

Privacy Policy

ATS Wheelchair and Medical Privacy Practices and Notice of Uses

Effective April 14, 2003

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 any questions about this notice, please contact the ATS Wheelchair & Medical Privacy Officer at 672-1500, or e-mail questions@atswheelchair.com

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The services you receive from ATS will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. We are required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of continued pages. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a copy of our Privacy Practices by accessing our web site www.atswheelchair.com, calling our Privacy Officer and requesting a copy be mailed to you, or asking for a copy at any time.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Treatment We will use and disclose your protected health information to provide, coordinate, or manage your treatment. Treatment includes, but is not limited to providing supplies, medical equipment, and/or maintenance to equipment as ordered by your physician, other health care provider, or by request. For example, we may need to disclose your protected health information to a physician, or health care provider (I.E. a specialist or therapist) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment Your protected health information will be used, as needed, to obtain payment for your health care services. This may include but is not limited to submitting information to insurance carriers in order to determine such items as eligibility, pre-certification, billing and collection activities, obtaining documentation required by insurers and when applicable, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining prior approval for prescribed equipment or supplies might require that your relevant protected health information be disclosed to obtain approval. This may also include disclosing and/or obtaining protected health information from an equipment supplier that you may have previously received services from. In addition, we may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Health Care Operations We may use or disclose, as needed, your protected health information to support the activities related to health care operations. These activities include, but are not limited to, business management, general administrative activities, training of ATS staff or staff performance reviews, audits or investigations, quality assurance and compliance and , communications about a product or service. We may share your protected health information with third-party "business associates" who perform various activities (for example, computer software services) for ATS. The business associates will also be required to protect your health information. We may also use or disclose your protected health information, as necessary, to contact you for product information, or to remind you of an appointment, etc.

Required by Law We may use or disclose your protected health information if law or regulation requires the use or disclosure.

Public Health We may use or disclose your protected health information to a public health authority who is permitted by law to collect or receive the information, for example: to prevent or control disease, injury, or disability; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Social/Protective Services We may use or disclose your protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Government Agencies We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight

agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, licensing & similar activities, and civil rights laws.

Legal Proceeding / Law Enforcement We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or in certain conditions in response to a subpoena, discovery request, or other lawful process. In addition, we may disclose protected health information for law enforcement purposes, including but not limited to the following: responses to legal proceedings; information requests for identification and location; circumstances pertaining to victims of a crime etc.

Parental Access Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Individuals Involved in Your Health Care Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death.

Your Rights regarding YOUR health information

You may exercise the following rights by submitting a written request or electronic message to the ATS Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. Please be aware that your request may be denied; however, you may seek a review of the denial.

Right to Inspect and Copy 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 ATS uses for providing services to you. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the ATS Privacy Officer when you wish the restriction instituted. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If ATS believes that the restriction is not in the best interest of either party, or ATS cannot reasonably accommodate the request, ATS is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosures You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this Notice You may obtain a paper copy of this notice from ATS or view it electronically at www.atswheelchair.com.

FEDERAL PRIVACY LAWS

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, and the Privacy Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

Complaints

If you believe these privacy rights have been violated, you may file a written complaint with the ATS Privacy Officer, or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact your ATS Privacy Officer for further information about the complaint process, or for further explanation of this document. The ATS Privacy Officer may be contacted at ATS Wheelchair & Medical, 1610 N. Orchard, Boise, ID 83706, by phone at (208) 672-1500 or 1-800-287-5550, or by e-mail: questions@atswheelchair.com

For additional information regarding your privacy rights visit the HIPAA website at www.cms.hhs.gov/hipaa.

In addition, if you feel if you feel your privacy rights have been violated, please contact the Department of Human Health Services at DHHS, OCR, 200 Independence Ave. SW, Room 509 HHH bldg, Washington DC 20201.