHealth Technologies, A Division of Helix Medical, LLC

OUR COMMITMENT TO YOUR PRIVACY

We have always had stringent safeguards to protect private health information (PHI), however, because of a new law some changes are necessary to assure you we are dedicated to maintaining the privacy of your health information. In conducting our business, we may receive, create, use, or disclose individually protected health information regarding you and the treatments and services we provide you. We are required by law to provide you with this notice of our legal duties and privacy practices concerning your PHI. By law we must follow the terms of the notice of privacy practices that we have in effect at the time.

HEALTH INFORMATION SECURITY

InHealth Technologies, A Division of Helix Medical, LLC, requires its employees to follow security policies and procedures that limit access to those employees who need it to perform their job responsibilities. In addition, we maintain physical, administrative and technical measures to safeguard your PHI.

UNDERSTANDING YOUR MEDICAL RECORD INFORMATION

We create a record of the care and services you receive from InHealth. This record may contain your prescription information, Medicare or other insurance and/or correspondence from your doctor, speech pathologist or other health care providers.

All the information we have about you is called PHI. PHI means health information, including your demographic information, collected from you or received from your physician, another health care provider, a health plan and/or a health care clearinghouse.

To summarize, this notice provides you with the following important information:

- How we use and disclose your PHI.
- Your privacy rights in your PHI.
- Our obligations concerning the use and disclosure of your PHI.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party.

For example, we may need to give your health plan information about a service you received here so your health plan will reimburse you for the service.

For Health Care Operations: We may use and disclose your protected health information in order to perform our daily business activities, which may include data management, customer service, complying with laws and quality.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer or how we can become more efficient.

Health-Related Products and Services: We may tell you about health-related products or services that may be of interest to you.

Affiliates: If you choose to participate in the optional MedicAlert® program as a member of our INHEALTH Speakers Club, we will disclose your name, address, telephone number and E-mail address to the MedicAlert Foundation. MedicAlert Foundation is a nonprofit membership organization that keeps a confidential, computerized medical file on every member to provide assistance in a medical emergency. We do not disclose to them any of your health information.

InHealth Technologies, A Division of Helix Medical, LLC, does not sell protected health information to outside organizations and takes steps to ensure that only authorized business associates, who need to know, see your health information.

AS REQUIRED BY LAW

We will disclose health information about you when required to do so by federal, state, or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

RESEARCH

We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your

name, address or other information that reveals who you are, or will be involved in your care at the office.

MILITARY

If you are, or were, a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS

We may disclose health information about you for public health activities.

These activities generally include, but are not limited to the following:

- To prevent or control disease, injury or disability.
- To report births, deaths.
- To regulate products subject to FDA regulations.
- To notify a person who might have been exposed to a disease or might be a risk for getting or spreading a disease or condition.
- To report child abuse or neglect.
- To notify the appropriate government agency if we think a patient has been the victim of abuse, neglect, or domestic violence.

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to a health oversight agency for audits, investigations, inspections, accrediting or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

LAW ENFORCEMENT

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death or as necessary to carry out their duties.

INFORMATION NOT PERSONALLY IDENTIFIABLE

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

INDIVIDUALS INVOLVED IN THE TREATMENT OR PAYMENT OF YOUR CARE

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object.

CONSENT

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses and disclosures which occurred before that time.

If you do revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

• Right to Inspect and Copy

You have the right to inspect and request a copy of certain health information we have on file. Usually, this includes medical and billing records.

To inspect and request a copy of health information on file about you, you must submit a written request by US mail to the **Privacy Officer c/o Customer Service Department, 1110 Mark Ave., Carpinteria, CA 93013**. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing, or other associated supplies.

We may deny your request to inspect or receive a copy in certain limited cases. If we deny your request, you may ask for a review of the denial. The person who conducts the review will not be the person who denied the request. We will comply with the outcome of the review.

• Right to Request an Amendment

If you believe medical information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment as long as the information originates at InHealth Technologies, A Division of Helix Medical, LLC.

You must request an amendment in writing and submit it to the **Privacy Officer c/o Customer Service Department**. You must also tell us the reason for your request. The request to amend your record may be denied, in which case you have the right to enter a statement into your record saying that you disagree with the decision.

• Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the **Privacy Officer c/o Customer Service Department**. It must state a time period, which 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, electronically). 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 that time before any costs are incurred.

• Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you may have had.

We are not required to agree to your request, but, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request for restrictions in writing to the **Privacy Officer c/o Customer Service Department**. In your request, you must tell us:

- What information you want to restrict.
- Whether you want to limit our use, disclosure, or both.

- To whom you want the restrictions to apply, such as your spouse or another relative.

The Privacy Officer will inform you if InHealth Technologies, A Division of Helix Medical, LLC, can comply with your requested restrictions.

- **Right to Request Confidential Communications**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must submit your request for confidential communication in writing. Your request must specify how or where we should contact you. When appropriate, we might ask you how payment will be handled, but we will not ask the reason for the request. We will try to accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To get a paper copy of this notice, contact the **Privacy Officer c/o Customer Service Department**. This notice is also available on our website, www.inhealth.com.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will only be made with your written permission or after you have had an opportunity to agree to object. If you provide us with permission to use or share your medical information, you may revoke that permission, in writing, at any time. If you revoke, or take away, your permission, we will no longer use or share your health information for the reasons in your written authorization. We will not be able to take back any information that we have already shared.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have, as well as information we receive in the future. We will post copies of the current notice. The notice will contain the effective date of the notice in the top right-hand corner of the first page.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services.

To file a complaint with our office contact:

**Privacy Officer
InHealth Technologies
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All complaints must be in writing. There will be no retaliation for filing a complaint.



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