

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

#### **Who Will Follow This Notice**

This Notice describes the privacy practices of Medi-Rents & Sales, Inc. ("Medi-Rents" or "we"). Medi-Rents will not use or disclose your medical information without your authorization, except as described in this Notice or otherwise required by law.

#### **Our Privacy Pledge**

Medi-Rents understands that your medical information is sensitive, and we want to protect the privacy of that information. This Notice applies to all of your medical information that we receive, create, or maintain. (Your doctor, other health care providers, and health insurers also receive, create, and maintain medical information about you, and may have different policies regarding their use and disclosure of that information. This Notice only applies to Medi-Rents.)

Medi-Rents is required by law to maintain the privacy of your medical information. Medi-Rents is also required to provide you with this Notice and to abide by its terms.

#### **Changes to this Notice**

Medi-Rents reserves the right to change this Notice, and the right to make the changed Notice effective for medical information we already have as well as for medical information we create or receive after the Notice is changed. If we make a material change to the Notice, we will make the new Notice available to you. The Notice will state the effective date.

#### **Use and Disclosure for Treatment, Payment, and Health Care Operations**

Medi-Rents uses and discloses your medical information for different purposes. This section describes and gives examples of the uses and disclosures we may make for treatment, payment, and health care operations. By law, these uses and disclosures do not require your authorization.

**Treatment:** Medi-Rents may use or disclose your medical information to provide, coordinate, and manage your health care.

**Examples:** We may use your medical information to fill your doctor's orders and deliver equipment or supplies to you, and we may disclose your medical information to other health care providers to coordinate your health care.

**Payment:** Medi-Rents may use or disclose your medical information to obtain payment for treatment provided to you. **Examples:** We may use your medical information to prepare a bill for equipment we have provided to you, and we may disclose your medical information to a health insurer in order to obtain payment for equipment we have provided to you.

**Health Care Operations:** Medi-Rents may use and disclose your medical information for functions that are necessary to run Medi-Rents, such as quality control, arranging for legal or auditing services, business planning, and general administrative activities.

**Examples:** We may use your medical information to notify you of treatment alternatives, and we may disclose your medical information to an auditor examining our financial records.

#### **Business Associates of Medi-Rents**

Medi-Rents may disclose your medical information to "business associates" who perform services for Medi-Rents that require the use of your medical information. To perform their work, our business associates may disclose your medical information to others. Medi-Rents requires its business associates to safeguard your medical information. We do not allow our business associates to use or disclose your medical information in any way that we may not use or disclose it, except for uses or disclosures necessary for the business associates' own management and business administration, to carry out the business associates' legal responsibilities, or to perform data aggregation.

#### **Other Uses and Disclosures Without Authorization**

**As Required by Law:** Medi-Rents may use or disclose your medical information when required to do so by federal, state, or local law. Any use or disclosure required by law will comply with and will be limited to the requirements of the law.

**Public Health Activities:** Medi-Rents may disclose your medical information to public health authorities, other appropriate government authorities, or the Food and Drug Administration, for public health activities including: to prevent or control disease, injury, or disability; to report adverse reactions to medications or product defects; or to notify people of product recalls.

**Victims of Abuse:** Medi-Rents may disclose your medical information if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only make this disclosure if: you agree; or the disclosure is required by law; or the disclosure is expressly authorized by law and, in the exercise of our professional judgment, we believe that the disclosure is necessary to prevent serious harm to you or other potential victims.

**Health Oversight Activities:** Medi-Rents may disclose your medical information to health oversight agencies for activities authorized by law. Health oversight activities include audits, investigations, inspections, licensure, and other activities necessary for oversight of the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** Medi-Rents may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process, but only if we have tried to tell you about the request or to obtain an order protecting the information.

**Law Enforcement:** Medi-Rents may disclose your medical information to a law enforcement official, under certain conditions, including: in response to a court order, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person, but subject to conditions and limits on the information that may be disclosed; about the victim of a crime, but only if the victim agrees or, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; or as required by law, including laws that require reporting certain types of injuries.

**Coroners and Medical Examiners:** Medi-Rents may disclose your medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or performing other duties as authorized by law.

**Funeral Directors:** Medi-Rents may disclose your medical information to funeral directors consistent with applicable law, to enable them to carry out their duties.

**Organ and Tissue Donation:** If you are an organ donor, Medi-Rents may disclose your medical information to certain types of organizations to facilitate organ donation and transplantation.

**Research:** Under certain circumstances, Medi-Rents may use or disclose your medical information for research purposes.

**To Avert a Serious Threat to Health or Safety:** Medi-Rents may use and disclose your medical information, consistent with applicable law and standards of ethical conduct, if we have a good faith belief that the use or disclosure is necessary for any of the following purposes: to prevent or lessen a serious and imminent threat to the health or safety of the public or a person, but only to someone reasonably able to prevent or lessen the threat; or for law enforcement authorities to identify or apprehend an individual.

**Specialized Government Functions:** Medi-Rents may disclose your medical information for certain specialized government functions, including the following:

National Security and Intelligence Activities: We may disclose your medical information to federal officials for intelligence and other national security activities as authorized by law.

Military: If you are a member of the armed forces (U.S. or foreign), we may use or disclose your medical information as required by military command authorities.

