

ALLCARE MOBILITY  
112-1 S Oxley Drive  
Lyons, GA 30436  
912526-3200 PH 912526-9199 FX

PRIVACY NOTICE  
EFFECTIVE DATE 11/21/2023

PURPOSE

This notice describes how medical information about you may be used and disclosed and how you get access to the information. Please review it carefully. ALLCARE believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information. ALLCARE maintains the right to update our PRIVACY NOTICE. Your personal health information will always be maintained by our current policies designated to our current PRIVACY POLICY. A current copy of our PRIVACY NOTICE is prominently displayed in store. If you have any questions about our Privacy Notice you may call the Compliance Officer at 912-526-3200.

PRIVACY PURPOSE

The following describes the manner in which we will use and disclose your personal health information.

1. We may collect and share appropriate information about you to document the medical necessity for the equipment, supplies, or services we are providing. Examples include diagnosis, prescription, referral, and physician or health care provider information.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which includes family members or other financially responsible parties you have informed us of. Example may include, insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state or local authority (as required by law), or to remind you of equipment, supplies or service's needs.
4. We may release appropriate information about to family or friends that are helping you with the financial responsibilities incurred while receiving equipment, supplies or services from us.
5. We may use and disclose information about you to respond to a court or legal subpoenas or discovery proceedings and our staff testifying about the care we have provided.

The following describes your rights to the information we maintain about you:

1. You have the right to direct the use of your personal health information at any of our locations.
2. You have the right to terminate or revise your authorization or consents that pertain to our use of your personal health information, and have those termination or revisions affect any new equipment, supply or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All request must be in written form.
3. You have the right to request a copy of your personal health information as long as any federal, state, or local law does not prohibit it. This request must be in writing. There is a charge for copying, producing, and delivering your information.
4. You have the right to request, in writing, a revision to your personal health information. Revision request will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the reasons for modification. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.
5. You have the right to request an accounting of non-routine disclosure we have made with your personal health information. You can receive one free accounting in a twelve-month period. We will charge for an accounting services that exceed one per twelve months. You must agree to this charge before we will provide accounting services. These request cover dates of service on or after November 21, 2023.
6. You have the right to file a complaint about our use of your personal health information with us or the Secretary of the Department of Health and Human Services.
7. You have a right to file a complaint with The Compliance Team at 212-654-9110.

Patient signature on Orientation Sheet confirms they received this form.