

Notice of Privacy Practices

Matthew Mack Abraham LLC / Skylink Medical LLC

This notice describes how medical information about you may be used and disclosed and how you can get access to your medical information. Please review carefully.

Who Will Follow This Notice Section

This notice describes our practices and that of any healthcare professional authorized to enter information into your chart, all employees, staff and other clinical personnel, physicians and caregivers may have access to medical information to assist in medical evaluation and treatment they are currently providing to you. Your physicians may have different policies or notices regarding their use and disclosure of medical information related to you which are created in their offices or clinics.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive through Athena Electronic Health Record. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records related to your care generated by our clinic, whether made by health care professionals or other personnel. This notice will tell you about the ways in which we may use and disclose medical information about you. We describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you, and follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, clergy, or others who are involved in your care. We may also disclose medical information about you to people outside the clinic who may be involved in your medical care after you leave the clinic, such as RPM Durable Medical Equipment Companies, your referring physician, or others your physician uses to provide services that are part of your care.

For Payment: We may use and disclose medical information about you, so that the treatment and services you receive at the clinic may be billed to and payment may be collected from you, an insurance company or a third party.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have any appointment for treatment or medical care at the clinic via telephone, mail, or email.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may communicate to you via newsletters, educational mail or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our facilities participate.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for your Care: We may release medical information about you to a caregiver who may be a friend or family member. We may also give information to a family member or friend who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in disaster relief efforts so that your family may be notified about your condition, status and location. You may choose to object to any such disclosure by notifying your healthcare providers.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local laws.

SPECIFIC SITUATIONS SECTION

Military: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Work-Related Illness and Injury: We may release medical information about you to your employer and others for purposes related to occupational health and safety programs and/or worker's compensation matters.

Public Health Risks: We may disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include, but are not limited to, the following situations: to prevent or control disease, injury or disability; to report child abuse or neglect, to report reactions to medication or problems with products, to notify people of recalls of products they may be using, to notify people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. Those oversight activities include, for example: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for the clinic. To request an amendment, your request must be made in writing and submitted to **Matthew Mack Abraham LLC/Skylink Medical Inc.** In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created that information is no longer available to make the amendment, is not part of the medical information kept by or for the clinic, is not part of the information which you would be permitted to inspect and copy, is accurate and complete.

Right to an Accounting of Disclosure: You have the right to medical information about you to others except for purposes of treatment, payment and operations identified above. To request this list or accounting of disclosures, you must submit your request in writing to **Matthew Mack Abraham LLC/Skylink Medical Inc.** Your request must state a time which may not be longer than six years. We may charge you for the costs of providing the list. We will notify you of the costs of providing this list. We will notify you of the costs involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions: You have the right to request restrictions or limitations on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed for emergency medical treatment. To request restrictions, you must make your requests in writing to **Matthew Mack Abraham LLC/Skylink Medical Inc.** In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home / work or by email.

Right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the clinic and on our website. The effective date of this notice will be found on the first page. In addition, you will receive a copy of your Notice of Privacy Practice rights in your consent packet sent to you prior to your telehealth visit for treatment or health care services following a change or revision to this notice.

THIS IS YOUR COPY OF NOTICE OF PRIVACY PRACTICE TO KEEP!!!

Notice of Privacy Practices

COMPLAINTS SECTION

If you have any questions regarding this Notice or believe your privacy rights have been violated, you may contact or submit your complaint in writing to: **Matthew Mack Abraham LLC/Skylink Medical Inc.** If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized, nor will you be penalized for filing a complaint.

Other Uses of Medical Information Section

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission. We will then no longer use or disclose medical information about you for the reasons covered by your written authorization. With this document, we are notifying you that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records for the care that we provided to you.

Matthew Mack Abraham LLC/Skylink Medical Inc.

phone: 337-349-6655 ♦ Fax:1-833-561-2443

4400-A Ambassador Caffery PMB 517 Lafayette, LA. 70508

NOTICE OF PATIENT RIGHTS

Right to See and Get Copies of Your Records. In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

Right to Request to Correct, Amend, or Update Your Records. You may ask **Matthew Mack Abraham LLC/Skylink Medical Inc.** to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request.

Right to Get a List of Disclosures. You have the right to ask **Matthew Mack Abraham LLC/Skylink Medical Inc.** for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. HIPAA 101P Page 3 - of 4 Issued 4/14/03 Revised 09/11/2013 The list will not include information provided directly to you or your family or information that was sent with your authorization.

Right to Request Limits on Uses or Disclosures of Protected Health Information.

You have the right to ask **Matthew Mack Abraham LLC/Skylink Medical Inc.** to limit how your information is used or disclosed. You must make the request in writing and tell **Matthew Mack Abraham LLC/Skylink Medical Inc.** what information you want to limit and to whom you want the limits to apply. **Matthew Mack Abraham LLC/Skylink Medical Inc.** is not required to agree to the limit. You can request in writing that the limit be terminated.

Right to Revoke Permission. If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

Right to Choose How We Communicate with You. You have the right to ask **Matthew Mack Abraham LLC/Skylink Medical Inc.** to share information with you in a certain way or in a certain place. For example, you can ask **Matthew Mack Abraham LLC/Skylink Medical Inc.** to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.

Right to File a Complaint. You have the right to file a complaint with **Matthew Mack Abraham LLC/Skylink Medical Inc.** at the address listed below if you do not agree about **Matthew Mack Abraham LLC/Skylink Medical Inc.** has used or disclosed information about you.

Right to Get a Paper Copy of this Notice. You have the right to ask for a paper copy of this notice at any time.

Right to Receive Notice of Change to Matthew Mack Abraham LLC/Skylink Medical Inc. Privacy Practices. You have a right to receive notice of changes in **Matthew Mack Abraham LLC/Skylink Medical Inc.** privacy practices that affect you on or after the effective date of the change.

I have read and understand my rights and responsibilities as a patient of **Matthew Mack Abraham LLC/Skylink Medical Inc.**

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