

**SME, INC. USA D/B/A SUPERIOR MEDICAL EQUIPMENT  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

SME, Inc. USA d/b/a Superior Medical Equipment (“Superior”) is required by law to maintain the privacy of certain health information about you, and to inform you of its practices with respect to the privacy of that information. This Notice of Privacy Practices is being provided to inform you of the ways that Superior may use the personal information it collects about you and how it may disclose that information.

Federal and state laws require health care providers to protect the privacy of information about your health, your health care, and payment for your health care, if that information identifies you or could be used to identify you. The law permits us to use or disclose your protected health information only for certain specific purposes, unless you give us a written authorization permitting us to make other uses and disclosures. This notice describes the purposes for which we may use or disclose protected health information about you.

The law also gives you certain rights with respect to your protected health information. This notice provides a summary of those rights.

**USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

We may use and disclose health information about you without your specific authorization for purposes of treatment, payment and health care operations.

**Treatment** - As it pertains to Superior, treatment means providing to you \_\_\_\_\_ as ordered by your physician. Treatment also includes coordination and consultation with your physician and other health care providers. Superior may use your protected health information, in coordination with your physician, to determine the best course of treatment for you.

**Payment** - We may use and disclose health information for activities required to obtain payment from you or your insurance carrier for the services provided to you by Superior. Examples of these activities are eligibility determination, pre-certification, billing and collection.

**Health care operations** - Health care operations include review of your protected health information by members of Superior’s professional staff to ensure compliance with all federal and state regulations. This information will be used to improve the quality and effectiveness of the services provided to you by Superior. Health care operations also include Superior’s business management and general administrative activities.

## **OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION**

There are a limited number of other purposes for which we may use or disclose your health information without a written authorization from you.

- We may use or disclose protected health information when the use or disclosure is required by law.
- We may use or disclose protected health information to avert a serious threat to your health or safety, or the health and safety of others.
- We may use or disclose protected health information for certain public health activities, such as reporting certain communicable diseases, or reporting information to the Food and Drug Administration about treatments that are regulated by that agency.
- We may disclose protected health information to a legally-authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
- We may disclose protected health information to agencies authorized by law to conduct health oversight activities, such as licensing, inspections, and audits.
- We may disclose protected health information in response to court orders or subpoenas, and for certain law enforcement purposes.
- We may disclose protected health information to coroners, medical examiners and funeral directors to enable them to carry out their duties.
- We may disclose protected health information to organizations that are involved in arranging for donation or transplantation of tissue and organs.
- We may disclose protected health information to authorized government agencies when necessary for national security or intelligence purposes, or for certain military and veteran's activities.
- We may disclose protected health information to attorneys, accountants, and others acting on our behalf, provided they have signed written contracts agreeing to protect the confidentiality of the information.
- Unless you object, we may disclose to a member of your family, another relative, a close personal friend, or any other person identified by you, the protected health information directly relevant to that person's involvement with your health care or payment for your health care.

## **USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

We must obtain your prior authorization for uses and disclosures of your protected health information for marketing purposes and any sale of your protected health information. We will obtain your authorization for any use or disclosure of your protected health information for purposes other than those summarized above. You may revoke an authorization at any time, except to the extent we have acted in reliance on the authorization, by sending a written notice of revocation to the address on the last page of this notice.

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

You have the following rights concerning your protected health information. You may exercise these rights by sending a written request to the address on the last page of this notice.