Inmates: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your medical information to the institution or official if the institution or official states that the disclosure is necessary to provide you with health care, to protect your health and safety or the health and safety of others, for the maintenance of the safety, security, and good order of the institution, or for law enforcement on the institution's premises.

Workers' Compensation: Medi-Rents may disclose your medical information as authorized by and as necessary to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness.

U.S. Department of Health and Human Services: Medi-Rents is required to disclose your medical information to the U.S. Department of Health and Human Services as necessary to determine Medi-Rents' compliance with privacy requirements.

Notification: Under certain circumstances, Medi-Rents may use or disclose your medical information to notify or assist in notifying a family member or other person responsible for your care, of your location, general condition, or death. We may also disclose your medical information to certain disaster relief agencies to coordinate notifications.

Involvement in Care: Unless you object, Medi-Rents may disclose your medical information to a family member, close personal friend, or other person you identify, but we will only disclose information relevant to that person's involvement in your care or payment for your care.

### **Your Rights Regarding Your Medical Information**

Although medical records belong to the health care providers, health plans, and insurers that create and maintain them, you have certain rights regarding your medical information that is contained in those medical records. You have the following rights regarding your medical information that Medi-Rents creates or maintains.

Right to Request Restrictions: You have the right to request that Medi-Rents restrict the use or disclosure of your medical information for purposes of treatment, payment, or health care operations. You also have the right to request that we restrict the disclosure of your medical information to persons involved in your care or the payment for your care, such as family members or friends. We are not required to agree to a request for restrictions. If we agree to a restriction, we will honor it unless you withdraw the restriction or we give you advance notice that we will no longer honor it. To request restrictions, you must submit your request in writing to the Medi-Rents Privacy Officer, stating what uses or disclosures you want to restrict and the specific nature of the restrictions, such as no disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that Medi-Rents communicate with you in by a certain means or at a certain location. For example, you may ask that we only contact you at work or only by mail to a post office box. To request confidential communications, you must submit your request in writing to the Medi-Rents Privacy Officer and you must include a specific statement of how or where you wish to be contacted. We will accommodate reasonable requests. Depending on the nature of your request, we may require that you provide information as to how payment for our services will be handled.

Right to Inspect and Copy: You have the right to inspect and copy certain of your medical information. However, some categories of information are excluded. To inspect and copy your medical information, you must submit your request in writing to the Medi-Rents Privacy Officer. If you request a copy of your medical information, we may charge a reasonable, cost-based fee for copying, supplies and labor associated with the copying, and postage. We may deny your request to inspect and copy your medical information under certain limited circumstances. If your request is denied, you may be entitled to have the denial reviewed.

Right to Request Amendment: If you feel that your medical information that Medi-Rents creates or maintains is incorrect or incomplete, you may ask us to amend it. To request an amendment, you must submit your request in writing to the Medi-Rents Privacy Officer, stating the reason for the amendment. We may deny your request if you ask us to amend information that: is not part of the medical information kept by Medi-Rents; was not created by us, unless you have a reasonable basis to believe that the person or entity that created the information is no longer available to make the amendment; is not part of the information that you are permitted to inspect and copy; or is accurate and complete. If we deny your request for an amendment we will tell you why, and how you can file a statement of disagreement. If we agree to make the amendment, we will put the amendment in our records and distribute it to others if we know they may have relied on the information, or could foreseeably rely on it, to your detriment. Medi-Rents will also give the amended information to persons you identify as needing the amendment.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures of your medical information by Medi-Rents. We do not need to include disclosures:

1) for treatment, payment, or health care operations; 2) to you; 3) that are incidental to otherwise permitted disclosures; 4) made under an authorization; 5) to persons involved in your care; 6) for certain notification purposes; 7) for national security or intelligence purposes; 8) to correctional institutions or law enforcement officers; 9) made as part of a limited data set; 10) made more than six years before the date of your request; or 11) made prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the Medi-Rents Privacy Officer, stating a time period. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting in any 12-month period will be provided free. For additional accountings in the same 12-month period, we may charge you a reasonable cost-based fee. We will notify you of the cost involved and you may withdraw or modify your request before any costs are incurred.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice, even if you agreed to receive the Notice electronically. To obtain a paper copy of this Notice, contact the Medi-Rents Privacy Officer.

### **Other Uses of Medical Information**

If you authorize us to use or disclose your medical information, you may withdraw your authorization, in writing, at any time. After we receive a withdrawal of your authorization, we will not use or disclose your medical information for the purposes covered by the authorization. However, we are not able to change any uses or disclosures that were already made.

### **Questions and Complaints**

If you have any question about this Notice, please contact the Medi-Rents Privacy Officer. If you believe your privacy rights have been violated by Medi-Rents, you may file a complaint with Medi-Rents or with the Secretary of the U.S. Department of Health and Human Services, or with both. To file a complaint with the Plan, contact the Medi-Rents Privacy Officer. All complaints must be in writing. You will not be penalized for filing a complaint.

The Medi-Rents Privacy Officer is Chris Petr. He can be reached at 410-327-7252, and his address is 743 S. Conkling Street, Baltimore, MD 21224.