

# Notice of Privacy Practices

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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.

## Your Rights.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days (60 days if the information is stored off-site) of your request. We may charge a reasonable, cost-based fee.
- We may deny your request for access in certain situations. For example, we may deny your request if we believe the disclosure will endanger your life or health or that of another person.

### Ask us to amend health and claims records

- You can ask us to amend your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- Your right to ask us to amend your records lasts for as long as we maintain this information.
- We may deny your request, but we'll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- You can ask us not to share certain health information with family or friends involved in your treatment.
- We are not required to agree to your request, and we may say "no" if it would negatively affect your care.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You may file a complaint with Solara Medical Supplies, LLC by contacting our Corporate Privacy Officer, Marty Hoffman.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We will never share your information for marketing purposes or sell your information without your written permission.*

## Our Uses and Disclosures

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

### Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

### Pay for your health services

We can use and disclose your health information to receive payment for your health services.

## How else can we use or share your health information?

In general, we are required to obtain your specific written authorization to use or disclose your Protected Health Information for purposes unrelated to treatment, payment, or health care operations. However, we are occasionally allowed or required to share your information in other ways. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications or devices
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

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## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director

We can share health information about you with a coroner, medical examiner, or funeral director if it is needed to carry out their duties.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our website, and upon request we will mail a copy to you.

## Other Instructions for Notice

- This notice is effective September 9, 2019.
- There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.
- You may contact our HIPAA Compliance/Legal Department at [compliance@solaramedicalsupplies.com](mailto:compliance@solaramedicalsupplies.com) for further information about the complaint process or any other information covered by this Notice.

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I understand that under HIPAA regulations, I have the right to request that Solara restrict how protected private health information about me is used or disclosed on the Patient Consent form, a document separate from this acknowledgment.

By signing this document, I acknowledge that I have received the Notice of Privacy Practices and if I refused to sign this document, I understand that Solara must continue to provide services or treatment.

Patient Name (print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Legal Guardian Signature (if applicable): \_\_\_\_\_

Relationship: \_\_\_\_\_