

MDS Medical Device Specialty Inc.

NOTICE OF PRIVACY PRACTICES

Effective: March 1, 2015

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.

Privacy Policy

We understand that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

How We Use Your Health Information

When you receive medical devices from MDS Medical Device Specialty Inc. (“MDS”), we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

Treatment – We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment. Some health records, including some confidential communications with a mental health professional and some substance abuse records, may have additional restrictions on the use and disclosure under state and federal laws.

Payment – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company or Medicare.

Health Care Operations – We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities. For example, we may use your health information to evaluate the quality of treatment and services provided by our products.

Other Uses of Your Health Information

We may also use your health information to:

- Recommend treatment alternatives;
- Tell you about health services and products that may benefit you;
- Share information with family or friends involved in your care or payment for your care, when appropriate;
- Share information with third parties who assist us with treatment, payment, and health care operations. We require our business associates to appropriately safeguard your information in accordance with law;
- Remind you of an appointment;
- Contact you or provide you with our education materials such as newsletters or research participation requests.

More Information

For more information about the practices and rights described in this notice, contact our office manager at the phone number and address at the bottom of this notice.

Sharing Your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and

- problems with medical devices;
- To protect victims of abuse, neglect, or domestic violence;
- For health oversight activities such as investigations, audits, and inspections;
- For law enforcement purposes;
- For lawsuits and similar proceedings;
- When otherwise required by law;
- When requested by law enforcement as required by law or court order;
- To coroners, medical examiners, and funeral directors;
- For organ and tissue donation;
- For research under strict federal guidelines;
- To reduce or prevent a serious threat to public health and safety;
- For workers' compensation or other similar programs if you are injured at work;
- For accreditation purposes; and
- For specialized government functions such as intelligence and national security.

We may also submit your personal health information to the Medicaid eligibility database, the Children's Health Insurance Program eligibility database, and/or other shared clinical databases or health information exchanges. All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement (with limited exceptions as provided by federal regulations).

Your Individual Rights

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction;
- Request that we use a specific telephone number or address to communicate with you;
- * Request to inspect and copy your health information, including an electronic copy of electronic medical records. Usually this includes medical and billing records, but does not include psychotherapy notes. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial;
- * Request corrections or additions to your health information;
- * Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period;
- *Request that we restrict the disclosure of certain health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full; and
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing. Contact the office manager of MDS for the appropriate form for your request.

Our Privacy Responsibilities

MDS is required by law to:

- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information;
- Accommodate reasonable requests to communicate your health information by alternative means or at alternative locations;

- Notify you of any reportable breaches of your unsecured health information; and
- Follow the terms of the notice currently in effect.

Changes to Notice

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in our facilities and on our website, www.mdsdme.com/hipaa. You may also request a copy of any notice from our office manager.

Our Organization

This notice describes the privacy practices of MDS. MDS includes medical professionals, employees and its agents. This notice also describes the privacy practices of affiliated providers while they are performing services in behalf of MDS unless they provide you with a notice of their specific privacy practices. Affiliated providers are not employed by MDS but are authorized to provide services to patients. Affiliated providers may have different privacy practices from those described in this notice. For more information about the privacy practices of affiliated providers, please contact them directly.

Contact Us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, contact: MDS's office manager at 801-475-0303.

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

I have read and understand this Privacy Notice:

I give permission for the following family members or friends to be contacted regarding my medical care (List Name and Telephone):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Patient Signature: _____

Witness Signature: _____

Date Signed: _____