

communication or at alternative locations.

Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Human Resources Department identified herein. A form of written revocation is available upon request from the Human Resources Department.

Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please submit a written request form from the Human Resources Department and submit the completed form to the Human Resources Department. Requests for a copy of a limited amount of your medical or billing records (e.g., a prescription) maintained by us on-site may be made orally to our local facility. We may, however, require that you submit a written request to the Human Resources Department.

Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please send a written request for the amendment, including the reason for the amendment, to the Human Services Department. You may obtain a form to request an amendment from the Human Resources Department. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003.

Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

Revision of Notice of Privacy Practices. When we use the words "Protected Health Information (PHI)", we mean any information that we have gathered while we have taken care of you (including health information provided to HMPS by those outside HMPS). HMPS will follow this Notice of Privacy Practices and any future changes to the Notice that we are required or authorized by law to make. We have the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. We will have a copy of the current Notice with an effective date in clinical locations and on our website at www.homeoxyggen.com.

HMPS patients have the right to expect that their PHI will be held in the strictest confidence and will not be disclosed to entities outside the realm of care and/or payment. As your health care provider, HMPS respects your expectation of privacy and has instituted safeguards within the organization to meet this expectation. Patient records are secured and protected through various internal processes and procedures.

Consent and authorization to disclose PHI must be granted by the patient prior to performing services or submitting for third party payment of services. Consent to disclose PHI is obtained through patient authorization by checking the Privacy Policy that is on the Plan of Care, signing and dating.

If you would like to submit a complaint or request additional information regarding your rights or regarding the uses and disclosures of your medical information, you may contact:

Home Medical Products & Services
ATTN: Human Resources Department
223 Silver Street
Hurley, WI 54534
715-561-2525

THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.

This Notice is effective on April 14, 2003.

HOME MEDICAL *Products & Services* **NOTICE OF PRIVACY PRACTICES**

**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.**

Home Medical Products & Services is committed to preserving the privacy of your health information. In fact, we are required by law to do so for any information created or kept by us. We are also required to provide you with this Notice describing our legal duties and our practices concerning your health information. For the rest of this Notice, "HMPS" will refer to all services, service areas and workers of Home Medical Products & Services.

I. PURPOSE OF THIS NOTICE

This Notice tells you how Home Medical Products & Services uses and discloses the "Protected Health Information" (PHI) that you have given us or that we have learned from you when you were a patient in our system. It also tells you about our responsibility to you and how we can and cannot use your health information.

II. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AT HMPS

Treatment, Payment and Health Care Options.

The following section describes different ways that we use and disclose health information for treatment, payment and health care operation. For each of those categories, we explain what we mean and give one or more examples. Not every use or disclosure will be noted and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The ways we use and disclose health information will fall within one of the categories.

Treatment. We use and disclose your PHI to provide treatment and other services to you-for example, to treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

Payment. We may use and disclose your PHI to obtain payment for equipment and services that we provide to you-for example, disclosures to claim and obtain payment from your health insurer, HMO, or other that arranges or pays the cost of some or all of your healthcare (your payor) to verify that your payor will pay for healthcare.

Healthcare Operations. We may use and disclose your PHI for our healthcare operators, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our respiratory therapists, nurses and other healthcare workers. We may also disclose PHI to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations such as quality assessment and improvement activities, reviewing the quality and competence of healthcare professionals, or for healthcare fraud and abuse detection or compliance.

III. OTHER PERMITTED USES AND DISCLOSURES OF HEALTH CARE INFORMATION

Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonable infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

Public Health Activities. We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility of ensuring compliance with the rules of government health such as Medicare or Medicaid.

Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal or other lawful process.

Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Decedents. We may disclose you PHI to a coroner or medical examiner as authorized by law.

Organ and Tissue Procurement. We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Research. We may use or disclose your PHI without your consent or authorization if an Institutional Review Board or Privacy Board approves a waiver of authorization for disclosure.

Health or Safety. We may disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to worker's compensation or other similar programs.

Inmates. We may release medical information about inmates to correctional institution or law enforcement officials, as necessary to provide the inmate with health care, to protect the health and safety of the inmates or other, or for the health and safety of the correctional institution.

Military and Veterans. We may release medical information as required by military command authorities, and as applicable, to appropriate foreign military authorities.

Business Associates. We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our customers.

As required by Law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Use of Disclosure with your Authorization. For any purpose other than the ones described above in Section III, we may use or disclose your PHI when you grant us your written authorization. For instance, you will need to execute an

authorization before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

Marketing. We must also obtain your written authorization ("Your Marketing Authorization") prior to using your PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter without obtaining Your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization.) In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers of care setting without Your Marketing Authorization.

Use and Disclosures of Your Highly Confidential Information. In addition, federal and state law requires special privacy protections for certain highly confidential information about you. We will comply with such special privacy protections which may cover the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult with a disability; (9) is about sexual assault; or (10) is about abortion.

V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Human Resources Department. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Human Services Department will provided you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

Right to Request Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and healthcare operations; (2) to individuals (such as family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. If you wish to request restrictions, please submit a written request to our Human Resources Department. A form to request restrictions is available upon request from the Human Resources Department.

Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request of you to receive your PHI by alternative means of