

# Privacy notice

## **Our commitment to your privacy**

Smartbox is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your protected health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

The terms of this notice apply to all records containing your protected health information that are created or retained by Smartbox. We reserve the right to request or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records that Smartbox has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice on our web site [www.thinksmartbox.com](http://www.thinksmartbox.com) and you may request a copy of our most current notice.

If You Have Questions About this Notice, Please Contact:  
Chief Privacy Officer at (844) 341-7386

We may use and disclose your health information in the following ways:

*The following categories describe the different ways in which we may use and disclose your protected health information.*

## **Funding assistance**

Protected health information is primarily used at Smartbox to assist in getting Medicare, Medicaid or private insurance funding for advanced augmentative communications (AAC) devices and solutions.

## **Release of phi to guardians, care givers, slps and other health care professionals**

Smartbox may release protected health information to authorized individuals. This would include customers, relatives of customers, caregivers, SLPs, other medical professionals and various funding agencies including Medicare, Medicaid and private insurance.

## **Referral to AAC advocate**

Material will be sent to our AAC advocate as required to facilitate alternate funding sources or appeal a denial of funding decision. Smartbox will obtain written authorization from our customers for disclosure of your protected health information for this purpose.

## **Disclosures required**

Smartbox will use and disclose your protected health information when required by federal, state or local law.

## **Other uses and disclosures**

Other uses and disclosures of your protected health information for reasons not specified above will only be made with an individual's written authorization.

The written authorization will state:

- Purpose or reason for the disclosure.

**Smartbox**

- Organization or individual to which the information is disclosed.
- Time period that the information may be used.

An individual has the right to revoke authorization at any time upon giving written notice of such revocation.

Use and disclosure of your protected health information in special circumstances:

### **Public health risks**

Smartbox may disclose your protected health information to public health authorities that are authorized by law to collect information for the purposes of: Maintaining vital records, such as births and deaths.

Reporting child abuse or neglect.

Notifying individuals if a product or device they may be using has been recalled.

Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the customer agrees or we are required or authorized by law to disclose this information.

### **Health oversight activities**

Smartbox may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, license and disciplinary actions, civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

### **Research**

Smartbox may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy or de-identification of your protected health information.

### **Lawsuits of similar proceedings**

Smartbox may use and disclose your protected health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceedings. We also may disclose your protected health information in response to discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

### **Law enforcement**

Smartbox may release protected health information if asked to do so by a law enforcement official:

1. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
2. In response to a warrant, summons, court order, subpoena or similar legal process.
3. To identify/locate a suspect, material witness, fugitive - or missing person.
4. In an emergency, to report a crime (including the - location or victim(s) of the crime, or the description, identity or location of the perpetrator).

### **Military**

Smartbox may disclose your protected health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

### **National Security**

Smartbox may disclose your protected health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations as required by law.

### **Inmates**

Smartbox may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for: The institution to provide health care services to you.  
The safety and security of the institution.  
Protection of your health and safety or the health and safety of other individuals.

### **Workers' compensation**

Smartbox may release your protected health information for workers' compensation and similar programs.

### **Your rights regarding your protected health information**

You have the following rights regarding the protected health information that we maintain about you:

#### **Confidential communications**

You have the right to request that Smartbox communicate with you about your health and related issues in a particular manner or a certain location.

#### **Request restrictions**

You have the right to request a restriction in our use or disclosure of your protected health information for funding, treatment, payment, or health care operations. Additionally, you have the right to request that we limit our disclosure of your protected health information to individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by laws or when the information is necessary to facilitate funding.

In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing to:

Chief Privacy Office Smartbox  
2831 Leechburg Road  
New Kensington, PA 15068

Your request must describe in a clear and concise fashion:

1. The information you wish restricted.
2. Whether you are requesting to limit our companies use, disclosure or both.
3. Whom you want the limits to apply to Inspection.

#### **Inspection and copies**

You have the right to inspect and obtain a copy of the protected health information that may be used to make decision about you including: customer medical information, funding information and billing records. You must submit your request in writing to the Smartbox Chief Privacy Officer as instructed above in order to

inspect and/or obtain a copy of your protected health information. Smartbox may charge a fee for the cost of copying, mailing, labor and supplies associated with your request. Smartbox may deny your request to inspect and/or copy in certain limited circumstances.

### **Amendment**

You may ask Smartbox to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as Smartbox keeps the information. To request an amendment, your request must be made in writing and submitted to the Smartbox Chief Privacy Officer as instructed above. You must provide us with a reason that supports your request amendment. Smartbox will deny your request if you fail to submit the request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:

1. Inaccurate and incomplete.
2. Not part of the protected health information kept by or for Smartbox.
3. Not part of the protected health information which you would be permitted to inspect.
4. Not created by Smartbox, unless the individual or entity that created the information is not available to amend the information.

### **Accounting of disclosures**

All of our customers have the right to request an “account of disclosures.” An “account of disclosures” is a list of certain disclosures Smartbox has made of your protected health information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Smartbox Chief Privacy Officer as instructed above. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years and not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but Smartbox may charge you for additional lists within the same 12-month period. Smartbox will notify you of the cost involved with additional requests, and you may withdraw your request before you incur any costs.

### **Right to a paper copy of this notice**

You are entitled to receive a paper copy of Smartbox’s Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the Chief Privacy Officer at (844) 341-7386.

### **Right to file a complaint**

If you believe your privacy rights have been violated, you may file a complaint with Smartbox or the Secretary of the Department of Health and Human Services, (202) 619-0257. To file a complaint with Smartbox, contact the Chief Privacy Officer at (844) 341-7386. All complaints must be submitted in writing. A complaint can be filed without reprisal from any one at Smartbox or its associates.

### **Right to provide an authorization for other uses and disclosures**

Smartbox will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons describe in the authorization. Please note that we are required to retain records of your funding and device information.