

## Apria Byram Affiliated Covered Entity 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.

Both Apria Healthcare LLC and Byram Healthcare Centers, Inc. (“we”) are required by law to maintain the privacy of your protected health information (“PHI”), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you if a breach of your PHI occurs, in accordance with applicable law. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

This Notice applies to all the information about you that we obtain that relates to your past, present, or future physical or mental health or condition, the provision of healthcare products and services to you or payment for such services.

Upon request, you may obtain a paper copy of this Notice even if you have agreed to receive it electronically.

#### Uses and Disclosures Without Your Written Authorization.

Except as otherwise described in this Notice, we may use and disclose PHI without your authorization, in order to treat you, obtain payment for equipment and services provided to you, and conduct our “healthcare operations,” as well as for the other purposes described below:

- **Treatment.** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, office staff, or other personnel who are involved in your care or healthcare decisions. For example,

information provided by your physician or other member of your healthcare team will be recorded in your record and used to determine the equipment, supplies or services that should work best for you, and we routinely disclose information to your healthcare providers to assist them in making decisions related to and coordinating your care. In addition, we may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Payment.** We may use and disclose your PHI to obtain payment for equipment and services that we provide to you. For example, we disclose PHI to make a claim and obtain payment from your health insurer or other company that arranges or pays the cost of some or all of your healthcare (“Your Payor”). We may also use and disclose your PHI to verify that Your Payor will pay for healthcare, including disclosures to Your Payor’s eligibility database.
- **Healthcare Operations.** We may use and disclose your PHI in order to run our business (i.e., for our healthcare operations) and to help ensure that you and our other customers receive quality and cost-effective care. In some instances, third party companies help us operate our business and we may disclose your PHI to such companies, subject to contract provisions that protect your PHI.

For example: We may use your PHI to contact you to help ensure the quality of our service. We may use or disclose your PHI to conduct cost-management and business planning activities for our company.

We may also disclose your PHI to other HIPAA-

covered entities that have provided services to you so that they can improve the quality and effectiveness of the healthcare services that they provide. We may also use your health information to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

**Disclosures to Friends and Family Members.** Upon your agreement, including agreement by reasonable inference under the circumstances, or if you are not available to agree, in our professional judgement, we may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you that is involved in your care or payment for your care. We may only disclose PHI that is directly relevant to their involvement in your care or payment for that care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death. Such disclosure of your PHI may include to a disaster relief organization, for purposes of coordinating notification efforts.

**Disclosures for Public Health Activities.** We may disclose your PHI for public health purposes, including (i) reports to public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability, (ii) to report child abuse and neglect to the appropriate authorized authorities; (iii) reports to the U.S. Food and Drug Administration, such as to report adverse events; and (iv) reports to employers for work-related illness or injuries for workplace safety purposes.

**Other Uses and Disclosures Without Your Authorization. We may use or disclose your PHI:**

- To make reports on abuse, neglect, or domestic violence to a government author-

ity, including a social service or protective services agency, if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

- To health oversight agencies or authorities for health oversight activities, such as auditing and licensing.
- In the course of a judicial or administrative proceeding in response to a legal order or other lawful process, in accordance with applicable law.
- To law enforcement authorities for law enforcement purposes as required or permitted by applicable law, including in response to a court order, grand jury subpoena, and investigative demand.
- To a coroner, medical examiner, and funeral director, as authorized by law and as necessary to carry out their duties.
- To organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- For research purposes, if certain special protections and approval processes by an Institutional Review Board or Privacy Board are followed.
- To prevent or lessen a serious and imminent threat to a person’s or the public’s health or safety.
- To units of the government with special functions, such as the U. S. military or the U.S. Department of State under certain circumstances.
- As authorized by and to the extent necessary to comply with state law relating

to workers' compensation or other similar programs.

- When required to do so by federal, state or local law.

### **Specific Uses or Disclosures Requiring Authorization.**

We will obtain your written authorization prior to using or disclosing your PHI (i) for marketing activities, and (ii) in exchange for payment, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

**Other Uses and Disclosures Requiring Authorization.** All other uses and disclosures other than those described in this Notice or otherwise permitted by law, will be made only with your written authorization.

You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

**Uses and Disclosures of Your Highly Confidential Information.** There are federal and state laws that provide special protection for certain kinds of health information, including that related to sexually transmitted diseases, HIV, and other communicable diseases, drug and alcohol abuse, mental health and developmental disabilities, genetic testing, abuse, sexual assault, and family planning services, including abortion. These laws may further restrict us from making uses and disclosures of those categories of health information without your explicit written authorization. We will abide by these more protective laws, to the extent they are applicable.

### **Your Rights Regarding Your PHI.**

You have certain individual rights related to your PHI, as described below. You may exercise any

of these rights by submitting your request in writing to:

Apria Healthcare LLC  
Physician and Patient Relations Department  
7353 Company Drive  
Indianapolis, IN 46237  
Telephone Number: (800) 260-8808  
Facsimile Number: (949) 587-0089

or  
Byram Healthcare  
Attn: Privacy Compliance Officer  
120 Bloomingdale Rd., Ste. 301  
White Plains, NY 10605  
Telephone: (877) 902-9726 ext. 62016

**Right to Request Restrictions.** You may request, in writing, restrictions on how we use and disclose your PHI for certain purposes. We will consider but are not legally required to accept most requests. After careful review of your request, we will notify you of our determination in writing. We must accept your request only if the request is to restrict the disclosure of PHI to a health plan for the purpose of carrying out payment or healthcare operations (unless such use or disclosure is required by law), and the restricted information pertains to an item or service for which you paid in full out-of-pocket.

**Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations, such as using an alternative mailing address, e-mail address, or telephone number.

**Right to Inspect and Copy Your Health Information.** With a few exceptions, you have the right to request in writing, access to and to obtain a paper or electronic copy of the PHI that we maintain about you and to direct us to send your PHI to a third party. Under limited circumstances, we may deny your request

for access to your PHI. In some instances, if you are denied access to your PHI, you may request that the denial be reviewed. We may charge a reasonable, cost-based fee.

**Right to Amend Your Records.** You have the right to request in writing that we correct information in your record that you believe is incorrect or add information that you believe is missing. 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 the six-year period prior to the date of your request. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

**For Further Information; Complaints.** If you have questions about this Notice, desire further information about your privacy rights, would like to request a written copy of the current notice, or are concerned that we have violated your privacy rights, you may contact us as set forth below. If you would like to file a complaint, we may request that you file the complaint in writing.

Apria Healthcare LLC  
Physician and Patient Relations Department  
7353 Company Drive  
Indianapolis, IN 46237  
Telephone Number: (800) 260-8808  
Facsimile Number: (949) 587-0089

Byram Healthcare  
Attn: Privacy Compliance Officer  
120 Bloomingdale Rd., Ste. 301  
White Plains, NY 10605  
Telephone: (877) 902-9726 ext. 62016

You also may file a written complaint to the

Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. See [www.hhs.gov/hipaa/index.html](http://www.hhs.gov/hipaa/index.html) for information on how to file a complaint with the Office for Civil Rights.

We will not retaliate against you if you file a complaint.

**Changes to this Notice.** We may change the terms of this Notice at any time. The new Notice will be effective for all PHI that we maintain, including any information created or received prior to the date of the new Notice. The revised Notice will be posted at our places of service and on our Web site at [www.ByramHealthcare.com](http://www.ByramHealthcare.com) and [www.Apria.com](http://www.Apria.com).

**Effective Date:** May 2, 2022