- You may request additional restrictions to the use or disclosure of your protected health information for treatment, payment or health care operations. However, in most cases we are not required to agree to the requested restrictions. We are required to agree to a request to restrict disclosure of your protected health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.
- We normally contact you by telephone or mail at your home address. You may request that we contact you at some other address or telephone number, or by some other method, such as e-mail. We will accommodate reasonable requests.
- You may inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care. We may deny a request to inspect records only in a few limited circumstances. If you request copies of records, we may charge you a reasonable fee for the copies.
- You have the right to request amendment of the protected health information we maintain about you. We may deny your request if we determine that the record is accurate and complete, or if we did not create the record, unless the creator of the record is no longer available, or if you do not have a right to access the record. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.
- You may request an accounting of certain disclosures we have made of your protected health information. The accounting is not required to include disclosures for treatment, payment, or health care operations, disclosures to persons involved in your health care or payment, disclosures for notification purposes, or disclosures with your written authorization. You may receive one accounting free of charge within a 12-month period. We may charge a reasonable fee for all subsequent requests during the same 12-month period.
- You have the right to receive notification in the event of an unpermitted use or disclosure of your unsecured protected health information which compromises the security or privacy of your information.
- You have the right to obtain a paper copy of this notice upon request.

## **AMENDMENT OF THIS NOTICE**

We reserve the right to change the terms of this Notice of Privacy Practices, and to make the new notice provisions effective for all protected health information that we maintain. If we amend the terms of this notice, you may obtain a copy of the revised notice by sending a request to the address below.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information about our privacy practices, please call or write:

SME, Inc. USA d/b/a Superior Medical Equipment  
5949 Carolina Beach Road  
Wilmington, NC 28412  
Attn: Corporate Privacy Officer  
Telephone: 910-798-0500

If you believe that your privacy rights have been violated, you may file a written complaint at the address above. You may also file a complaint with the Secretary of Health and Human Services by writing or calling:

Office for Civil Rights, DHHS  
61 Forsyth Street, SW. - Suite 3B70  
Atlanta, GA 30303-8909  
(404) 562-7886; (404) 331-2867 (TDD)  
(404) 562-7881 FAX

This Notice of Privacy Practices is effective \_\_\_\_\_, 20\_\_.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**The Following Individual(s) is/are Authorized to Receive and Share Medical Information Concerning:**

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

# **POLICY AND PROCEDURE**

## **PRIVACY: NOTICE OF PRIVACY PRACTICES**

### **PURPOSE**

To ensure compliance by SME, Inc. USA d/b/a Superior Medical Equipment (“Superior”) with federal regulations issued under the Health Insurance Portability and Accountability Act (HIPAA) regarding the privacy of protected health information (PHI) maintained by Superior. In particular, the purpose of this policy and procedure is to ensure compliance with HIPAA regulations related to Notice of Privacy Practices.

### **POLICY**

Superior must provide a Notice of Privacy Practices to each patient as required by HIPAA regulations. The Notice of Privacy Practices will explain to patients how Superior may use and disclose the patient’s PHI obtained by Superior in the course of providing services to the patient.

### **PROCEDURE**

1. The Notice of Privacy Practices must be provided to all new patients at the time of initial delivery of services.
2. The patient should sign an Acknowledgment verifying receipt of the Notice of Privacy Practices. Superior shall provide an Acknowledgment to patients with the Notice of Privacy Practices. Superior will make a good faith effort to see that the Acknowledgment is returned.
3. If Superior does not receive a signed Acknowledgment within 30 days of providing the Notice of Privacy Practices, it shall call and inform the patient that it is forwarding an additional Notice of Privacy Practices and Acknowledgment and explain the importance of returning the Acknowledgment. These efforts shall be repeated at 60 days and 90 days if the Acknowledgment is not returned.
4. At the end of 120 days, the Privacy Officer shall review the documentation of the efforts to obtain a signed Acknowledgment and, if applicable, will determine if a good faith effort has been made. If the documentation does not show a good faith effort, the Privacy Officer will direct additional efforts to be made.
5. If a patient refuses to sign an Acknowledgment, such action should be documented in the patient’s medical record and the Privacy Officer notified.
6. If there is a change to the Notice of Privacy Practices, Superior will provide a copy of the revised Notice to a patient upon the patient’s request.
7. Superior shall, at all times, post a copy of its Notice of Privacy Practices on its website.

8. Superior shall post its Notice of Privacy Practices in a conspicuous location at its place of business.