



**MEDICOMP, INC.  
NOTICE OF PRIVACY PRACTICES**

**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.**

**Our Company's Pledge to You**

This notice is intended to inform you of the privacy practices followed by Medicomp, Inc. and the legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you have as patients referred to the Company. It is effective on September 1, 2013.

"Protected health information" (PHI) is information related to your past, present and future physical and mental health and related healthcare services, including demographics that may identify you. As a provider of healthcare services, Medicomp will need access to your protected health information in order to perform or obtain payment for health services provided and conduct daily administrative functions. We want to assure the patients receiving our services, that we comply with federal privacy laws and respect your right to privacy. Medicomp requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

**Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health Company or an employer on behalf of a group health Company that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

**How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We may use and disclose medical/health information about you so that the treatment/services you receive through Medicomp, Inc. may be billed and payment may be collected from you, an insurance company or a third party. For example, we may provide information about services you have received from Medicomp to your insurance plan so that your insurance plan pays us for these services. We may also tell your insurance plan or other payor about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered. In addition, in order to correctly determine your ability to pay for services, we may disclose your information to the Social Security Administration or the Department of Social Services.

**Health Care Operations.** We may use medical/health information about you for normal day-to-day business practices in order to run our business and make sure that all of our clients receive quality care. Trained staff will handle your medical record to assemble documentation. We may use medical/health information for quality improvement to review our treatment and services and to evaluate the performance of our staff. We may combine and de-identify medical information about many clients to decide what additional services we should offer, what services are not needed, and whether certain treatments are effective. We may disclose information to the Food and Drug Administration, an Institutional Review Board, medical students, interns and residents

and other facility personnel-in-training for supervision and learning purposes. We may combine the medical or health information we have with information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific clients.

**Treatment.** We may use medical information about you to provide you with treatment or services. For example, your treatment team members will discuss your medical/ health information in order to develop and carry out a plan for your treatment/services. Medicomp, Inc. personnel may also share medical/health information about you in order to coordinate the various things you need. We also may disclose medical or health information about you to people outside Medicomp who may be involved in your medical care, but only the minimum necessary amount of information will be used or disclosed for this purpose.

**As permitted or required by law.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to the health or safety of you or others.

In certain circumstances, we are allowed by law to disclose health information about you without your authorization. There will be documentation available to you upon your request identifying what information was disclosed, to whom and for what reason.

**Appointment Reminders:** We may use and disclose medical information to contact you by mail or phone as a reminder that you have an appointment for treatment or services or that you must return a device provided to you by Medicomp, Inc.

**Treatment Alternatives and Health-Related Benefits and Services:** We may use and disclose medical information to tell you about or recommend possible health-related treatment options, benefits or services that may be of interest to you.

**Pursuant to your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. When you request that we disclose information to yourself or another party, we will respond within the guidelines of federal and state law. You or your legal representative will sign an Authorization for Disclosure (request to release medical records) form to specifically identify what information will be given, to whom, for what purpose, and for what time period. You have the right to revoke a signed authorization at any time by giving us a written statement to that effect. If you revoke your authorization, we will no longer use or disclose the information specified. However, we will not be able to take back any disclosures that we have already made based on your previous authorization.

**Restrictions for disclosure.** Unless for treatment purposes or in the rare event the disclosure is required by law, you may restrict disclosure of your PHI to a health plan if you pay out-of-pocket for any services provided by Medicomp. Any request to restrict disclosure of PHI must be made in writing and will apply to any future service or services not already performed and billed.

**To Business Associates.** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of Medicomp. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

## **Your Rights**

Revision Date: 04/30/2014

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we may charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

**Right to Request Restrictions.** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications.** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

## **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. You can view this policy on our main website: [www.medicompinc.com](http://www.medicompinc.com) or request a printed copy of our current notice at any time by submitting your written request to Medicomp's Compliance Coordinator at the address listed in the next section.

## **Complaints**

If you believe your privacy rights have been violated or you have questions regarding Medicomp's Privacy Policy, you may contact us directly:

**Jill Paiva, Compliance Coordinator**  
**Medicomp, Inc.**  
**600 Atlantis Road**  
**Melbourne, FL 32904**  
**321-821-2032**  
**[compliance@medicompinc.com](mailto:compliance@medicompinc.com)**

You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. Filing a complaint will not affect your services or treatment. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us. You may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information.