Comfort Care Medical Equipment
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Notice of Privacy Practices

Effective Date: January 1st, 2026

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

Our Duties

- We are required by law to maintain the privacy of your protected health information (PHI).
- We must provide you with this Notice of Privacy Practices and abide by its terms.
- We are required to notify you in the event of a breach of unsecured PHI.

Client Bill of Rights — You have the right to:

1. Receive a paper or electronic copy of this notice at any time.
2. Request restrictions on certain uses and disclosures of your PHI. While we are not required to agree to all requests, we will accommodate reasonable requests when possible.
3. Inspect and obtain a copy of your PHI and request corrections (amendments) to your health record if you believe it is incomplete or inaccurate.
4. Request confidential communications (e.g., ask us to contact you at a different phone or address).
5. Request an accounting of disclosures of your PHI made in the past six years (excluding disclosures for treatment, payment, and healthcare operations).
6. File a complaint with us or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

How We Use and Disclose PHI — Your PHI may be used for the following operations:

1. A request for a Prescription will be sent to your prescribing physician as listed by you as the patient or the PT/OT/Nurse/Physician who referred you to Comfort Care Medical for services.
2. Private Health Information (PHI) may be used to obtain Durable Medical Equipment (DME) benefits from your insurance company and may be used in the process of obtaining authorization and/or payment from an insurance company.
3. PHI may be released to the manufacturer of medical products. This information is limited to PHI needed to ship medical products. In some cases, a manufacturer may require photos or additional history about a medical condition to manufacture a product.
4. PHI may be disclosed to an independent contractor of Comfort Care Medical if measurements need to be taken, who are legally required to keep your information protected.

Other Uses and Disclosures

We will not use or disclose your PHI for marketing, research, or fundraising without your specific written authorization. If you authorize us to use or disclose your PHI for these purposes, you may revoke your authorization at any time in writing.

Changes to this Notice

We reserve the right to change this Notice and make the new provisions effective for all PHI we maintain. If we make material changes, we will post the new notice at our office and provide you with a copy upon request.

Contact Information

For questions, to exercise your rights, or to file a complaint, please email customerservice@comfortcaremd.com or call our office toll-free at +1-888-358-1580.

Patient Signature: _____ Date: _____