

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### USES AND DISCLOSURES

**Treatment.** Your health information may be used by BRR&ME employees or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of assessments, tests, and procedures will be available in your medical records for all health professionals who may provide treatment or who may be consulted by BRR&ME employees.

**Payment.** Your health information may be used to seek payment from your health plan or other coverage/payment source, or from credit card companies that you use to pay for services. For example, your health plan may request and receive information about date of service, services provided, and the medical condition being treated.

**Health Care Operations.** Your health information may be used as necessary to support the daily activities and management of BRR&ME. For example, information on the services you received may be used to support budgeting, financial reporting, and our ongoing program to evaluate and improve the quality of care we provide to our patients.

**Law Enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

**Public Health Reporting.** Your health information may be disclosed to public health agencies as required by law.

**Other Uses and Disclosures Require Your Authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization and consent. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

**Individual Rights.** You have certain rights under federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

**BLUE RIDGE RESPIRATORY & MEDICAL EQUIPMENT** is required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

### RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy practices and policies. These changes in our policies and practices may be required by changes in federal, state, or local laws and regulations. Upon request, we will provide you with the most recently revised notice of privacy practices on any visit. The revised policies and practices will be applied to all projected health information maintained by BRR&ME.

### REQUEST TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy your protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing to the office manager. Your request will be reviewed and, generally, will be approved unless there are legal or medical reasons to deny the request.

### COMPLAINTS

If you would like to submit a comment, complaint, or concern about our privacy practices, you may do so by sending a letter detailing your concerns to:

Office Manager  
Blue Ridge Respiratory & Medical Equipment  
828 Main Street, Suite 1103  
Lynchburg, VA 24504

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause for your concern to the same address. You will not be penalized in any manner for filing a complaint.

### CONTACT PERSON

The name address of the person you may contact for further information concerning our privacy practices is:

Director of Operations  
Blue Ridge Respiratory & Medical Equipment  
2225 Langhorne Road  
Lynchburg, VA 24501`

This notice is effective as of January 1<sup>st</sup>, 2008.