

PRIVACY POLICY

Notice of Privacy Practices

Effective June 2012

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.

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1. Privacy Policy

Overview

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.

Purpose

The purpose of this notice is to:

- Provide you with notice of Streamlined Medical Solutions' information protection practices, and
- Explain your rights as an individual about whom Streamlined Medical Solutions maintains information.

Streamlined Medical Solutions' Responsibilities

Streamlined Medical Solutions is required to abide by the terms of this notice currently in effect by:

- Maintaining the privacy of your Protected Health Information,

- Notifying you of any breaches of your unsecured Protected Health Information, and
- Providing you with notice of our legal duties and privacy practices with respect to Protected Health Information.

Notice Revisions

Streamlined Medical Solutions reserves the right to revise the terms of this notice, and to make the revised terms effective for all Protected Health Information that it maintains. If Streamlined Medical Solutions revises this notice, we will make the revised notice available on our website.

2. Definitions

Business Associate

A person or entity that uses Protected Health Information to perform a service for Streamlined Medical Solutions. These services may include, but are not limited to:

- billing
- transaction processing
- data entry

Health Care Operations

Activities related to Streamlined Medical Solutions' operations, including but not limited to:

- form transmission
- customer issue resolution

Referral Management

Transmission or processing of referral transactions.

Protected Health Information

Information relating to a patient's past, present or future health or condition, the provision of health care to a patient, or payment for the provision of health care to a patient.

Protected Health Information includes, but is not limited to:

- patient name
- Social Security number/member ID
- service date

- diagnosis information
- unique identifiable information

Treatment

The provision, coordination or management of health care and related services by one or more health care providers.

3. Privacy Practices

How Streamlined Medical Solutions Uses and Discloses Information About You

Streamlined Medical Solutions will only use and disclose your Protected Health Information without your authorization when necessary for:

- coordination of your health care treatment
- disclosure to your health care provider to the extent permitted by law
- payment
- health care operations, or
- as required or permitted by law (please see “Use or Disclosure Required or Permitted by Law” section).

Disclosure to Streamlined Medical Solutions’ Business Associates

Streamlined Medical Solutions will only disclose your Protected Health Information to Business Associates who have agreed to maintain the privacy of Protected Health Information as required by law.

Use or Disclosure Requiring Authorization

Streamlined Medical Solutions will not use or disclose your Protected Health Information for purposes other than those described in this notice. If it becomes necessary to disclose any of your Protected Health Information for other reasons, Streamlined Medical Solutions will request for your written authorization from your health care provider. Streamlined Medical Solutions’ will NOT sell your Protected Health Information.

Revoking Authorization:

If you provide written authorization, you may revoke it at any time in writing, except to the extent that Streamlined Medical Solutions has relied upon the authorization prior to its being revoked.

Use or Disclosure Required or Permitted by Law

Streamlined Medical Solutions may use or disclose your Protected Health Information to the extent that the law requires the use or disclosure:

- **Public Health:** For public health activities or as required by the public health authority.
- **Health Oversight:** To a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Legal Proceedings:** In response to an order of a court or administrative tribunal, in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** For law enforcement purposes, including:
 - legal process or as otherwise required by law;
 - limited information requests for identification and location;
 - use or disclosure related to a victim of a crime;
 - suspicion that death has occurred as a result of criminal conduct;
 - if a crime occurs on Streamlined Medical Solutions' premises; or
 - in a medical emergency where it is likely that a crime has occurred.
- **Criminal Activity:** As requested by law enforcement authorities, if the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Referral Management:** Streamlined Medical Solutions uses Protected Health Information for referral management to ensure that continuity of care is provided as part of its products and services.
- **Health Care Operations:** Streamlined Medical Solutions uses and discloses Protected Health Information to audit and review claims' payment activity to ensure that claims were paid correctly.
- **Treatment:** To coordinate treatment by a health care provider.

Personal Representative

Streamlined Medical Solutions may disclose your Protected Health Information to a person who has legal authority to make health care decisions on your behalf.

Disclosure Requiring Opportunity to Object

Streamlined Medical Solutions may disclose your Protected Health Information to a family member, friend, or other person involved in your care or payment if the information is relevant to their involvement and you have agreed or had an opportunity to object as obtained by your health care provider.

Genetic Information

Streamlined Medical Solutions is prohibited from using or disclosing your genetic information for underwriting purposes.

4. Know Your Rights

Exercising Your Rights

You may exercise any of your below rights by sending us a written request.

Review Your Protected Health Information

You have a right to inspect and obtain a copy of your Protected Health Information.

Important:

If you feel your Protected Health Information is incomplete or incorrect, you have the right to request that it be amended.

Request to Restrict Your Protected Health Information

You can request restrictions on the use and disclosure of your Protected Health Information. Streamlined Medical Solutions is not required to agree to a requested restriction.

Example:

If a restriction request prevents us from providing service to you or from performing payment related functions, we will not be able to agree to the request.

Confidential Communication

When necessary, Streamlined Medical Solutions may seek to contact you by calling you at your home or by sending mailings containing your Protected Health Information to your home. If you feel that such communications could compromise your safety, you may request in writing an alternate communication method and/or location.

Important:

Streamlined Medical Solutions may require that such a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual, and Streamlined Medical Solutions may, if and to the extent that applicable law allows, request payment for this service.

Examples:

The patient may decide, for his or her safety, to have correspondence containing his or her Protected Health Information sent somewhere other than to his or her home, or to have the information sent via fax rather than mailed.

Accounting of Disclosures

If a disclosure of your Protected Health Information was made for a reason other than treatment, payment or health care operations, you have a right to receive an accounting of the disclosure.

Important:

If the disclosure was made to you, Streamlined Medical Solutions will not provide an accounting.

Receive a Copy / Complaints

You can view and print a copy of this Notice of Privacy Practices through StreamlinedMedical.com.

If you believe that your privacy rights have been violated, you may submit a complaint to Streamlined Medical Solutions or to the U.S. Secretary of Health and Human Services at any time. Streamlined Medical Solutions will not retaliate against you for filing a complaint. You may file a complaint with Streamlined Medical Solutions at admin@StreamlinedMedical.com.

5. Contact Information

Contact Streamlined Medical Solutions

For questions about this notice or your privacy, contact us through admin@StreamlinedMedical.com