



Compassion Works Medical Reimbursement, LLC

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Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

At Compassion Works Medical Reimbursement, LLC. Reimbursement and Patient Advocacy services, we are dedicated to the rights and privacy of our clients and patients.

We will always protect the confidentiality of health information of the people who rely on us for support. State and federal laws also protect the confidentiality of this sensitive information.

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, this notice describes how health information about you may be used and disclosed, and how you can get access to this information.

Please review it carefully.

Understanding Your Health Information

We collect health information from you: through the coverage assistance form that you complete before you receive services from Compassion Works Medical Reimbursement, LLC.

A confidential health record is made to your personal record account; contact us by phone or email.

This record usually contains information that identifies you, such as your name, date of birth, address and phone numbers where you can be reached. It may also contain things like diagnoses, personal history, medication information, and treatment plans.

Your health information is used to: plan for your coverage and reimbursement support services; for communication among your health care providers and insurance companies; as a legal document describing the care you received; as a way for Compassion Works Medical Reimbursement, LLC to verify benefits and services with your health plan/ insurance company; to help Compassion Works Medical Reimbursement, LLC. review and improve health insurance coverage for affordable care of your health and management.

Other uses and disclosures. Any uses or disclosures not specifically described in the Notice of Privacy Practices will

not be made without your written authorization. We do not sell personal health information, or use it for marketing or fundraising purposes.

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.

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 say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information.
- We will say “yes” unless a law requires us to share that information.

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.

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 someone has legally recognized authority, 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer (see back).
- You can 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/.
- 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, consistent with law and our policies.

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 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.

Our Uses and Disclosures

How do we typically use or share your health information?

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

Coverage Assistance

- We can use your health information and share it with other professionals who are treating you.
- We can use and share your health information with other companies to assist with affordable coverage, maintain your health care, and contact you when necessary.

Example: We use health information about you to ensure proper health coverage.

Health Insurance services

We can use and share your health information to verify benefits, submit prior authorizations, submit claims, denials any other coverage services from health plans or other entities.

Example: We give information about you to your health insurance plan to help afford and stay on your medical treatment plans.

Fees

There are **no out-of-pocket fees** to your clinic and patients charged for our services, only billed through insurance.

We accept donations at the leisure of our clients. There are no out-of-pocket costs and considered pro-bono.

The intent is to make sure patients can **afford** their overall medical foods by advocating reimbursement services to certified reimbursement specialists.

Our motto is to help people afford and stay on diet!

The intent is to make sure patients can afford their overall medical foods by advocating reimbursement services to certified reimbursement specialists and medical billing specialists,

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research, billing discrepancies and state mandate laws. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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 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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. Reference

Compassion Works Medical Reimbursement, LLC.'s Commitment to Confidentiality

Please be assured that medical reimbursement and Patient Advocacy services at Compassion Works Medical Reimbursement, LLC. are confidential. Health care records are completely separate from all other companies.

Compassion Works Medical Reimbursement, LLC. staff members confer with one another as needed to provide integrated support services for you; Otherwise, Compassion Works Medical Reimbursement, LLC. will not release any information about you without your written permission, except as authorized or required by law, or in our judgment as necessary to protect you or others from a serious threat to health or safety.

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 upon request, on our web site, and we will mail a copy to you.

Questions

If you have questions about this Privacy Notice, please contact:

Privacy Officer

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11 Rande Dr.
Wayne, NJ 07470

Phone: 973-832-4736

Fax: 973-387-1223

Email: support@compassionworksmrs.com.

Compassion Works Medical Reimbursement,
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