

Notice of Uses
PROTECTED HEALTH INFORMATION
September 30, 2015

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.

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), ALLIANCE MEDICAL SUPPLY, INC. is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a covered entity such as ALLIANCE MEDICAL SUPPLY, INC. must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how ALLIANCE MEDICAL SUPPLY, INC. meets these minimum standards. It is also meant to inform you of the ways that ALLIANCE MEDICAL SUPPLY, INC. may use the personal information it collects about you and how it may disclose it.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for a successful means of communication between all healthcare professionals that contribute to your care.

HIPAA protects information found in your medical record from disclosure without your authorization. The information protected by HIPAA includes:

1. Any information related to your past, present or future physical or mental health;
2. The past, present or future payment for health services you have received;
3. The specific care that you have received, are receiving or will receive;
4. Any information that identifies you as the individual receiving the care; and
5. Any information that someone could reasonably use to identify you as receiving the care.

This information is referred to as protected health information throughout this Notice.

TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

As a Covered Entity, ALLIANCE MEDICAL SUPPLY, INC. is required to inform you of how it may use your protected health information. In providing treatment to you, ALLIANCE MEDICAL SUPPLY, INC. will use your protected health information for the purposes of treatment, payment and healthcare operations.

Treatment - As it pertains to ALLIANCE MEDICAL SUPPLY, INC., treatment means providing to you drugs, medications and Supply and durable medical equipment as ordered by your physician. Treatment also includes coordination and consultation with your physician and other health care providers. As ALLIANCE MEDICAL SUPPLY, INC. provides these services to you, information obtained during this process will be recorded in your medical record. ALLIANCE MEDICAL SUPPLY, INC. will use this information, in coordination with your physician, to determine the best course of treatment for you.

Payment - Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by ALLIANCE MEDICAL SUPPLY, INC. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

Healthcare operations - Operations can include, but are not limited to, review of your protected health information by members of ALLIANCE MEDICAL SUPPLY, INC. professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by ALLIANCE MEDICAL SUPPLY, INC. Healthcare operations also include Alliance Medical Supply's business management and general administrative activities.

OTHER USES AND DISCLOSURES

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, ALLIANCE MEDICAL SUPPLY, INC. must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent ALLIANCE MEDICAL SUPPLY, INC. has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. ALLIANCE MEDICAL SUPPLY, INC. may in the following circumstances disclose your protected health information.

1. ALLIANCE MEDICAL SUPPLY, INC. may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care.

2. ALLIANCE MEDICAL SUPPLY, INC. may disclose protected health information to others as required by law.
3. ALLIANCE MEDICAL SUPPLY, INC. may disclose protected health information for certain public health activities and purposes.
4. ALLIANCE MEDICAL SUPPLY, INC. 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.
5. ALLIANCE MEDICAL SUPPLY, INC. may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
6. ALLIANCE MEDICAL SUPPLY, INC. may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
7. ALLIANCE MEDICAL SUPPLY, INC. may disclose protected health information to attorneys, accountants, and others acting on behalf of ALLIANCE MEDICAL SUPPLY, provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

YOUR RIGHTS AS A PATIENT OF ALLIANCE MEDICAL, INC.

In accordance with HIPAA you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, ALLIANCE MEDICAL SUPPLY, INC. is not required to agree to the requested restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Uses.
4. You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations.
5. You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.
6. You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations.
7. You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

RESPONSIBILITIES OF ALLIANCE MEDICAL SUPPLY, INC.

In accordance with HIPAA, ALLIANCE MEDICAL SUPPLY, INC. is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you with notice of our legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.

Please be advised that in addition to these responsibilities, ALLIANCE MEDICAL SUPPLY, INC. reserves the right to change the terms of its Notice of Uses and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Uses, may obtain a copy of the revised Notice of Uses by contacting the Privacy Officer at the address below.

ALLIANCE MEDICAL SUPPLY, INC. will not use or disclose your protected health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions, would like additional information or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

Privacy Officer:
Alliance Medical Supply, Inc.
12601 San Fernando Rd. Suite F
Sylmar, CA 91432
(877) 552-3582

The Office of Civil Rights:
U.S. Department of Health & Human Services
200 Independence Avenue S.W.
Room 509F HHH Building
Washington D.C. 20201
1(800) 368-1019