

Palmetto Seating and Mobility Notice of Privacy Practices

PALMETTO SEATING AND MOBILITY, INC.

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. This Notice of Privacy Practices describes how Palmetto Seating and Mobility, Inc. and all members of its Affiliated Covered Entity (collectively, “Palmetto Seating and Mobility, Inc.,” “we,” “our,” or “us”) may use and disclose healthcare information about you and how you can get access to this information. It applies to the health services you receive at Palmetto Seating and Mobility, Inc. For a complete list of the members of the Palmetto Seating and Mobility, Inc. Affiliated Covered Entity, please contact the Palmetto Seating and Mobility, Inc. Privacy Officer. We will share your health information within Palmetto Seating and Mobility, Inc. to carry out our treatment, payment, and health care operations. The law requires us to maintain the privacy of certain health information called “Protected Health Information” (“PHI”). PHI is the information that you provide us or that we create or receive about your health care. When we use or disclose (share) your PHI, we are required to follow the terms of this Notice or other notices in effect at the time we use or share the PHI. Finally, the law provides you with certain rights described in this Notice. Furthermore, we are required to notify you following a breach of unsecured PHI. If you have any questions about this Notice, please contact Palmetto Seating and Mobility, Inc.’s Privacy Officer at the address and telephone number provided below.

Ways We Can Use and Share Your PHI Without Your Written Permission (Authorization).

The information you provide us will/may be shared with other organizations directly related to providing the equipment you need, like hospitals and clinics. We do not need any type of permission from you for the following uses and disclosures:

Uses and Disclosures for Treatment, Payment and Health Care Operations. We may use and share your PHI to provide “Treatment,” obtain “Payment” for your Treatment, and perform our “Health Care Operations.”

i. Treatment. We use and share your PHI to provide care and other services to you. For example, to assess and provide appropriate equipment for your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment options. We may also share PHI with other healthcare providers involved in your care.

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ii. Payment. We may use and share your PHI to receive payment for services that we provide to you. For example, we may share your PHI to request payment and receive payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of some or all of your health care.

iii. Health Care Operations. We may use and share your PHI for our health care operations, which include management, planning, and activities that improve the quality and lower the cost of the care that we deliver. For example, we may use PHI to review the quality and skill of our health care providers.

Treatment Alternatives. We may use or disclose your PHI to provide you with information about treatment alternatives or to tell you about other health-related services we provide that might interest you.

Business Associates. In addition, we may share PHI with third party “business associates” who perform activities and services on our behalf, including those we hire to perform services like auditing or accounting. We will have a written agreement with these business associates that requires them to protect the privacy of your health information.

Your Other Health Care Providers. We may also share PHI with your doctor and other health care providers when they need it to provide treatment to you, to obtain payment for the care they give to you, or to perform certain health care operations,

Public Health and Safety Activities. We may disclose your information to public health agencies or for public health activities. For example, we may share your PHI for the following:

- i. to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- ii. to report abuse and neglect to government authorities, including a social service or protective services agency, that are legally permitted to receive the reports;
- iii. to report information about products and services to the U.S. Food and Drug Administration;
- iv. to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;

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- v. to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
- vi. to prevent or lessen a serious and imminent threat to a person for the public's health or safety.

Respond to Lawsuits and Legal Actions. We may share your PHI in the course of a judicial or administrative proceeding in response to a valid subpoena, court order or other lawful process.

Work with a Medical Examiner or Funeral Director. We may share PHI with a coroner or medical examiner as authorized by law.

Organ and Tissue Requests. If you are an organ donor, we may share your PHI with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

Research. In certain circumstances, we may use your information in order to conduct research. If we do so, certain privacy protections have to be in place before we can disclose your health information and we will almost always ask for your specific permission before providing a researcher with information that identifies you.

Workers' Compensation. We may share your PHI as permitted by or required by state law relating to workers' compensation or other similar programs.

Law Enforcement and Special Government Functions. We may share your PHI with law enforcement officials in limited circumstances as required or permitted by law, or to authorized federal authorities for intelligence, counterintelligence or national security purposes. We may also disclose your health information as required by military authorities if you are a member of the armed forces.

Health Oversight. We may share your PHI with a health oversight agency that oversees the health care system or ensures compliance with government health programs, such as Medicare or Medicaid to prevent or lessen a serious and imminent threat to a person for the public's health or safety, or to certain government agencies with special functions such as

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the State Department.

As Required by Law. We may use and share your PHI when required to do so by any other law not already referred to above.

Family, Close Friends or Others Involved in Your Care. We may share your PHI with your family member/relative, a close personal friend, or another person who has been involved in your care or payment for your care.

Disaster Relief. We may share your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Use or Disclosure with Your Permission (Authorization). For any purpose other than the ones described above, we may only use or share your PHI when you grant us your written permission (authorization). For example, you will need to give us your permission before we send your PHI to your life insurance company. You may change your mind about your authorization or any written permission regarding your PHI by giving or sending a written “revocation statement” to the Privacy Officer at the address below. The revocation will not apply to the extent that we have already taken action where we relied on your permission.

