Disclosure for purposes covered by your authorization, except when we have already acted on your permission. We must also follow any law that is stricter than HIPAA. You can also call the Office of Inspector General at 1-(800) 447-8477.

We must obtain a protective order.

Health care operations may include activities necessary to provide health care services and ensure you receive quality customer service.

4. For Our Collective Health Care Operations. Each of the covered entity health care providers that participate in our organized health care arrangement (described above) may share PHI with each other, and with other covered entities in our collective health arrangement. We may disclose your PHI to the following entities as part of our health care operations:

- To our business associate(s) or acting on our behalf (as necessary to carry out our functions).
- To our managed care organization when you access your health care in the managed care plan.
- To a malpractice insurer to inform the insurer of claims related to your treatment.
- To our creditors to discuss your treatment and payment for your treatment.
- To a health care provider for treatment purposes.
- To your health plan as needed to confirm your insurance coverage.
- To our staff involved in our health care operations (e.g., billing, claims, answering phones, answering e-mails, etc.).
- To our contractors to perform services on behalf of our providers.
- To our joint provider(s) for treatment purposes.
- To a law enforcement official for certain law enforcement purposes, such as reporting crime on our premises or responding to legitimate law enforcement inquiries.

13. For Specialized Government Functions. We may disclose your PHI to Federal, State, or local government agencies if required by law (e.g., in connection with an audit or investigation of our compliance with laws, regulations, or government requirements).

14. For Coroners and Funeral Directors. We may disclose PHI to a coroner or funeral director if required by law.

15. For Organ and Tissue Donation. We may also disclose your PHI to organ procurement organizations or other groups to facilitate organ or tissue donation and transplantation.

Your request will become part of your medical record, to be included when you request to be treated under a different name.

We may use or disclose your PHI to communicate with you about your care or payment for your care, like a family member or friend. We are not required to agree. If we agree, we will comply with your request except in certain emergency situations or as required by law. You may request restrictions on certain disclosure of your PHI to your health plan for purposes of carrying out payment or health care operations regarding services paid for in full (out of pocket). You may inspect and receive a paper or electronic copy of your medical records, if readily producible. Usually, this includes prescription and billing records. We may charge you for costs of supplies or other administrative costs.

If you have questions about this Notice, contact HIPAA Compliance, Walmart Inc., 2608 SE J Street, Mailstop 0230, Bentonville, AR 72716-0230. You may obtain a paper copy of this Notice from your Walmart or Sam’s Club or online at: https://corporate.walmart.com/privacy-security/notices.

Changes to This Notice of Privacy Practices: We reserve the right to change this Notice and to make the revised Notice effective for PHI we already maintain or receive in the future. We will post a copy of the current Notice in the Health and Wellness Notices: Including Notice of Privacy Practices, Patient Bill of Rights, Customer Concerns, Medicare Provider Standards, Warranty Information section of our store and on our website.

Patient Bill of Rights: Responsibilities of the Provider: 1. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care; 2. Participate in the development and periodic revision of the plan of care; 3. Refuse care after treatment, if the consequences of refusing care or treatment are fully explained; 4. Make an informed and, by oral and in writing, in advance of care being provided, of the charges, including payment expected from third parties and any charges for which the patient/patient will be responsible; 5. Have one’s property and person treated with respect, consideration and recognition of patient/patient dignity and individuality; 6. Be able to identify visiting personnel members through proper identification; 7. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient/patient property; 8. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel or care/service without restraint, interference, coercion, discrimination or报复; 9. Understand the nature and purpose of hospital policies and procedures as they relate to the patient/patient's care; 10. Have a right to receive only PHI as needed to carry out a treatment, payment, or health care operations function; 11. Have a right to be informed of and have access to PHI maintained by or for the relevant provider in our organized health care arrangement. If we deny your request, you have the right to submit a statement of disagreement. Your request will become part of your medical record, to be included when you request to be treated under a different name.

For More Information or to Report a Problem: If you have questions about this Notice, contact HIPAA Compliance, Walmart Inc., 2608 SE J Street, Mailstop 0230, Bentonville, AR 72716-0230 or phone (800) WAL-MART. If you believe your privacy rights have been violated, you may file a written complaint, and there will be no retaliation, with our HIPAA Compliance Officer at the above address, or with the Secretary of the Dept. of Health and Human Services, Office for Civil Rights.

Warranty Information: All Medicare equipment sold or rented by our company carries a one-year manufacturer’s warranty. We will notify all Medicare beneficiaries of the warranty coverage, honor all warranties under applicable law, repair or replace, free of charge, Medicare-covered equipment under warranty. In addition, an owner’s manual with warranty information will be provided to beneficiaries for all durable medical equipment when this manual is available.