



Sound Oxygen Service

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this notice, please contact our Privacy Officer at (877) 269-0405

OUR PLEDGE REGARDING INFORMATION:

We are committed to protecting information about you and your health. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of our records.

We are required by law to:

- Maintain the privacy of your information
- Give you this notice of our legal duties and privacy practices related to your information
- Follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:

- **Treatment** - We may use and disclose PHI to treat or provide services to you. **(Example)** - A physician ordering oxygen may need to be aware that you are also receiving respiratory medications.
- **Payment** - We may use and disclose PHI so that we can bill and be paid for the treatment and services you receive from us. **(Example)** - We may need to give information about your diagnosis to your insurance company so they will pay for the oxygen services.
- **Health care Operations** - We may use and disclose PHI as needed to carry out our organizational needs. **(Example)** - Medicare accreditation agencies may view your file in order to assure Medicare standards are being met.
- **Organized Health Care Arrangement** - For certain activities, we may disclose information about you to other healthcare providers participating in an organized healthcare arrangement. **(Example)** - We may share information with other healthcare providers in order to improve quality of care.
- **Those Involved in Your Care** - We may release relevant PHI to a friend, family member, or anyone else you designate that is involved in your care or payment related to your care. We may also disclose PHI to those assisting in disaster relief efforts so that your family can be notified about your condition, status and location.
- **Release of Medical Information** - I hereby authorize my medical providers to release my PHI medical records to SOS.
- **Others** - we may use or disclose PHI for the following purposes:
 - As required by law
 - To avert a threat to health or safety
 - Workers compensation
 - Public Health activities
 - Health oversight activities
 - Lawsuits and disputes
 - Government functions
 - Custodial law enforcement

Customer Signature

Date

Rev. 07/2011 F002

YOUR RIGHTS REGARDING YOUR INFORMATION

You have the following rights regarding information we maintain about you.

- **Right to inspect and copy.** You have the right to inspect and obtain a copy of the PHI contained in your medical record. You must submit in writing to Sound Oxygen Service, Attn. Privacy Officer at 4108 B Place NW, Suite B; Auburn, WA 98001-2446. In some cases we may deny your request. There may be a fee for the cost of copying, mailing, or supplies associated with your request.
- **Right to Amend.** You have a right to amend your PHI. You must submit your request along with the reason for amendment in writing to: Sound Oxygen Service, Attn. Privacy Officer at 4108 B Place NW., Suite B; Auburn, WA 98001-2446.
- **Rights to Accounting Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of our disclosures of your PHI (except) any made –
 - To you
 - Prior to Dec 1, 2003
 - As a result of your specific written permission
 - For treatment, payment, Healthcare Operations.Those involved in your care, or for government functions. You may submit your request in writing to our Privacy Officer. The request must include the time period (not longer than six years) for the disclosures you wish to be listed. The first list you request will be free. We may charge you for the costs of providing other lists within a 12-month period.
- **Right to request Restrictions.** You have the right to request restrictions on the PHI we use or disclose about you as described in the sections above for Treatment, Payment, Health Care Operations, and those involved in your care. In some cases, we may not agree to your request. You must submit your request for restrictions in writing.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. You must submit your request for confidential communications in writing. We will honor reasonable request.
- **Right to a paper copy of this Notice.** You have the right to a paper copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer. A copy may be requested in writing to Sound Oxygen Service, Attn. Privacy Officer, 4108 B Place NW Suite B; Auburn, WA 98001-2446.

We reserve the right to change the terms of this notice and apply any changes to all PHI that we maintain. We will post a current copy of this notice in our facilities. The effective date of this notice is located at the top, right-hand corner of each page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the secretary of the Department of Health and Humane Services. To file a complaint with us, contact our Privacy Officer at the above address or at (877)-269-0405. You will not be penalized for filing a complaint.

OTHER USES AND DISCLOSURES OF INFORMATION

Other uses and disclosures of PHI not covered by this notice will be made only with your authorization. You may also revoke the authorization at any time by sending a request in writing. After you revoke your authorization we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note: we are required to retain records of your care.

PATIENT POLICIES

Warranty of equipment: Sound Oxygen Service warranties all oxygen concentrators for a period of five years from the start of service. Sound Oxygen Service warranties all sleep apnea equipment for a period of two years. This warranty covers full repair or replacement at no cost to the patient or Medicare for normal use. The warranty is voided for misuse or destruction of the equipment.

Complaint resolution: Any complaint concerning any aspect of the service or equipment provided by Sound Oxygen Service should be forwarded to the company by phone (877-269-0405), mail (Sound Oxygen Service, 4108 B Pl NW Ste B, Auburn, WA 98001), or e-mail (sos@soundoxygen.com). Any person filing a complaint will be contacted within two business days.

Purchase of equipment: Medicare will pay for 80% of the cost of your equipment until the capped rental period has ended. This time period is 13 months for all sleep apnea equipment and 36 months for oxygen concentrators. After the capped rental period is completed, there will be no charges to Medicare or the patient for the equipment originally provided. Oxygen supplies are included in the equipment cost. Sleep apnea supplies and oxygen contents can be billed to Medicare and to the patient for their portion.

Assignment of Benefits

I hereby request that payment of authorized carrier benefits be made on my behalf to SOS for authorized products and services that **SOS** has provided me. I further authorize a copy of this agreement to be used in place of the original and authorize any holder of medical information about me, to release to the Center for Medicare & Medicaid Services, any other insurer and/or their agents, any information needed to determine these benefits. I further agree to be fully responsible for all charges not covered by my insurance.

Signature of Insured (If not Customer) _____