

**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.**

Intramed Plus, Inc. is required by applicable federal and state law to maintain the privacy of your health information. We believe the privacy of your health information is very important. We define “your health information” as the information that we need to maintain that specifically identifies you and your health status.

**Summary**

This Notice describes how we use your health information within Intramed Plus, Inc., disclose it outside Intramed Plus, Inc., and the reason why we would disclose it.

This Notice covers:

- A. Uses of or disclosures which do not require your written authorization.
- B. Uses of or disclosures which require your written authorization.
- C. Your rights as a patient regarding privacy of your health information.
- D. Our duties in protecting your health information.
- E. Complaints, contact person, effective date, and acknowledgement.

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**A. Uses or disclosures which do not require your written authorization**

1. Treatment, Payment, and Health Care Operations: We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- a. For **treatment**, we use your health information to fill your prescriptions and provide infusion service. We disclose your health information for treatment purposes to physicians and other health care professionals outside our company who are involved in your care.
- b. For **payment**, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us.
- c. For **health care operations**, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of serving patients, and to evaluate staff performance.

2. Uses of or Disclosures of Your Health Information to Which You May Object: We may use or disclose your health information for the following purposes, unless you ask us not to.

Informing family and friends. We may only disclose your health information to family, friends, or others identified by you who are involved in your care.

Assistance in disaster relief efforts.

Confirming our visits to your home or other appointments.

Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you object to our use of your health information for any of these purposes please contact our Privacy Officer.

3. Uses of or Disclosures Required or Permitted: Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.

Federal, state or local law requirements.

Use by SC Board of Pharmacy representative or any federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug.

SC Practice of Pharmacy Activities regarding patient prescription information, including

- Lawful transmission of a prescription drug order in accordance with state and federal laws.
- Information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vender.
- Information necessary to effect the recall of a defective drug or device or protect the health and welfare of an individual or the public.

Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.

Reporting of abuse, neglect or domestic violence.

Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)

Judicial or administrative proceedings, for example responding to a court order or subpoena.

Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.

Use by coroners, medical examiners, or funeral directors.

Research, provided that very strict controls are enforced.

Averting a serious threat to your health or safety or that of the public.

Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.

Workers' compensation.

### **C. Uses or disclosures which require your written authorization**

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any purpose other than those stated above.

### **D. Your Rights As A Patient to Privacy Of Your Health Information**

#### **Right to Request Restrictions**

You have the right to request restrictions on our uses and disclosures of your health information; however, we may refuse to accept the restriction.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. Your request must be in writing. We will make every attempt to honor your request.

#### **Right to Request Access to Your Health Information**

You have the right to request access to your health information in order to inspect or copy it. Your request must be in writing. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.

#### **Right to Request an Amendment of Your Health Information**

You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.

#### **Right to Request an Accounting of Disclosures of Your Health Information**

You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.

#### **Right to Obtain a Paper Copy of this Notice**

If you received this Notice electronically, you have the right to receive a paper copy.

To exercise any of these rights please write or telephone our Privacy Officer.

#### **D. Our Duties in Protecting Your Health Information**

We are required by law to maintain the privacy of your health information.

We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.

We must abide by the terms of the Notice currently in effect.

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from our Privacy Officer.

#### **E. Complaints, Contact Person, Effective Date, and Acknowledgement**

You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.

You will not be retaliated against for filing a complaint.

You may file your complaint with our infusion company by writing to our Privacy Officer.

You may file a complaint with the Secretary of Health and Human Services by writing to:

Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(*source: www.hhs.gov*)

For further information you may write or call our Privacy Officer.

Privacy Officer  
Intramed Plus  
112 Saluda Ridge Court, Suite 100  
West Columbia, SC 29169  
(803) 794-0200

This notice is effective April 14, 2003.

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## Acknowledgment of Receipt of Notice of Privacy Practices

Patient name: \_\_\_\_\_ Medical Record Number \_\_\_\_\_

I have received a copy of Intramed Plus, Inc.'s Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If personal representative: Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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Reason signature not obtained:

Patient too sick to sign at this time.

Patient would not sign.

Other:

\_\_\_\_\_

Name of Intramed Plus, Inc. employee attempting unsuccessfully to obtain signature:

\_\_\_\_\_

Date: \_\_\_\_\_

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**Notes: (1)** Except in an emergency treatment situation the infusion company must make a good faith effort to obtain the signature of the patient or personal representative acknowledging receipt of the Notice.

**(2)** If the signature cannot be obtained, the company must document its efforts to obtain the signature and the reason why the signature was not obtained.