



Dear Patient,

Thank you for your recent order with Professional Healing Solutions. We are happy to serve the community with the utmost respect and provide the care you so deserve. You will be receiving your first order via UPS/FedEx. Delivery is at no charge to you the patient and the expected turnaround time on delivery is 2 days, except on Fridays. Due to the weekends UPS/FedEx will not count Saturday and Sunday as business days and most orders when filled on Friday will be delivered on Mondays or Tuesdays.

Be sure to look around your home very well for your package. UPS/FedEx may or may not leave your package at the door in plain view. Two days after the order has went in and UPS/FedEx should deliver but didn't ring the doorbell, please check around bushes, between doors on the home, around decks or porches for your delivery. If you do not find your package or feel that you have not received the order in a timely manner please let us know at 1-844-414-0373.

You may receive your dressings every 30 days or with every change of order in your treatment so long as you have a need for wound care. Be sure to let the Wound Care Center know when you are running low on dressings or please don't hesitate to call us to request your dressing refill.

Enclosed in shipment or via mailbox you will receive your Privacy Practices paper. This is for your reading and understanding that your rights are protected under HIPAA. Also, enclosed are the Patients Bill of Rights and the Medicare Supplier Standards, this is the rules that we as a DME (Durable Medical Equipment) company are governed by and work by to provide our patients with the best possible service.

These copies are yours to keep. You will be asked for your signature on the AOB form. This gives permission to Professional Healing Solutions to bill your insurance on your behalf and release the necessary personal information regarding you and your wound care to the insurance company for payment. Your signature also acknowledges that you have been given the choice to use our services. If you have any questions please feel free to call any one of our very helpful customer service representatives at 1-844-414-0373. We look forward to serving you for your wound care needs.

Sincerely,

Professional Healing Solutions

1-844-414-0373



NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This 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. Ask us how to do this.
- 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. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what.

- You can ask us not to use or share certain health information for treatment, we use or share 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 shared 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 ask 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.
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- 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 complain if you feel we have violated your rights by contacting us using the information on page 1.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 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.
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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
- Contact you for fundraising efforts

If you are not able to tell us your preference, 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 your 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
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OUR USERS & DISCLOSURES

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

Treat you.

- We can use your health information and share it with other professionals who are treating you.

Example: *A doctor treating you for an 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 for 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 it will pay for your services.*



How else can we use or share 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 can 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

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’re complying with federal privacy law.

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 services

Respond to lawsuits and:

- We can share health information about you in response to a court or legal actions administrative order, or in response to a subpoena.

Uses & Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations, For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence of qualifications of healthcare professionals, evaluating practitioner, and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written permission to use your health information or to disclose it to anyone for any reason. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights portion of this Notice. We may disclose your health information to a family member, friend, or other person to the



extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree AND SIGN WHO CAN RECEIVE that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies or other similar forms of health information.

Marketing Health Related Services: We will not use your health information for marketing purposes without your written authorization.

Required By Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety or the health or safety of others.

National Security: We may discuss to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or a law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties & 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 may 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.

Questions & Complaints

If you want more information about our privacy practices or has questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice.

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint to the U.S. department of Health and Human Services upon request.



We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us in writing use the email addresses or phone numbers provided below to:

The Compliance Team
905 Sheble Lane Suite 102
Spring House, PA 19477
(215) 654-9110
www.exemplaryprovider.com

Professional Healing Solutions
352 Lantana Road
Crossville, Tennessee 38555
(844) 414-0373
pennie@phswound.com

U.S. Department of Health and Human Services: 1-877-696-6775

This Notice of Privacy Practices applies to the following organizations LOCATED ABOVE.