

# Medical Services of America, Inc. and Subsidiaries

## 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. PLEASE REVIEW IT CAREFULLY.*

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

Consistent with applicable Federal and State regulations, Medical Services of America, Inc. and Subsidiaries (hereinafter referred to as "Agency") may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. In some circumstances, your health information may be used or disclosed for these purposes without your written consent.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES THAT MAY REQUIRE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN CONSENT:**

**To Provide Treatment** The Agency may use your health information to coordinate care - both pre-Admission and post-Admission -with other health care practitioners and providers involved in your care or treatment. For example, physicians involved in your care will need information about your condition in order to prescribe appropriate treatment or medications. Pharmacists or suppliers of medical equipment will need certain health information to provide ordered services to you.

**To Obtain Payment** The Agency may include your health information to bill and collect payment from Medicare, other health insurance plans or third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you. Medicare requires diagnosis and treatment information to justify the medical necessity for reimbursement to the Agency.

**To Conduct Health Care Operations** The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency's patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Protocol development, case management and care coordination.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.

For example the Agency may use your health information to train its staff, to evaluate staff performance, or to improve health care outcomes and lower costs through comparative analysis of patient data.

**For Appointment Reminders** The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

**When Legally Required** The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health** The Agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

### **To Report Abuse, Neglect Or Domestic Violence**

**To Conduct Health Oversight Activities** The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to the investigation.

**In Connection With Judicial And Administrative Proceedings** The Agency may disclose your 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 subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
- In an emergency in order to report a crime.

**To Coroners And Medical Examiners** The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors** The agency may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye Or Tissue Donation** The Agency may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the Agency will obtain written permission from you or your legal representative or the health information will be abstracted in such a way as to protect your identity.

**In The Event of A Serious Threat To Health Or Safety.** The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such 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.

**For Worker's Compensation.** The Agency may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law that provide benefits for worker-related injuries or illnesses without regard to fault.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Agency maintains:

- **Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or operations. For example, you may request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care. The Agency is not required to agree to your request. Your request must be made in writing. Contact your Agency's Privacy Officer for assistance in submitting a request. \*
- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you about medical matters in a certain way or at a certain location. You are not required to provide a reason for your request. The Agency will honor all reasonable requests. Your request must be made in writing. Contact your Agency's Privacy Officer for assistance in submitting a request. \*
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. Your request must be made in writing. Contact your Agency's Privacy Officer for assistance in submitting a request. \*
- **Right to amend health care information.** You have the right to request that the Agency amend your records, if you believe that your health information we have about you is incorrect or incomplete. You will be required to provide your reason for the request. Your request must be made in writing. Contact your Agency's Privacy Officer for assistance in submitting a request. \*
- **Right to an accounting.** You have the right to request an accounting of disclosures of your health information made by the Agency on or after April 14, 2003 for any reason other than for treatment, payment or health operations. Your request must be made in writing. Contact your Agency's Privacy Officer for assistance in submitting a request. \*
- **Right to a paper copy of this notice.** You have a right to a separate paper copy of this Notice at any time even if you have received this Notice previously. Verbal requests will be honored. To obtain a separate paper copy, contact your Agency's Privacy Officer\*
- You can also obtain a copy of the Agency's Notice of Privacy Practices at its website, [www.msa-corp.com](http://www.msa-corp.com)
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\*Agency's Privacy Officer can be reached as follows: (877) 215-2292.

\*The Agency will assist you in preparing and submitting accurate and complete written requests. Forward written requests to: Medical Services of America, Inc., Attn: Privacy Officer, PO Box 2431, Lexington SC 29071-2431. All requests will be reviewed on an individual basis in accordance with HIPAA Regulations. The Agency will notify patients of their decision to grant or deny their request and, if applicable, further rights the patient may wish to exercise.

#### **DUTIES OF THE AGENCY**

The Agency is required by law to maintain the privacy of your health information and to provide you and your authorized representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes this Notice, the Agency will provide a copy of the revised Notice to you or your authorized representative. You or your authorized representative have the right to express complaints to the Agency and to the Secretary of DHHS if you believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to Medical Services of America, Inc., Attn: Privacy Officer, PO Box 2431, Lexington SC 29071-2431. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

#### **CONTACT PERSON:**

The Agency has designated a HIPAA Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, please contact Medical Services of America, Inc., Attn: Privacy Officer, PO Box 2431, Lexington SC 29071-2431 (877) 215-2292.

**DATE:** This Notice is effective April 14, 2003.