

This notice describes how medical information about you may be used and disclosed for treatment, payment, or healthcare operations, and how you can get access to this information.

According to the Health Insurance Portability Accountability Act of 1996 (“HIPAA”), Winmar is required to notify all patients of how Winmar will use the personal health information we obtain. Winmar is permitted to use and disclose personal health information as follows:

1. To provide Treatment as ordered by your physician. Treatment is defined, in relation to Winmar, as providing durable medical equipment or services as ordered by your physician. Winmar may communicate with your ordering physician regarding your medical condition, payment, and healthcare operations for the services provided. (e.g., relaying that your condition has changed, indicating improvement, or worsened).
2. For Payment activities undertaken to obtain reimbursement from your insurance carrier for the provision of health care services to include, but not limited to, eligibility determination; pre-certification; billing and collection activities; utilization review to obtain physician orders; medical chart notes; medical tests that pertain to your services (e.g., ABG, saturation, sleep study); documentation regarding a change in your condition; and disclosure of limited information to consumer reporting agencies, when applicable.
3. To perform standard Healthcare Operations to include, but not limited to, quality assessment and improvement and related functions; qualifications and performance of health care professionals; conducting or arranging medical review, legal services, and auditing functions; compliance programs and auditing functions; business planning and development; business management; and general administrative activities. (e.g., medical review to ensure compliance with the order, billing criteria, federal and state regulations, data entry, claims processing, follow-up visits).
4. To notify local agencies (e.g., power, gas, and phone companies, and emergency medical services) in the event of an Emergency (e.g., natural disaster) of your limited health information and need for life sustaining equipment or assistance in evacuating due to medical condition, if applicable.
5. Consent is not required for personal health information: 1) When obtained during the course of treating inmates; 2) When required by law to treat an individual and victims of abuse; 3) When unable to obtain consent due to substantial barriers to communication and the consent to receive the treatment is clearly inferred from the circumstances (e.g., accepting the treatment); or 4) If the treatment relationship is “indirect.” An indirect relationship is one in which Winmar provides the services based on an order from another provider and the results of the service are transferred back to that provider to communicate with the patient; 5) Uses and disclosures for health oversight activities; 6) Public health activities; 7) Efforts to prevent serious threat to health safety; 8) PHI of decedents and disclosure to personal representatives; and 9) De-identified information.
6. Consent only gives permission to the provider receiving the consent. The consent cannot be shared with any other provider. A provider may require a signed consent as part of the provision of treatment.
7. You have the right to revoke the consent, if the request is provided in writing to the Winmar servicing location, except for treatment/payment/operations for dates of service prior to the date revoked.
8. You may request restrictions on use or disclosure of personal health information; however, Winmar is not required to agree to the request for restrictions.
9. If you suspect misuse of your personal health information, you may report the suspected violations to the Customer Service Department at **800.962.8145** or in writing to: Winmar Diagnostics, 2700 12th Avenue South, Suite B, Fargo, ND 58103-8723.
10. By signing the acknowledgement on the following page, you are acknowledging you have received, read, and understand the information outlined on this “Notice of Privacy Practices.” The attached acknowledgement form is required by Health Insurance Portability and Accountability Act of 1996.

Thank you for your attention to this notice.

Acknowledgement of Receipt of Notice of Privacy Practices

Winmar Diagnostics has provided you with a copy of its Notice of Privacy Practices. The Notice of Privacy Practices explains your privacy rights and how we may use and disclose your protected health information. If you have any questions about the information described in the Notice of Privacy Practices, please contact Winmar at **800.962.8145**.

If you are not available is there anyone we are authorized to talk to on your behalf regarding your therapy?
Name: _____ Relationship: _____

My signature below indicates that I have been provided with a copy of Winmar's Notice of Privacy Practices.

Signature of Patient or Patient Representative

Date

Print Patient Name

If signed by patient representative, state relationship to patient

You may return this acknowledgement by mail to:

Winmar Diagnostics
2700 12th Avenue South, Suite B
Fargo, ND 58103-8723

OR

You may fax this document to the following fax number, to the attention of:

Winmar Notice of Privacy Practices
(Fax) 701.239.4792