



## Notice of Privacy Practices

## PATIENT COPY

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 04/14/2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available to you upon request.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example we may use or disclose your health information.

- To a physician or other healthcare provider providing treatment to you.
- To insurance companies or other payors you told us were responsible for payment of healthcare.
- To military authorities the health information of Armed Forces personnel under certain circumstances.
- To appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.
- To you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person chosen by you, but only if you agree that we may, in writing, before the request is made. If you give us an authorization, you may revoke it, in writing, at any time. Your revocation will not affect any use or disclosures permitted by your authorization before you revoked it. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
- To allow a person to pick up medical supplies or similar forms of health information for you.
- When we are required to do so by law.

### PATIENT RIGHTS

- You have the right to look at and/get copies of your health information. You must ask in writing to get a copy of your health information. We may charge you a reasonable amount for expenses such as copies, staff time, and postage due if you want the copies mailed to you. Contact us using the information listed at the end of this Notice for a full explanation of our charges or to get a form so that you may ask for a copy of your health information. You may also ask for a copy by simply sending a letter to the address at the end of this Notice.
- You have a right to receive a list of ways our Business Associates or we shared your health information for reasons other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before 4/14/03. If you ask for this list more than once in a 12- month period, we may charge you a reasonable fee for this additional listing.
- You have a right to ask that we be stricter about sharing your health information. If we agree to these additional restrictions, we will keep our agreement.
- You have the right to ask, in writing, that we communicate to you about your health information by different ways or to different addresses. You must tell us the different ways or address that you want us to use. You must also tell us, in detail, how payments will be handled this way.
- You have the right to receive your health information, change your health information or communicate with you at a different address of in a different way. You may complain to us, in writing, using the address at the end of this Notice. You may also complain to the U.S. Dept. of Health and Human Services:
- Office for Civil Rights  
1301 Young Street - Suite 1169  
Dallas, TX 75202  
(214) 767-4056; (214) 767-8940 (TDD)  
(214) 767-0432 FAX

Contact Officer: Brae Jones  
Telephone: (504) 834-2810  
Monday-Friday 9:00 am thru 5:00 pm

Address: 1201 Jefferson Hwy. Jefferson, LA 70121  
Fax: (504) 828-6457

We support your right to the privacy of your health information. We will not be upset in any way if you choose to complain to us or to the U.S. Dept. of Health and Human Services.

1201 Jefferson Hwy. • Suite A • Jefferson, LA 70121 • Office (504) 834-2810 • (800) 548-9672 •  
Fax (504) 828-6457  
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