Marketing. We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials paid for by a third party. However, we may communicate with you face to face about products or services related to your treatment, case management, or care coordination, or alternative treatments, therapies, health care providers, or care settings. For example, we may not sell your PHI without your written authorization.

Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain highly confidential information about you for example psychotherapy notes or HIV/AIDS testing. Palmetto Seating and Mobility, Inc. does not typically maintain this type of information and if we do, we will apply any additional protections required by law should we use or disclose it or remove it.

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Your Rights Regarding Your Protected Health Information.

For Further Information; Complaints. If you want more 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 Privacy Officer using the contact information provided at the end of this Notice. We will not take any retaliatory action against you if you file a complaint.

Right to Receive Confidential Communications. You may ask us to send PHI to a different location than the address that you gave us, or in a special way, or to contact you at a different phone number. You will need to ask us in writing. For example, you may ask us to send a copy of your medical records to a different address than your home address. We will accept all reasonable requests.

Right to Inspect and Copy Your Health Information. You may request copies (for a reasonable fee) and/or access to your medical record file, billing records, and other records. You have a right to a copy of your records, if part of a “designated record set” in electronic format, as reasonably available. You can review your medical records and/or ask for hard copies. Under limited circumstances, we may deny you access to a portion of your records. If you want to access your records, you may obtain a record request form from Palmetto Seating and Mobility, Inc.. Return the completed form to the Privacy Officer.

Right to Amend Your Records. You have the right to request that we amend PHI maintained in medical record files, billing records, and other records used to make decisions about your Treatment and payment for your Treatment. If you want to amend your records, you may obtain an amendment request form from the Privacy Officer. After which, you can return the completed form to the Privacy Officer. We will comply with your request unless we believe that the information that would be amended is correct and complete or that other circumstances apply.

Right to Receive an Accounting of Disclosures. You may ask for a list (accounting) of certain disclosures of your PHI made by us. These disclosures must have occurred before the time of your request, and we will not go back more than six (6) years before the date of your request. If you request an accounting more than once during a twelve (12)

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month period, we will charge you a reasonable cost based fee. Direct your request for an accounting to the Privacy Officer.

Right to Request Restrictions. You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or health care operations. With one exception, we are not required to agree to your request. If we do agree, we will comply unless the information is needed to provide emergency treatment. Your request for restrictions must be made in writing and submitted to the Privacy Officer at the address below. We must grant your request to restrict disclosure of your PHI to a health plan if you have paid for the health care item in full out of pocket.

Right to Receive a Copy of this Notice. If you ask, you may obtain a copy of this Notice, even if you have agreed to receive the notice electronically.

Right to Choose Someone to Act for You If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

Effective Date and Duration of This Notice

Effective Date. This Notice is effective as of December 31, 2023.

Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in common areas throughout our facilities, and on our Internet site at www.palmettoseatingandmobility.com. You also may obtain a copy of the current Notice by contacting the Privacy Officer.

Questions or concerns: You may contact the Privacy Officer for additional information:

Meredith Hill, Privacy Officer,
Legal and Compliance Dept.
864-296-6911

Palmetto Seating and Mobility Notice of Privacy Practices

1-800-MEDICARE

Version 1.0

Effective December 31, 2023

Terms and Conditions – SMS Campaign

Terms and Conditions for Palmetto Seating and Mobility SMS Messages

Effective Date: 4/6/2026

By opting in to receive SMS messages from Palmetto Seating and Mobility, you consent to receive periodic SMS messages from us. These messages may include:

- Important updates
- Order information
- Other communications related to our products and services

1. Opt-In Consent

By providing your phone number, you agree to receive SMS messages from Palmetto Seating and Mobility. Consent is not a condition of purchasing any goods or services.

2. Message Frequency

You may receive messages periodically. Message frequency may vary depending on your interactions and communications related to our products and services.

3. Opt-Out / STOP

You can unsubscribe from SMS messages at any time by replying **STOP** to any message you receive from us. Once you reply **STOP**, you will be unsubscribed from future messages.

4. HELP / Support

If you need assistance with our messaging program, you can reply **HELP** to any message for guidance, or contact our customer support at: meredith@palmettoseatingandmobility.com

Terms and Conditions – SMS Campaign

Terms and Conditions for Palmetto Seating and Mobility SMS Messages

5. Message & Data Rates

Standard message and data rates may apply for messages sent to and from your mobile device. Contact your mobile carrier for more information.

6. Limitation of Liability

Palmetto Seating and Mobility is not responsible for delays, delivery failures, or other issues caused by mobile carriers, network outages, or technical problems beyond our control.

7. Changes to Terms

We may update these Terms and Conditions from time to time. The most current version will always be posted on this page.

8. Contact Us

For questions regarding these Terms and Conditions, please contact us at:

meredith@palmettoseatingandmobility.com

(864) 296-6911

780 Tillotson Rd, Anderson, SC 29621