

# **NUMOTION NOTICE OF PRIVACY PRACTICES**

**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**

As a requirement for the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Numotion is providing you this information regarding your health information. Numotion is required by law to maintain the confidentiality of health information that identifies you. HIPAA requires Numotion to provide you with information on how and when your health care information will be used in obtaining equipment. We want you to be fully aware on what information we need and how it will be used. If you have any questions about this notice please contact our Corporate Headquarters at 877-489-3651 to reach our Compliance Officer.

## **Your Health Information and How We Will Use It**

Your protected health information, including your name, address, phone, age, insurance information, treatment plan, health history, diagnosis etc. will be needed for Numotion to provide you with the medical equipment that your doctor has prescribed. The information you provide us will/may be shared with other organizations directly related to providing the equipment you need. The information shared will only be the minimum reasonable needed to provide the equipment. This information may be faxed, written, e-mailed or verbally relayed.

The organizations/people with whom we may share information include:

1. Your physician and any consulting physicians- in order to determine what equipment you need based on your current treatment plan, future needs and past medical history
2. Your home health agency and the staff directly related to your care- in order to determine if there are any home care related issues related to your obtaining equipment i.e. do you have other equipment, size of any wounds, structural barriers in your home
3. All insurance companies where you have health care coverage and their clearing houses- this is so that a claim can be processed for payment of services you receive from Numotion
4. Your physical/occupational therapist- to determine what your mobility needs are by completion of an evaluation
5. The facility where you may live (hospital, nursing home, group home, assisted living)- in order for Numotion to further determine your needs
6. Manufacturers related only to specific information to properly fit your equipment or to be notified of any equipment recalls
7. Federal and State agencies as required by law- in order to collect information for the purpose of vital statistics, child/elder abuse/neglect, domestic violence, disease injury/prevention, persons (i.e. Numotion staff) who are at risk for potential exposure to a communicable disease, persons at risk of spreading disease, criminal acts, workplace injuries and product recalls and health oversight activities such as audits, investigations or similar activities

8. Health care accreditation organizations and auditors – in order to insure that a minimum standard of practice is followed
9. For the purpose of quality control and customer satisfaction monitoring, an affiliate of this company may contact you for customer satisfaction follow up related to the items you have received and inform you of other services that may be of benefit to you
10. Your family, power of attorney or primary care giver involved in your care or in payment related to your care

**Why we need this information:**

This information is required by Numotion as:

- A basis for planning your care and treatment now and in the future
- The choice and design of proper equipment to meet your needs.
- A means for communicating with your health care provider(s) who contribute to your care
- A source of information for applying your diagnosis/es and other health information to your bill(s)

**Your Rights to View and Obtain Copies of Your Health Information**

You also have the right to view any of your health information that Numotion maintains. All records are in a secure area, closed to outside access. If you would like to see or need a copy of your record you must request in advance what you need. Proof of identification for access to the record will be required before any information is released. All requests are to be directed to our Corporate Headquarters at 877-489-3651. Each request will be forwarded to the appropriate Compliance Officer and will be handled within 3 business days.

**Your Rights Regarding Mailed Information and Other Contact**

There are times when Numotion may hold an event such as a Wheelchair Expo or adds a new service/equipment and this is communicated by mail to our customers. If you do not wish to receive any of these mailings then you may request in writing to be removed from our mailing list. This request will in no way affect your access to or ability to receive equipment from Numotion. To remove your name for mailings write to:

Numotion Corporate Headquarters  
1111 Cromwell Ave, Ste 601  
Rocky Hill, CT 06067  
Attn: Compliance Officer

**Restrictions on the Use of Your Health Information and Requests for Amendment**

You have the right to request reasonable restrictions on the use of your health information. To request a restriction on the use and disclosure of your personal health information related to your treatment, payment for service, or for the health care operations of Numotion, please notify us in writing at the above address. If we feel that this restriction may limit your access to equipment that we provide then we will notify you to discuss alternatives.

You may also request that we amend your health information if you believe it is incorrect or incomplete. Such a request must be made in writing and submitted to the address

stated above. You must provide us with a reason that supports your request for amendment. We will deny your request if it is not received in writing. We may also deny your request if you ask us to amend information that is: accurate and complete; not part of the identifiable health information kept by this organization; not a part of the identifiable health information which you would be permitted to inspect and copy; or not created by our organization, unless the individual or entity that created the information is not available to amend the information.

#### Accounting of Disclosures

You may request an “accounting of disclosures” which is a list of certain disclosures our organization has made of your identifiable health information. Such a request must be submitted in writing to the address set forth above. You must state a time period of not longer than six years in your request and such period must start after April 14, 2003. You may obtain one list free in any 12-month period and then we will charge you for any additional lists requested in the same 12-month period. We will inform you of our charge at the time of a chargeable request.

#### **Right to a Paper Copy of this Notice**

You have a right to a paper copy of this notice. You may request an additional copy at any time. To request an additional copy contact our compliance officer listed above or simply ask any employee.

#### Right to File a Complaint

If, at any time, you believe that your privacy rights have been violated you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave SW, Room 509, HHH Building, Washington, D.C. 20201 or at 800-369-1019. To file a complaint with our organization contact our Compliance Officer listed above. You may also file a complaint by calling our compliance hotline at 800-826-6762.

#### **Conclusion**

Our policy is to protect your privacy as completely as possible. If we have a need to use your information in a manner not described in this notice or permitted by applicable law we will seek your written authorization to do so. Numotion reserves the right to change or amend this policy at any time. Any changes will be effective for all of your records that our company has created, paper and electronic, in the past and for any of your records we create in the future. A copy of our current policy is being provided to you today and is posted in our office. You may request a current copy during any interaction with our company.

For further information or clarification please contact Numotion’s Corporate Headquarters at 877-489-3651.

Thank you

Effective 01/10/2013