

# **MCT, Inc. d/b/a Physicians Home Health SuperStore**

## **NOTICE OF PRIVACY PRACTICES / TERMS & CONDITIONS**

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **OUR COMMITMENT TO YOUR PRIVACY**

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. The personal information collected include your address, insurance information, diagnosis, medical records, emergency contacts, phone numbers, Etc. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your protected health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

### **To summarize this notice provides you with the following important information:**

How we may use and disclose your identifiable health information. Your privacy rights in your identifiable health information. Our obligations concerning the use and disclosure of your identifiable health information. The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit.

### **IF YOU HAVE QUESTIONS ABOUT THIS NOTICE. PLEASE CONTACT:**

Jamie Holliday, Compliance Officer, MCT, Inc., PO Box 1383 Gadsden, AL 35902 1-800-290-5447

Email: [Jamie@ShopPHHS.com](mailto:Jamie@ShopPHHS.com)

### **WE MAY USE SHARE AND DISCLOSE YOUR PERSONAL AND HEALTH INFORMATION IN THE FOLLOWING WAYS**

- Treatment. Our organization may use or disclose your Protected Health Information to provide medical treatment and/or services in order to manage and coordinate your medical care. For example, we may perform a follow-up interview and we may use the results to help us modify your treatment plan. Many of the people who work for our organization may use or disclose Protected Health Information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children, or parents.
- Payment. Your Protected Health Information will be used to obtain payment for your healthcare services. For example, we will provide your healthcare plan with the information it requires prior to paying us for the services we provided to you. This use and disclosure may also include certain activities that your health plan requires prior to approving service, such as determining benefits, eligibility and prior authorization, etc. We may also use and disclose your protected health information to obtain payment from third parties who may be responsible for such costs, such as family members or to bill you directly for services and items.
- !• Health Care Operations. We may use and disclose your Protected Health Information to manage, operate and support the business activities of our practice. These activities include, but are not limited to, quality assessment, employee review, licensing, fundraising, and conducting or arranging for other business activities.
- Appointment Reminders. Our organization may use and disclose your identifiable health information to contact you and remind you of visits/deliveries.

- Health-Related Benefits and Services. Our organization may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
- Minors. Protected Health Information of minors will be disclosed to their parents or legal guardians, unless prohibited by law.
- Disclosures Required By Law. We will use and disclose your Protected Health Information when required to do so by local, state, federal and international law.
- Abuse, Neglect, and Domestic Violence. Your Protected Health Information will be disclosed to the appropriate government agency if there is belief that a patient has been or is currently the victim of abuse, neglect, or domestic violence, and the patient agrees or it is required by law to do so. In addition, your information may also be disclosed when necessary to prevent a serious threat to your health or safety or the health or safety of others to someone who may be able to help prevent the threat.
- Business Associates. We may disclose your Protected Health Information to our business associates who provide us with services necessary to operate and function as a medical practice. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. For example, we may use a separate company to process our billing services that require access to a limited amount of your health information. Please know and understand that all of our business associates are obligated to comply with the same HIPAA privacy and security rules in which we are obligated. Additionally, all of our business associates are under contract with us and committed to protect the privacy and security of your Protected Health Information.
- Public Health Risks. Your Protected Health Information may be disclosed and may be required by law to be disclosed for public health risks for the purpose of: Maintaining vital records, such as births and deaths Reporting child abuse or neglect Preventing or controlling disease, injury, or disability Notifying a person regarding potential exposure to a communicable disease Notifying a person regarding a potential risk for spreading or contracting a disease or condition Reporting reactions to drugs or problems with products or devices Notifying individuals if a product or device they may be using has been recalled Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- Health Oversight Activities. We may disclose your Protected Health Information to a health oversight agency for audits, investigations, inspections, licensures, and other activities as authorized by law.
- Lawsuits and Similar Proceedings. As sometimes required by law, we may disclose your Protected Health Information for the purpose of litigation to include: disputes and lawsuits; in response to a court of administrative order; response to a subpoena request for discovery; or other legal processes. However, disclosure will only be made if efforts have been made to inform you of the request to obtain an order protecting the information requested. Your information may also be disclosed if required for our legal defense in the event of a lawsuit.
- Law Enforcement. We will disclose your Protected Health Information if asked to do so by a law enforcement official when all applicable legal requirements have been met. This includes, but is not limited to: Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement Concerning a death we believe might have resulted from criminal conduct Regarding criminal conduct at our offices In response to a warrant, summons, court order, subpoena, or similar legal process To identify/locate a suspect, material witness, fugitive, or missing person in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
- Serious Threats to Health or Safety. Our organization may use and disclose your Protected Health Information, when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- Coroners and Medical Examiners. We disclose Protected Health Information to coroners and medical examiners to assist in fulfillment of their work responsibilities and investigations.
- Military. Our organization may disclose your Protected Health Information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

- National Security. Our organization may disclose your Protected Health Information to federal officials for intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- Inmates. We may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the safety and security of the institution; and/or (c) to protect your health and safety or the health and safety of other individuals.
- Workers' Compensation. We will disclose only the protected health information necessary in compliance with Workers' Compensation laws. This information may be reported to your employer and/or employer's representative regarding an occupational injury or illness.
- Change of ownership. In the event Physician's Home Health SuperStore is sold, acquired, or merged with another organization, your protected health information/record will become property of the new owner, although you will maintain the right to request copies of your health information be transferred to another medical equipment provider.
- Breach Notification. If for any reason there is an unsecured breach of your Protected Health Information, we will utilize the contact information you have been provided us with to notify you of the breach, as required by law. In addition, your Protected Health Information may be disclosed as a part of the breach notification and reporting process.
- The phone number and SMS consent obtained for the purposes of SMS is not shared with third parties for marketing purposes.

