

DIABETES MANAGEMENT & SUPPLIES

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

Each time you visit or contact us by telephone, mail, fax or other means, DMS makes a record of the contact made. Typically, this record contains your symptoms, examination and test results, diagnoses and treatment, a plan for future care or treatment, and billing information. This notice applies to all of the records of your care generated by DMS, whether made by DMS personnel, agents of DMS, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written, electronic, and orally transmitted health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present, or future physical or mental health or condition.

We are required by law to maintain the privacy of your protected health information and provide you a description of our privacy practices. *We are required to abide by the terms of this notice.*

The following categories describe examples of the way we may use and disclose medical information about you.

FOR TREATMENT We may use medical information about you to provide, coordinate, or manage your healthcare and related services including but not limited to providing glucose monitors, test strips, lancing devices, lancets, syringes, control solutions, mini-med supplies, disetronic systems, blood pressure monitors, batteries, impotence devices, skin care information and diabetes education. We may disclose medical information about you to doctors, nurses, technicians, allied health professionals, and medical personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the DMS also may share medical information about you in order to coordinate the different treatment and services you may need such as medications, lab work, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. Medical care assistance that is provided by family members or others will require revealing information about your treatment. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the outside provider.

FOR PAYMENT We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your treatment so they will pay us or reimburse you for the treatment. We may also tell your health plan, your insurance company, or the party responsible to pay your bill about any proposed treatment to determine whether your plan or the responsible party will cover it. We may also disclose patient information to another health care provider involved in your care for the other health care provider's payment activities.

FOR HEALTH CARE OPERATIONS DMS employees which and its agents and independent contractors may use information in your health record to assess the care and outcomes in your case and others like it. The information may then be used for quality assessment and improvement activities. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. We may combine medical information we have with that of other healthcare providers to see where we can make improvements.

We may also use and disclose medical information:

- ◆ To remind you that you have an appointment for medical care
- ◆ To assess your satisfaction with our services
- ◆ To tell you about possible treatment alternatives
- ◆ To tell you about health-related benefits or services
- ◆ To contact you as part of marketing efforts
- ◆ To conduct population-based activities relating to improving health or reducing health care costs
- ◆ To conduct training programs or review competence of health care professionals.
- ◆ For accreditation, certification, licensing, or credentialing activities.
- ◆ For review and auditing, including compliance reviews, medical reviews, and maintaining compliance programs.

- ◆ For business management, general administrative activities, and legal services.
- ◆ To send you Christmas Cards, Birthday Cards or similar anniversary announcements

BUSINESS ASSOCIATES There are some services provided in our organization through contracts with business associates. Examples include processing of certain laboratory tests and a copy service we use to make requested copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information; however, we require the business associate to appropriately safeguard your information.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE We may release medical information about you to a family member or a close personal friend who is directly involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

RESEARCH We may disclose information to researchers when an institutional review board that has reviewed and approved the research proposal and established protocols to ensure the privacy of your health information.

LAW ENFORCEMENT/LEGAL PROCEEDINGS We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

CHANGE OF OWNERSHIP In the event that this organization is sold or merged with another organization, your health information will become the property of the new owner.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- ◆ Food and Drug Administration (FDA)
- ◆ Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- ◆ Correctional Institutions
- ◆ Workers Compensation Agents
- ◆ Organ and Tissue Donation Organizations
- ◆ Military Command Authorities
- ◆ Health Oversight Agencies
- ◆ Funeral Directors, Coroners and Medical Directors
- ◆ National Security and Intelligence Agencies
- ◆ Protective Services for the President and Others

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, including DMS you have the right to:

Inspect and Copy: You have the right to inspect and obtain a copy of your health information. Usually, this includes medical and billing records but does not include, for example, psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by DMS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. For additional information about this subject, see Contact Information listed on page 3.

Amend: If you feel that medical information we have about you is incorrect or incomplete, you may request that we amend your record. You have the right to request an amendment for as long as the information is kept by or for DMS. This request must be in writing and must include reason(s) to support the request. We may deny your request for an amendment, and if this occurs, you will be notified of the reason for the denial. For additional information about this subject, see Contact Information listed on page 3.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical record for purposes other than treatment, payment or operations. For additional information about this subject, see Contact Information listed on page 3.

Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about a medication you had. DMS will investigate its ability to meet the request prior to agreeing to any restriction and may deny a request under certain circumstances. Requests for such restrictions must be presented in writing to the DMS, Attn: Government Affairs Department, 10 Commerce Court, Suite B, New Orleans, Louisiana, 70123.

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 may ask that we contact you at work or by U.S. Mail. DMS will

grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing to the Government Affairs Department, 10 Commerce Court, Suite B, New Orleans, Louisiana, 70123, and the written request includes a mailing address where the individual will receive bills for services rendered by the DMS and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

A Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. A copy of the notice can be obtained from our Government Affairs Department.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the DMS and include the effective date. In addition, each time you register at or are admitted to the DMS for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the DMS by writing.

Diabetes Management Supplies
c/o Government Affairs Department
10 Commerce Court, Suite B
New Orleans, Louisiana 70123
(504) 734-7165

You may also call the Secretary of the Department of Health and Human Services at

The U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201
1-877-696-6775.

A complaint will not affect your current or future medical treatment at our facility.

CONTACT INFORMATION

If you have any questions about this Notice, please contact Cynthia Pazos at (504) 734-7165.

For additional information about the following, please contact the Government Affairs Department at (504) 734-7164, to 10 Commerce Court, Suite B, New Orleans, Louisiana, 70123.

- Your right to inspect and obtain a copy of your health information
- Your right to request an amendment to your record
- Your right to request an accounting of disclosures
- Your right to request restriction or limitation on the medical information (request must be done in writing)
- Your right to request that we communicate with you about medical matters in a certain way or at a certain location (request must be done in writing).

OTHER USES OF MEDICAL INFORMATION

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 in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand 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 of the care that we provided to you.