

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

### **PLEASE REVIEW IT CAREFULLY**

This notice is to inform you about Medicomp, Inc.'s privacy practices and our legal responsibilities related to the protection of medical/health records that we create and receive from other providers. This notice explains how we may use and disclose your medical/health information, our obligations related to the use and disclosure of your medical/health information and your rights related to any medical/health information that we have about you.

In addition to Medicomp, Inc. employees directly related to the services you receive, the following people are considered part of your treatment team and also follow the practices described in this *Notice of Privacy Practices*:

- Any health care professional who is authorized to enter information in your medical/health record
- Any contractors that assist us with treatment, payment processes, or health care operations.

If you need to speak with someone about any of the information contained in this *Notice of Privacy Practices*, you may talk with the individual providing this information to you or you may contact:

Privacy Officer  
Medicomp, Inc.  
7845 Ellis Road  
Melbourne, FL 32904  
Tel. (321) 676-0010  
Fax. (321) 676-2282

## **Medicomp, Inc. - HIPAA Privacy Policy for Disclosure of PHI**

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical or health information. Each category of uses or disclosures is followed by examples. Not every possible use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information fall within one of the categories.

#### **Permitted Use and Disclosure of Medical Information:**

"Protected health information" (PHI) is information related to your past, present and future physical and mental health and related healthcare services, including demographics that may identify you. Medicomp, Inc. understands that your privacy is important and that keeping your PHI confidential and secure is one of our most important responsibilities. All PHI we generate or receive about you will be used only to assist you. In order to do this, we may use or disclose medical information about you within Medicomp, Inc. and with business associates for the purposes of your treatment, payment for services, or health care operations.

Treatment: We may use medical information about you to provide you with treatment or services. For example, your treatment team members will discuss your medical/ health information in order to develop and carry out a plan for your treatment/services. Medicomp, Inc. personnel may also share medical/health information about you in order to coordinate the various things you need. We also may disclose medical or health information about you to people outside Medicomp who may be involved in your medical care, but only the minimum necessary amount of information will be used or disclosed for this purpose.

Payment: We may use and disclose medical/health information about you so that the treatment/services you receive through Medicomp, Inc. may be billed and payment may be collected from you, an insurance company or a third party. For example, we may provide information about services you have received from Medicomp to your insurance plan so that your insurance plan pays us for these services. We may also tell your insurance plan or other payor about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered. In addition, in order to correctly determine your ability to pay for services, we may disclose your information to the Social Security Administration or the Department of Social Services.

Health Care Operations: We may use medical/health information about you for normal day-to-day business practices in order to run our business and make sure that all of our clients receive quality care. Trained staff will handle your medical record to assemble documentation. We may use medical/health information for quality improvement to review our treatment and services and to evaluate the performance of our staff. We may combine medical information about many clients to decide what additional services we should offer, what services are not needed, and whether certain treatments are effective. We may disclose information to the Food and Drug Administration, an Institutional Review Board, medical students, interns and residents and other facility personnel-in-training for supervision and learning purposes. We may combine the medical or health information we have with information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific clients.

Uses and Disclosures of Medical/Health Information by Authorization Only: Medicomp, Inc. is required to get your authorization to use or disclose your protected health information for reasons other than those identified above. When you request that we disclose information to yourself or another party, we will respond within the guidelines of federal and state law. You or your legal representative will sign an Authorization for Disclosure form to specifically identify what information will be given, to whom, for what purpose, and for what time period. You have the right to revoke a signed authorization at any time by giving us a written statement to that effect. If you revoke your authorization, we will no longer use or disclose the information specified. However, we will not be able to take back any disclosures that we have already made based on your previous authorization.

Uses and Disclosures of Medical/Health Information That Do Not Require Your Authorization: In certain circumstances, we are allowed by law to disclose health information about you without your authorization. There will be documentation available to you upon your request identifying what information was disclosed, to whom and for what reason.

Appointment Reminders: We may use and disclose medical information to contact you by mail or phone as a reminder that you have an appointment for treatment or services or that you must return a device provided to you by Medicomp, Inc..

Treatment Alternatives and Health-Related Benefits and Services: We may use and disclose medical information to tell you about or recommend possible health-related treatment options, benefits or services that may be of interest to you.

As Required By Law: We may disclose medical/health information about you when required to do so by federal, state or local law, such as when we are presented with a court-ordered warrant requesting information.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical or health information about you to prevent a serious threat to the health/safety of you, another person, or the general public. For example, we may release information in response to a statement made by you to harm yourself or another person. Any such disclosures would be limited to individual(s) able to help prevent the threat.

