

MOBILITY SOLUTIONS

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.

Mobility Solutions understands the importance of maintaining the confidentiality of your medical and personal information and is dedicated to maintaining the confidentiality of such information in compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other applicable laws. Mobility Solutions is required by law to provide you with and to comply with this notice of our legal duties and privacy practices with respect to your confidential information. If you have any questions about this notice or your privacy rights, please contact our privacy official at (858) 278-0591.

1. MOBILITY SOLUTIONS’ USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

In its provision of services, Mobility Solutions obtains certain medical and other information about you and stores it in paper form and on computers. This information includes information that enables us to identify and contact you (for example, your name, address, phone number, etc.), information about your medical condition and needs and information about sources of payment for your medical care and equipment, among other things. Mobility Solutions is permitted to use and disclose your medical and other information for the following purposes:

A. Treatment. Mobility Solutions may receive, use and disclose medical information about you to determine the type of medical equipment necessary to meet your individual needs, to fit you for the equipment, to order the appropriate equipment and to ensure the equipment is working properly. Our provision of equipment to you is considered “treatment,” and we are allowed by law to use your information for treatment purposes. In addition to provision of medical equipment, “treatment” also means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another. Therefore, we may share medical information in our possession with your physicians and other health care providers who provide treatment services Mobility Solutions does not provide.

B. Payment. Mobility Solutions uses and discloses information about you to obtain payment for the services and equipment it provides for you. For example, Mobility Solutions will provide information about you to your health plan, Medicare, Medi-Cal and other payors to obtain payment. In addition, to the extent necessary, we may provide information about you to your other health care providers to allow them to obtain payment for services they have provided for you.

C. Health Care Operations. Mobility Solutions also uses and discloses information about you to enable us to perform the administrative, financial, legal and quality improvement activities necessary to operate our business. For example, we may use your personal information to conduct quality assessment and improvement activities; to conduct population based activities related to reducing health care costs; to participate in fraud and abuse detection and compliance programs; for our business planning and development activities; for customer service purposes; and upon sale or transfer of our assets, among other things. In certain circumstances, we may also disclose your information to your other treatment providers or to your health plan to enable them to perform their health care operations activities

D. Scheduling. We may use and disclose information about you to contact you regarding an appointment for repair or to schedule the pick-up, return or delivery of new equipment. We may also contact you in the event of a manufacturer’s recall. If you are unavailable to take our phone call, we may leave a message for you to call us. If we leave a message for you, we will not disclose your medical condition or any other sensitive information on your answering machine or with the person taking the message.

E. Information About Our Products and Services. Mobility Solutions may contact you to give you information about products or services related to your medical condition and new or improved devices which may be of benefit and/or interest to you. We may also encourage you to purchase a particular product or to utilize a particular service when we see you. We will not disclose your medical information to third parties for marketing purposes without first obtaining your written authorization.

F. Workers’ Compensation. We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

G. Required By Law. We may use and disclose medical information about you when required to do so by federal, state, or local law, but we will limit our use and disclosure to the amount and type of information required to be disclosed by such law. When the law requires us to report abuse, neglect or domestic violence, to respond to judicial or administrative proceedings or to disclose your information to law enforcement officials, we will comply with the requirements set forth below concerning those activities.

H. To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information about you if we determine such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public. Any disclosure, however, would only be to someone able to help eliminate the threat.

I. Health Oversight Activities. Mobility Solutions may disclose your health information to health oversight agencies (such as the Centers for Medicare and Medicaid Services, the Department of Health and Human Services, the Office of Civil Rights, *etc.*) during the course of audits, investigations, inspections, licensure, certification and other proceedings, subject to limitations imposed by applicable laws.

J. Judicial and Administrative Proceedings. We may disclose information about you in the course of an administrative or judicial proceeding and in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if a court or administrative order has resolved your objections.

K. Law Enforcement. We may disclose protected health information about you to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, or complying with a court order, warrant, grand jury subpoena or for another legitimate law enforcement purpose.