### **USES AND DISCLOSURES IN WHICH YOU HAVE THE RIGHT TO OBJECT AND OPT OUT**

- Communication with family and/or individuals involved in your care or payment of your care: Unless you object, disclosure of your Protected Health Information may be made to a family member, friend, or other individual involved in your care or payment of your care in which you have been identified.
- Disaster. In the event of a disaster, your Protected Health Information may be disclosed to disaster relief organizations to coordinate your care and/or notify family members or friends of your location and condition. Whenever possible, we will provide you with an opportunity to agree or object.
- Fundraising. As necessary, we may disclose your Protected Health Information to contact you regarding fundraising events and efforts. You have the right to object or opt out of these types of communications. Please let our office know if you would NOT like to receive such communications.

### **USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION**

We will not disclose or use your Protected Health Information in the situations listed below without first obtaining written authorization to do so. In addition to the uses and disclosures listed below, other uses not covered in this Notice will be made only with your written authorization. If you provide us with authorization, you may revoke it at any time by submitting a request in writing.

- Disclosure of Psychotherapy Notes. Unless we obtain your written authorization, in most circumstances we will not disclose your psychotherapy notes. Some circumstances in which we will disclose your psychotherapy notes include the following: for your continued treatment; training staff; to defend ourselves during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.
- Disclosures for Marketing Purposes

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

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

- Confidential Communications. You have the right to request confidential communications from us by alternative means or at an alternative location. For example, you may designate we send mail only to an address specified by you which may or may not be your home address. You may indicate we should only call you on your work phone or specify which telephone numbers we are allowed or not allowed to leave messages on. You do not have to disclose the reason for your request; however, you must submit a written request with specific instructions in writing. Our organization will accommodate reasonable requests.
- Requesting Restrictions. You have the right to restrict and/or limit the information we disclose to others, such as family members, friends, and individuals involved in your care or payment for your care. You also have the right to limit or restrict information we use or disclose for treatment, payment, and/or health care operations. Your request must be

submitted in writing and include the specific restriction requested, whom you want the restriction to apply, and why you would like to impose the restriction. Please note, we are not required to agree to your request; however, if we do agree, we are bound by our agreement with the exception of a restriction requested to not disclose information to your health plan for care and services in which you have paid in full out-of-pocket.

•!• Inspection and Copies. Pursuant to your written request, you have the right to inspect and copy your Protected Health Information in paper or electronic format. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes, information compiled as it related to civil, criminal, or administrative action proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others. We have up to 30 days to provide the Protected Health Information and may charge a fee associated costs. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.

•!• Summary. You have the right to request only a summary of your Protected Health Information if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the information when you request your entire record.

•!• Electronic Copy. You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your Protected Health Information is maintained in an electronic format. We will make every attempt to provide the records in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.

•!• Notice of Breach. In the event of a breach of your Protected Health Information, you have the right to be notified of such breach.

•!• Amendment. At any time if you believe the Protected Health Information we have on file for you is inaccurate or incomplete, you may request we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.

•!• Accounting of Disclosures. You have the right to receive an accounting of disclosures of your Protected Health Information. An "accounting" being a list of the disclosures that we have made of your information. The request can be made for paper and/or electronic disclosures and will not include disclosures made for the purpose of: treatment; payment; health care operations; notification and communication with family and/or friends; and those required by law.

•!• Right to a Paper Copy of This Notice. Even if you have agreed to receive an electronic copy of this Privacy Notice, you have the right to request we provide it in paper form. You may make such a request at any time.

•!• Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, Compliance Officer, MCT, Inc. PO Box 1383 Gadsden, AL 35902. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

•!• Right to Provide an Authorization for Other Uses and Disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note we are required to retain records of your care.

### •!• **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this notice and will notify you of such changes. We will also make copies available of our new notice if you wish to obtain one and the latest version will be posted on our website at <https://shopphhs.com/privacy-policy> We will not retaliate against you for filing a complaint

## **SMS TERMS & Conditions of Service**

Efficient communication with you and your caregivers is required as a condition of doing business with PHYSICIANS HOME HEALTH SUPERSTORE so that we may best meet your medical equipment and supply needs. By opting into SMS from a web form, hand signing OR electronically signing a delivery ticket, or other medium, you are agreeing to receive SMS messages from PHYSICIANS HOME HEALTH SUPERSTORE. This includes SMS messages for appointment scheduling, appointment reminders, post-visit instructions, billing notifications, order status, order refills, request for service, etc. Message frequency varies. Message and data rates may apply. See the most current version of the Privacy Policy and Terms and Conditions at <https://shopphs.com/privacy-policy> Message HELP for help. Reply STOP to any message to opt out.