Public Health Risks: We may disclose medical/health information about you for public health activities, including the following: to prevent or control disease, injury or disability; to report births and deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

To Report Abuse: We may disclose medical/health information to report child abuse or neglect or to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose medical/health information to a health oversight agency for activities authorized by law to monitor the health care system, government programs, and compliance with civil rights laws. These activities include audits, investigations, inspections, and licensure reviews.

Individuals Involved in Disaster Relief: We may disclose medical information about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Organ and Tissue Donation: If you are an organ donor, we may release medical/health information to organizations that handle organ procurement or transplantation or to an organ donation bank, as necessary to facilitate donation/transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical/health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical/health information about you for workers' compensation or similar programs in order to facilitate processing of benefits for work-related injuries or illness.

Lawsuits and Disputes: We may disclose medical/health information about you in response to a court or administrative order if you are involved in a lawsuit or dispute.

Law Enforcement: We may release medical/health information if asked to do so by a law enforcement official; however, if the material is protected by more strict regulations related to substance abuse and mental health services, a court order is required. We may also release limited medical/health information to law enforcement in the following situations:

(1) about a client who may be a victim of a crime if, under certain limited circumstances, we are unable to obtain the client's agreement; (2) about a death we believe may be the result of criminal conduct; (3) about criminal conduct at a Medicomp, Inc. facility; (4) about a client who commits or threatens to commit a crime on the premises or against program staff (in which case we may release the client's name, address, and last known whereabouts); and, (5) in emergency circumstances, to report a crime, the location of the crime or victims, and the identity, description and/or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical/health information to a coroner or medical examiner in order to identify a deceased person or determine the cause of death. We may also release medical/health information about deceased clients to funeral directors as necessary to carry out their duties. National Security and Intelligence Activities: We may release medical/health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose medical/health information about you to authorized federal officials so they may conduct special investigations or provide protection to the President and other authorized persons, including foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/health information about you to the correctional institution or law enforcement official (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Questions: If you have any questions regarding how your PHI is being used, please contact:

Privacy Officer Medicomp, Inc. 7845 Ellis Road Melbourne, FL 32904 Tel. (321) 676-0010 Fax. (321) 676-2282
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## YOUR RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy your medical/health information, with the exception of psychotherapy notes and information compiled in anticipation of litigation. Requests for inspecting or copying must be made in writing and submitted to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances, such as if release of the information would be harmful to you or to someone else. If you are denied access to your medical/health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Medicomp will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request an Amendment:** If you feel that medical/health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Medicomp. Requests for amendments must be made in writing and submitted to the Privacy Officer. You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing or if it does not include a reason supporting the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Medicomp, Inc. or
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures of your medical/health information made by Medicomp, Inc. for reasons other than payment, treatment and operations. Requests for accounting must be made in writing and submitted to the Privacy Officer. Your request must include a time period, as much as six years back from the date of the request. Records prior to April 14, 2003 will not be included, as we did not have a formal way of tracking this information before this rule went into effect. (This means that if you make a request in July of 2003, you will receive a record of releases for April 15-30, May, June and July.) Your request should indicate whether you want to receive the list on paper or electronically. The first list you request within a twelve-month period will be free. For additional lists in the same twelve-month period, we may charge you the cost of providing the list. We will notify you of that cost and give you an opportunity to withdraw or modify your request before you are charged.

**Right to Request Restrictions:** You have the right to request limitations on the medical/health information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about your medical history to a particular provider. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Requests for restrictions must be made in writing and submitted to the Privacy Officer. Your request must include: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications:** From time to time, Medicomp may want to contact you regarding your treatment or regarding the services we provide. You have the right to request that we communicate with you about medical/health matters in a certain way or at a certain location. For example, you could ask that we only contact you at work or by mail. Requests for confidential communications must be made in writing and submitted to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice, even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time by contacting your service provider or the Privacy Officer.

**CHANGES TO THIS NOTICE:** We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Medicomp, Inc. maintains. A copy of the current notice is available to you at any time upon request. The notice contains the effective date on the last page in the lower left-hand corner.

**COMPLAINTS** If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer, Medicomp, Inc.  
7845 Ellis Road  
Melbourne, FL 32904  
Tel. (321) 676-0010  
Fax. (321) 676-2282

Secretary of the U.S. Department of Health and Human Services  
200 Independence Ave. S.W.  
Washington, DC, 20201  
(877) 696-6775

Office of Civil Rights  
(866) OCR-PRIV [(866) 627-7748]  
or  
(800) 368-1019

All complaints to Medicomp, Inc. must be submitted in writing. Filing a complaint will not affect your services or treatment. You will not be retaliated against for filing a complaint.

**Effective 4/7/2003**