L. Specialized Government Functions. Mobility Solutions may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

M. Change of Ownership. If Mobility Solutions is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another treatment provider or equipment vendor.

2. WHEN MOBILITY SOLUTIONS WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this notice of privacy practices, Mobility Solutions will not use or disclose health information that identifies you without your written authorization. If you authorize Mobility Solutions to use or disclose your health information for a purpose other than the purposes listed above, you may revoke your authorization in writing in any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

3. YOUR HEALTH INFORMATION RIGHTS

A. Right to Receive Written Notice of Privacy Practices. You have the right to receive a paper copy of this notice at any time. We will supply a copy in person, by mail, or you may download a copy at our web site: www.mobility-solutions.com

B. Right to Inspect and Copy Your Protected Health Information. You have the right to inspect and copy medical information in our possession or control that may be used to make decisions about your care. To inspect and copy your information, you must make your request to us in writing and inform us whether you would like to inspect your information, copy your information, or both. You may be charged a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request under certain very limited circumstances.

C. Right to Request an Accounting of Disclosures of Your Protected Health Information. You have the right to request an accounting of certain disclosures of your health information made by Mobility Solutions in six years prior to the date of your request. To request an accounting of our disclosures of your health information, you must submit your request in writing. Your request must state a time period, which may not be longer than 6 years, and may not include dates before April 14, 2003. Your request should indicate how you want to receive the list.

D. Right to Request Correction and Amendment of Your Protected Health Information. If you feel the information we have about you is incomplete or incorrect, you may ask us to amend the information. To request an amendment, your request must be submitted to us in writing. You must provide a reason that supports your request. We may deny your request if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that:

- ?? Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ?? Is not part of the medical information in our possession;
- ?? Is not part of the medical information which you would be permitted to inspect and copy; or
- ?? We determine is accurate and complete in our sole discretion.

If we deny your amendment request, we will inform you about the reasons for the denial and explain how you can respond to our denial. You also have the right to request that we add to your records a statement of up to 250 words concerning any information in your records that you believe is incomplete or incorrect.

E. Right to Request Additional Restrictions on Our Use and Disclosure of Your Protected Health Information. You have the right to request restrictions and limitations in addition to the rights and restrictions identified above on our use and disclosure of your medical information. Your request for additional restrictions must be made in writing and must include the type of information you want us to limit and a description of the way in which you would like us to limit our use of the information, our disclosure of the information or both. **We are not required to agree with and may deny your request.** If we do agree to comply with your request, we will be bound by and will comply with that agreement.

F. Right to Request Confidential Communication of Protected Health Information. You have the right to request that you receive information about your medical matters in a certain way or at a certain location. For example you can request that we contact you only at work or by mail. To request confidential communications, you must do so in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and/or where you wish to be contacted.

If you would like a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact the Privacy Official identified at the bottom of this notice.

4. AMENDMENTS TO NOTICE OF PRIVACY PRACTICES

We reserve the right to amend this notice at any time without prior notice. Until such amendment is made, Mobility Solutions is required by law to comply with this notice. We reserve the right to make the amended notice effective for medical information we already have about you as well as for any information we receive in the future. We will post a copy of the most current notice in our facility and on our web site. You may request a copy of the most current notice at any time.

5. COMPLAINTS

Mobility Solutions understands the importance of maintaining the confidentiality of your personal information. If you have any complaints about this notice of privacy practices or if you believe your privacy rights have been violated, you may file a complaint with Mobility Solutions or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint with us or with the Department of Health and Human Services. To file a complaint with Mobility Solutions, please contact the Privacy Official identified at the bottom of this notice.

6. PRIVACY OFFICIAL/CONTACT PERSON

For further information about our privacy compliance efforts or to file a complaint, please contact:

Jo Anne Miles
858- 278-0591

7. EFFECTIVE DATE

This notice shall be effective as of April 14, 2003.