

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 or request information from our infusion company by writing to our Privacy Officer.

Privacy Officer
Intramed Plus
112 Saluda Ridge Court, Suite 100
West Columbia, SC 29169
(803) 794-0200 / (800) 767-6337

- ✓ You may file your complaint with our federal government, please use the following contact information:

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

Toll-Free Phone: (800) 368-1019
TDD Toll-Free: (800) 537-7697

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

E-mail: OCREmail@hhs.gov

- ✓ You may file a complaint with our accreditation organization by calling Accreditation Commission for Homecare (ACHC) (919) 785-1214
- ✓ This Notice is effective September 23, 2013.

NPP20 (9/13)



NOTICE OF PRIVACY PRACTICES

1-800-767-6337

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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 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:

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

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, HMO, 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 case.
- ✓ **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.
- ✓ 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 to 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.

B. 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.

C. 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.
- ✓ You have the right to request restriction on disclosing your private health information (PHI) to a health plan where disclosure is for payment or healthcare operations purpose and you paid for services in full (the total amount owed).
- ✓ **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