

CUSTOM CARE SOLUTIONS, LLC OFFICE POLICY AND PROCEDURE ON PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The privacy of your information is protected by the Health Insurance Portability and Accountability Act (HIPAA). Our office is required to keep your protected health information private, give you a copy of the HIPAA Policy and follow the terms of the policy. We understand that your personal health information is very sensitive, we will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. You may request a copy of the HIPAA Policies and Regulations by calling or visiting our office. If you believe your privacy rights have been violated, you may discuss your concerns with any staff member of Custom Care Solutions, LLC. You may also file a complaint with the U.S. Secretary of Health and Human Services.

POLICY: In accordance with HIPAA regulations, staffs of Custom Care Solutions, LLC are permitted to use or disclose **PROTECTED HEALTH INFORMATION** for the following purposes:

- For treatment, disclosure of patient's **PROTECTED HEALTH INFORMATION** to another provider for consultation about a diagnosis of treatment or for referral of patient to another provider.
- To submit a claim for payment of services provided to patient to your health insurance plane.
- When patient's **PROTECTED HEALTH INFORMATION** is needed to conduct health care operations and administrative functions of Custom Care Solutions, LLC. Examples of these functions include:
 - Evaluating practitioner performance
 - Accreditation/certification activities
 - Medical review
 - Legal services, Auditing functions
 - Compliance programs
 - Business planning and management
 - General administrative activities
 - Reviewing the qualification of health care professionals
 - For purposes requiring patient's authorization.

PROCEDURES: Advise patients of the following circumstances under which Custom Care Solutions, LLC will allow the patient the opportunity to agree or object to the use or disclosure of his/her **PROTECTED HEALTH INFORMATION**. This agreement or objection can be made in writing or by verbal communication. When Custom Care Solutions, LLC needs to disclose the patient's **PROTECTED HEALTH INFORMATION** or the patient's general condition, or location to someone else, such as a family member or friend involved in the patient's treatment or payment related to that treatment. If the patient is incapacitated or is not present to agree or object to the disclosure of his/her **PROTECTED HEALTH INFORMATION** to someone else, then Custom Care Solutions, LLC can make the determination whether the disclosure is the patient's best interest. Custom Care Solutions, LLC may only disclose the **PROTECTED HEALTH INFORMATION** that is directly relevant to the person's involvement with the patient's health care. In case of a patient's death, Custom Care Solutions, LLC may notify the family member, the patient's personal representative or any other person responsible for the patient's care. In the case of a disaster, where Custom Care Solutions, LLC needs to provide **PROTECTED HEALTH INFORMATION** to a public or private entity authorized by law to assist in disaster relief efforts, the patient will only be provided the opportunity to agree or object if taking the time to do so does not interfere with the ability to respond to the emergency circumstances. 1. Advise patients of the following circumstances under which Custom Care Solutions, LLC does not need to provide the patient the opportunity to agree or object to use or disclose of the patient's **PROTECTED HEALTH INFORMATION**.

- For uses and disclosures required by law
- For certain public health activities (such as the reporting of disease)
- To the Food and Drug Administration with respect to a FDA regulated product or for certain activities such as reporting adverse events, tracking FDA-regulated products or enabling product recalls, repairs or replacements
- To a government authority authorized to receive reports or abuse, neglect, or domestic violence
- To a health oversight agency for oversight activities authorized by law (audits, licensure, inspections, etc)
- For certain judicial and administrative proceedings (or example in response to a court order, or to a subpoena, or discovery request).
- For certain law enforcement purposes (such as grand jury subpoena; request by law official during an investigation)

- For the provision of care to inmates
- To victims of a crime
- For specialized government functions (such as military missions or lawful intelligence, counterintelligence, or national security activities)
- To comply with worker's compensation laws
- For identification and location purposes in response to a law enforcement official's request for such information for the purpose of identifying or location a suspect.
- Research
- To a coroner, medical examiner, or funeral director, to assist the recipient in performing his or her legal duties
- To an organ procurement organization in order to facilitate donation or transplantation
- To prevent or lessen a serious and imminent threat to the health and safety of an individual or the public
- Fundraising (can only use the patient's demographic data and dates of health care)

Your Health Information Rights: The health and billing records we create and store are the property of Custom Care Solutions, LLC. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask question about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice");
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request. Have us review a denial of access to your health information-except I certain circumstances;
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without a charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.

Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact:

Elaina Owens , Co-owner 360-753-7224

Rachel Martini, Custom Compression Fitter 360-753-7224

Kollene Sarver, Patient Coordinator 360-753-7224