

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.

UNDERSTANDING THIS NOTICE:

National Seating & Mobility ("NSM") is required by law to maintain the privacy of Protected Health Information ("PHI"). PHI is information that may identify you and that relates to your past, present or future physical or mental health, the provision of health care to you, or the payment for the provision of health care to you. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI for treatment, payment or health care operations activities or as otherwise permitted or required by law. This Notice also describes our legal duties and your rights with respect to your PHI. We are required by law to provide you with this Notice.

We are required to follow the terms of our Notice currently in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all the PHI we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you, but we will post the new Notice at our local branch offices. You may also request copies of the new notice in person at our local branch offices or on our web site at www.nsm-seating.com.

HOW WE MAY USE AND DISCLOSE YOUR PHI:

The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI should fall within one of these categories.

Treatment. We may use and disclose your PHI to provide you with health care products or services or to coordinate or manage your health care with other health care providers. For example, we may use or disclose your PHI to provide you with a customized wheelchair or to provide you with appointment reminders or information about treatment alternatives or other health-related benefits or services that may be of interest to you. We may also disclose your PHI to therapists, physicians and other health care providers who are involved in your care.

Payment. We may use and disclose your PHI for various payment-related functions. For example, we may disclose your PHI to a third-party payer, such as an insurance company, Medicare or Medicaid, for the purpose of getting the payer's prior authorization to provide our products or services to you. We may also send a bill to you or a third-party payer. The bill may include information that identifies you, as well as your diagnosis and the products or services we provided to you.

Health Care Operations. We may use your health information for certain operational, administrative and quality assurance activities. For example, we may use information in your health record to monitor the performance of the Rehab Technology Specialists who provide services to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

As Otherwise Allowed by Law. We are *permitted* to use or disclose your PHI for the following purposes. However, ***we may never have reason to make some of these uses or disclosures.***

- *Business Associates.* We allow business associate to provide certain services on our behalf that involve the disclosure of your PHI. However, our business associates will agree to take appropriate steps to safeguard your information.
- *To Communicate with Individuals Involved in Your Care or Payment for Your Care.* We may disclose PHI to a family member, other relative, close personal friend or any other person you identify. We will endeavor to disclose only the PHI that is directly relevant to that person's involvement in your care or payment related to your care.
- *Food and Drug Administration ("FDA").* We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- *Worker's Compensation.* We may disclose your PHI to the extent authorized by, and to the extent necessary to comply with, laws relating to worker's compensation or other similar programs established by law.
- *Public Health.* Consistent with applicable law, we may disclose your PHI to public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability.
- *Law Enforcement.* Consistent with applicable law, we may disclose your PHI for law enforcement purposes if asked to do so by a law enforcement official.
- *As Required by Law.* We may use or disclose your PHI when required to do so by federal, state, or local law.
- *Health Oversight Activities.* We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Judicial and Administrative Proceedings.* We may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process, but only if the requesting party represents that it has made efforts to tell you about the request or to obtain an order protecting the information requested.

- *Research.* We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- *Notification.* We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.
- *Fundraising.* We may contact you as part of a fundraising effort.
- *To Avert a Serious Threat to Health or Safety.* Consistent with applicable law, we may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- *Military and Veterans.* If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- *National Security, Intelligence Activities, and Protective Services for the President and Others.* We may release PHI about you to federal officials for intelligence, counterintelligence, protection to the President, and other national security activities authorized by law.
- *Victims of Abuse or Neglect.* We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Other Uses and Disclosures of Your PHI. We will obtain your written authorization before making a use or disclosure of your PHI that does not fall into one of the categories listed above. You may revoke your authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS:

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the PHI that we maintain about you. To inspect or copy your PHI, you must send a written request to your local NSM branch office. We may charge you a fee for the costs of copying (25 cents per page), mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances.

Right to Amend. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to your local NSM branch office. You must include a reason that supports your request. In certain cases, we may deny your request for amendment.

Right to an Accounting of Disclosures. You have the right to receive an accounting of the disclosures we have made of your PHI after April 14, 2003 for most purposes other than treatment, payment, or health care operations. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to your local NSM branch office. Your request must specify the time period. The time period may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting.

Right to Request Restrictions. You have the right to request a restriction on our uses and disclosures of your PHI for treatment, payment, or health care operations. You also have the right to request restrictions on our disclosures to persons, such as family members, involved in your care or the payment for your care. However, we are not required to agree to these requests. To request restrictions, you must make your request in writing to the local NSM branch office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Communications by Alternative Means or at Alternative Locations. 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 can ask that we contact you only at work or by mail. To request communications by alternative means or at alternative locations, you must make your request in writing to the local NSM branch office. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice please contact the local NSM branch office. You may also obtain an electronic copy of this notice at our website, www.nsm-seating.com.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions or would like additional information about NSM's privacy practices, you may contact our Privacy Officer at (615) 595-6752. If you believe your privacy rights have been violated, you can file a written complaint with the Privacy Officer or with the Secretary of Health and Human Services. Send written correspondence to the Privacy Officer c/o National Seating & Mobility, Inc., 318 Seaboard Lane, Franklin, TN 37067. There will be no retaliation for filing a complaint.