

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information regarding the medical condition being treated. Health care operations. Your health information may be used, as necessary, to support the day-to-day activities and management of Daavlin. For example, information on the equipment you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Daavlin is required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice.

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: Daavlin, P.O. Box 626, Bryan, Ohio 43506. Phone 419-636-6304. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. You may also use the above name and address to contact us for further information concerning our privacy practices.

THIS NOTICE IS EFFECTIVE ON OR AFTER JANUARY 22, 2009.

Patient Responsibilities:

To ensure the finest care possible, you must understand your role in your health care. As a customer of Daavlin, you are responsible for the following:

1. To provide complete and accurate information at all times, including but not limited to: Insurance Information and any/all Insurance changes; up to date name, address, and telephone numbers; up to date medical information including diagnosis, physician information, changes in status or need, etc.
2. To request additional assistance or information on any issue with your order that you don't fully understand.
3. To notify Daavlin when encountering any problems with your medical device.
4. To notify Daavlin of denial and/or restriction of the Daavlin privacy policy.

Patient Bill of Rights:

As an individual receiving medical devices from Daavlin you have the following rights:

1. To select those who provide your medical devices.
2. To be provided with legitimate identification by any person or persons entering your residence to provide delivery services or maintenance of your medical device.
3. To be provided with adequate information from which you can give your informed authorization for the commencement of your order, the continuation of your order, the transfer of your order to another provider, or the termination of your order.
4. To be advised, before the order is shipped, of the extent to which payment for the medical device may be expected from Medicare/Medicaid, insurance, or your liability for payment, billing cycles and changes in payment.
5. To have your privacy respected at all times and to be treated with respect, consideration, and recognition of dignity and individuality.
6. To express concerns or grievances or recommend modifications to your home care service without fear of restraint, interference, coercion, discrimination, or reprisal. You may contact any of the following organizations with grievances: Ohio Medicare (800) 589-7337 Ohio Medicaid (800) 324-8680 #2 ACHC (919) 785-1214
7. To expect that information received by Daavlin will be kept confidential and shall not be released without written authorization.
8. The right to review Daavlin's Privacy Practices.
9. To receive the appropriate customer service in a professional manner without discrimination.