



GEMCO MEDICAL - HIPAA NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

"We" and "us" in this document refers to any individual employed by GEMCO Medical. All employees are authorized to release your protected health information for the reasons listed below.

PERMITTED USES AND DISCLOSURES

Under HIPAA, we may use, receive or disclose your protected health information for payment, treatment or healthcare operations without obtaining a written authorization from you. Examples of this use include but are not limited to:

Treatment means the provision, coordination or management of your health care, including patient specific home delivery of medical supplies. For example, your protected health information may be provided to a physician to receive authorization to provide you medical supplies.

Payment means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

Healthcare operations means GEMCO Medical may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may use or disclose your protected health information, as necessary, to contact you. The supporting functions of GEMCO Medical are related to quality assurance activities, receiving and responding to customer complaints, compliance programs, audits, business planning, development, management and administrative activities.

Unless you authorize us otherwise, your protected health information will be available only to the individuals who need the information to conduct payment, treatment or healthcare operations activities.

Other Disclosures GEMCO Medical may make:

- To comply with legal proceedings, court or administrative order or subpoena
- To law enforcement officials for limited law enforcement purposes
- To public Health Authorities for certain required public health activities
- To avert a serious threat to the health or safety of you or any other person
- To comply with laws and regulations related to workers' compensation or similar programs
- To a coroner, medical examiner or funeral director for purposes of carrying out his or her duties



- To federal officials for lawful intelligence activities or if you are imprisoned
- To your personal representative appointed by you or designated by law
- When otherwise required by law
- To inform you of other products and services that may be of interest to you
- To your personal representative appointed by you or designated by law
- When otherwise required by law
- To inform you of other products and services that may be of interest to you

These uses and disclosures may be subject to special rules under HIPAA or other laws.

We may use or disclose your protected health information in the following situations without your authorization: As Required by Law, Public Health issues as required by law, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, and Workers' Compensation. Required uses and disclosures: under the law, GEMCO Medical must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

We may use or disclose your protected health information in the following situations without your authorization: As Required by Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Military Activity, National Security, and Workers' Compensation as authorized by, and to the extent necessary to comply with, workers' compensation programs. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS: Following is a statement of your rights with respect to your protected health information. You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy 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.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.



HELPING YOU... HELP YOUR CUSTOMERS

You may have the right to have our organization amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

Complaints: You have the right to file a complaint with us if you believe that your client rights or privacy rights have been violated. GEMCO Medical will not intimidate or retaliate against any individual who reports a breach of policy.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any questions concerning your client/patient rights, **please contact us at 800-733-7976.**

Associated companies with whom we may do business, such as delivery services or interpreters, are given only enough information to provide the necessary service to you. No medical information will be provided by GEMCO Medical. Please feel free to call or email GEMCO Medical if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality of services.

Contact us at:
GEMCO Medical
Attn: Privacy Policy
5640 Hudson Industrial Parkway
Hudson, OH 44236

Email: customerservice@gemcomedical.com
Phone: (800) 733-7976
Fax: (330) 342-9444 or (330) 342-9445

To contact the Secretary of Health and Human Services, write to:

U.S. Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Effective Date of Notice: August 27, 2019. GEMCO Medical is required to follow the terms of this notice until it is replaced. GEMCO Medical reserves the right to change this Privacy Statement at any time as allowed by law and will notify you of any changes as required by law. GEMCO Medical reserves the right to make the changes apply to all information GEMCO Medical maintains. Any changes to this policy will be posted on www.gemcomedical.com. Check back periodically for updates.