BROCK MEDICAL
BROCKMEDICAL.COM

Notice Of Privacy Practices

Your Information. Your Rights. Our Responsibilities

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:
- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise Funds

Our Uses and Disclosures

We may use and share your information as we:
- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communication
- You can ask us to contact you in a specific way (for example, home or office phone). We can also send mail to a different address upon request.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we share it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you for another one within 12 months.

Get a copy of this privacy notice
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
- You can file a complaint if you feel we have violated your rights by contacting us using the information on page 2.

You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us, tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
If you are not able to tell us your preferences, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.
We may also share information when needed to lessen a serious and imminent threat to health or safety

In these cases, we never share your information, unless you give us written permission:
- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:
- We may contact you for fundraising efforts, but you can tell us not to contact you again

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use your health information in the following ways:

Treat you
We can use your health information to share it with other professionals who are treating you
Example: A doctor treating you for and injury, asks another doctor about your overall health condition

Run Our Organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary
Example: We use health information about you to manage your treatment and services

Bill Your Services
We can use and share your health information to bill and get payment from health plans or other entities
Example: We give information about you to your health insurance plan so that it will pay for your services

How else can we use your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good such as public health and research. We have to meet many conditions in the law before we share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do your research
We can use or share your information for health research

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective purposes

Respond to lawsuits and legal actions
We can share health information about you in response to a court or an administrative order or in response to a subpoena.

Our responsibilities
- We are required by law to maintain the privacy and security of your protected health information
- We will let you promptly if a breach occurs that may have compromised the privacy or security of your protected health information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
-We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if you change your mind. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:
The Compliance Officer
Brock Medical LLC
P.O. Box 707
Mount Pleasant, SC 29465
Phone: 888-854-0888

Department of Health & Human Services Model Notices of Privacy Practices

Brock Medical LLC
P.O. Box 707, Mount Pleasant, SC 29465
Phone: (888) 854-0888 Website: www.brockmedical.com
Hours of Operation: 9 am – 5pm

Mission Statement
Making disposable wound care products available to patients in assisting the healing process.

Products & Services
Disposable wound care dressings.

Suggestions or Complaints
We value your suggestions and will work hard to resolve any complaints. You may direct your suggestions to Brock Medical at (888) 854-0888. All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon and responded to in writing or by telephone by a supervisor within a reasonable amount of time after receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the President or owner of the company. All complaints are reviewed quarterly by the Quality Improvement Team and are kept confidential. In the event your complaint is not resolved to your satisfaction, you can contact our accrediting organization The Compliance Team at www.thecomplianceteam.org or by calling 1-888-291-5353.

Equipment Warranty Information
Every product sold by our company carries a warranty. Brock Medical notifies all Medicare beneficiaries of the warranty coverage and will honor all warranty coverage under applicable State Law. Brock Medical will replace, free-of-charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

Patient Rights & Responsibilities
Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, nation of origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care, may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her healthcare
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify Brock Medical of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Brock Medical in such instances.
3. The patient should promptly notify Brock Medical of any changes to their address or telephone.
4. The patient should promptly notify Brock Medical of any changes concerning their physician.
5. The patient should notify Borck Medical of discontinuance of use.
6. Except where contrary to Federal and State Law, the patient is responsible for any equipment rental and sales charges which the patient insurance company/companies does not pay.

Wound Care Instructions
Please follow the instructions of your physician or healthcare provider when using these supplies. Refer to the instructions on the outside packaging or the inside instruction sheet of the dressing you received. Should you have questions or concerns please contact your wound care provider.

- Wash hands thoroughly with soap and water, then put on clean gloves.
- Gather all supplies: new dressing, tape or bandage, and any other materials provided.
- Avoid touching the wound or any part of the dressing that will contact the wound.
- Carefully open packaging without contaminating sterile materials.
- Place dressing on wound bed as instructed by your healthcare provider
- Change dressings as directed by your healthcare provider.
- Dispose of the trash
- Sanitize any contaminated surface.
- Take off gloves and wash your hands
- Contact your doctor or nurse with any questions or concerns.

Return Policy
No product returns accepted after ten days from the original shipping date.

The following information has been provided:

- Medicare Supplier Standards
- Notice of Privacy Practices
- Suggestion of Complaint Procedures
- Patient Rights & Responsibilities
- Assignment of Benefits (signature required)
- Hours of Operation
- Warranty Information
- Wound Care Instructions
- Return Policy